

**DECLARATION OF THE DAMAGES**

Prosecutor file #:  Defendant's name:

**Notice for the injured party:** In accordance with Art.218 of the Criminal Procedure Code of the Republic of Kosovo, you have the right to file a Declaration of the damage caused from the charged criminal offense during the investigatory stage or within 60 days of the filing of the indictment. This statement helps you to show the impact the crime had in you and helps you be considered as a party to the criminal proceedings. The statement may also serve as a property claim in which case you may also hire a private attorney to file the property claim in civil proceedings. Victim advocates, and in their absence, the Police Officer can help you complete this form.

Please keep in mind that the completion of the Declaration is voluntary. If you decide not file a declaration of damage within 60 days, you agree to waive your right to be a party in the criminal procedure. This Declaration is only a synopsis of the impact the crime had in you and in no way excludes your right to give a more complete explanation at trial.

After reading the above information, I hereby agree to complete this form.

Victim Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Fill the parts that apply to your situation. Use and attach additional paper if needed.*

Name of the victim: \_\_\_\_\_

Name of other person completing this form: \_\_\_\_\_

(If you are not the victim, please state what relationship you have with the victim): \_\_\_\_\_

Victim Advocate/ Police Officer assisting in the completion of the form: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. Physical Impact of the Crime:**

1. Did you suffer any physical injuries, as a result of this crime? Yes  No  ( If yes, please describe).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did other family members suffer any physical injuries? Yes  No  (If yes, please describe).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Financial Impact of the crime**

Please indicate the amount of medical expenses or property damage as a result of the crime. (Attach receipts or other records whenever possible.)

3. Did you or your family members receive any medical treatment? Yes  No

4. What was the cost for the medical treatment? \_\_\_\_\_.

5. Do you have medical insurance? Yes  No

If yes, how much does your insurance pay? \_\_\_\_\_ (Please attach reimbursement documents if available).

6. Did you have any items damaged or stolen as result of the crime? Yes  No

If the answer above is Yes please list all items damaged or stolen and the cost of the item:

7. If the above answer is Yes, please attach a list of all the stolen or damaged items and the value of those items.

8. How did the damage or loss of property occur?

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9. Was any income lost as a result of the crime (lost wages/or income)? Yes  No

If the answer above is Yes please indicate:

Number of days you missed at work \_\_\_\_\_ and total amount of money of lost (if any) \_\_\_\_\_

10. Have you already been repaid in response to this crime? Yes  No

11. If the answer above is Yes please list:

Name of the person/Company \_\_\_\_\_ Amount of money repaid? \_\_\_\_\_

12. Have you suffered by other loss as result of the crime? Yes  No  (If Yes please describe)

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**III. Emotional Impact of the Crime:**

13. What is the psychological impact that this crime has had on either you or your family?

(Ex. Have you experienced fear, anxiety, loss of sleep, difficulties in concentration, repeated memory of the incident ect.)

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Have you received any psychological treatment? Yes  No

14. Do you need any psychological treatment? Yes  No

**IV. Life Changes**

15. Please describe any changes in your life as a result of this crime and any additional information you would like the court to consider about the impact this crime has had on your life.

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**V. Would you like to express any thoughts or recommendations in regards to sentencing? Yes  No**

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I declare that the information provided is true and correct.

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature of the party

\_\_\_\_\_  
Signature of the representative of the party (if any)



**REQUEST**

**For**  
**Emergency Protection Order**  **Protection Order**

*Fill in Court Title*

**BASIC COURT** \_\_\_\_\_; **BRANCH** \_\_\_\_\_

Case number:

*This number is filled by the Court official  
when form is filed.*

**1** **Name of person asking for protection:**

\_\_\_\_\_ **Date of birth:** \_\_\_/\_\_\_/\_\_\_\_.

**Sex:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_; **Employed:** Yes  No

Information about the authorized representative of the victim (*If victim has a representative*):

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_.

**Institution/Office:** \_\_\_\_\_.

**Contact Address:** (If the victim has a lawyer for this case, she/he does not have to give the address, but give the lawyer's information or provide an alternate address):

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_; **Email address:** \_\_\_\_\_

**2** **Name of person you want protection from (perpetrator of domestic violence):**

\_\_\_\_\_ **Age/Dt.birth:** \_\_\_\_\_.

**Sex:** \_\_\_\_\_ **Profession:** \_\_\_\_\_; **Employed:** Yes  No

**3** **Do you want an order to protect your family members:** YES  NO

*If yes, list them:*

<u>Full name</u>	<u>Sex</u>	<u>Age</u>	<u>Lives with you?</u>	<u>Relationship to you</u>
_____	_____	_____	Po <input type="checkbox"/> Jo <input type="checkbox"/>	_____
_____	_____	_____	Po <input type="checkbox"/> Jo <input type="checkbox"/>	_____
_____	_____	_____	Po <input type="checkbox"/> Jo <input type="checkbox"/>	_____
_____	_____	_____	Po <input type="checkbox"/> Jo <input type="checkbox"/>	_____



**7 Other circumstances related to the case**

Has the perpetrator used a weapon to threaten you? Yes  No

(If yes, please describe): \_\_\_\_\_

Have you or any of your family member been injured? Yes  No

(If yes, please describe how and to what extent have you been injured): \_\_\_\_\_

Has the police been informed about the incident? Yes  No

Has the police issued a temporary emergency protection order? Yes  No

**8 Attached are the following facts/evidence :**

<u>Type of evidence</u>	<u>Date when taken</u>	<u>Taken from</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9 Child custody :**

I ask the court to give me temporary custody of my children and to remove the child custody from the perpetrator. Justification:

\_\_\_\_\_  
\_\_\_\_\_

**10 Check the type of protection order you want:**

**Prohibition of approaching the domestic violence victim**

a. I ask the court to order the perpetrator to stay at least \_\_\_\_\_ m/km away from (check all that apply):

- Me;  Each person listed in part 3;
- My home/residence  The children's school and child care;
- My workplace;  Other (specify): \_\_\_\_\_.

b. If the perpetrator is order to stay wawy from all the places listed above, will he/she still be able to get to his/her home, school, workplace, etc? Yes  No : (If no, explain):

\_\_\_\_\_.

**Prohibition of harrasment to persons exposed to violence**

I ask the court to order the perpetrator to not do the following things to me or anyone listed in 3 :

- a.  harras, attack, molest, threaten, hit, assault (sexually or otherwise), follow, stalk, destroy personal property, keep under survelliance or block the movements;
- b.  Contact, either directly or inderctly, in any way, including by telephone, mail or email or other electronic means.

**Medical treatment of the perpetrator** (please justify your request for this measure):

psychosocial treatment: \_\_\_\_\_

treatment form alchool and drug addiction: \_\_\_\_\_

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**Removal from apartment, house or other living premises**

*(If the perpetrator lives with you, you can ask Court to order the move out of the perpetrator from your apartment, house or other living premises ).*

I ask the court to order the removal from my apartment (address): \_\_\_\_\_,  
of :

- Perpetrator;                       Other persons who share the same apartment.

I ask the court to allow me to:

- use the same living premise.

I ask this order because (*explain*): \_\_\_\_\_

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**Allow the victim to use a separate premise the:**

- The entire premise;  
 A part of the premise.

If a part of the premise, explain which part: \_\_\_\_\_

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Apartment/house address is: \_\_\_\_\_.

**Prohibiting the perpetrator to sell any assets** (excluding asset related to work activity and basic needs) within a determined period of time \_\_\_\_\_.

**Ordering the perpetrator to pay the:**

- Rent of my temporary living premise in amount of \_\_\_\_\_;  
 Alimony for me in amount of \_\_\_\_\_ per month;  
 Alimony for each children in amount of \_\_\_\_\_.

**11 Request for other measures based on the Court assesment**

I ask the court to impose any other measures that are considered to be necessary to protect my and my family member's safety, health and well-being.

**12** **Number of pages attached to this form (if any):** \_\_\_\_\_

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I declare that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's signature

\_\_\_\_\_  
Representative's signature (*if you have one*)

**REQUEST**

**Modification**

**Extension**

**Termination**

**Emergency Protection Order**

**Protection Order**

*Fill in Court Title*

**BASIC COURT** \_\_\_\_\_; **BRANCH** \_\_\_\_\_

Case number:

*This number is filed by the Court official when form is filed.*

**1** **Name of person asking for protection :**

**Date of birth::** \_\_\_/\_\_\_/\_\_\_.

**Sex:** \_\_\_\_\_ **Profession:** \_\_\_\_\_; **Employed: Yes**  **No**

Information about the authorized representative of the victim (*If victim has a representative*):

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_.

**Institution/Office:** \_\_\_\_\_.

**Contact Address:** (If the victim has a lawyer for this case, she/he does not have to give the address, but give the lawyer's information or provide an alternate address):

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_; **Email address:** \_\_\_\_\_

**2** **Name of person you want protection from (perpetrator of domestic violence):**

**Age/Dt.birth:** \_\_\_\_\_.

**Sex:** \_\_\_\_\_ **Profession:** \_\_\_\_\_; **Employed: Yes**  **No**

**3** **Type of protection orders still valid?** (Please attach a copy of the order).

**4** **Institution (Court or Police) that issued the order:** \_\_\_\_\_

**5** **Order valid for until:** \_\_\_\_\_ - \_\_\_\_\_



