



The State of South Carolina
OFFICE OF THE ATTORNEY GENERAL

HENRY MCMASTER
ATTORNEY GENERAL

Silent Witness Program 2005
DOMESTIC VIOLENCE HOMICIDE VICTIM INFORMATION

Name of Victim _____ Age _____

Relationship to Defendant (circle one) Wife, Ex-wife, Common-law Wife, Co-habiting,
Mother of His Child, Girlfriend, Ex-girlfriend, other _____

Date of Death _____ County: _____

NEXT OF KIN CONTACT INFORMATION

Victim's Next of Kin _____ Relation to Victim _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ - _____ - _____

DEFENDANT INFORMATION

Name of Defendant _____

Charge, status and/or disposition of the case _____

REPORTING OFFICE CONTACT INFORMATION

Your Title and Name _____

Mailing Address _____

Telephone Number _____ - _____ - _____ Today's Date _____

PLEASE INCLUDE A COPY OF THE INCIDENT REPORT.
ANY QUESTIONS AND MAIL SHOULD BE DIRECTED TO:

ALEXANDRA H. CHASE
PROGRAM COORDINATOR
S.T.O.P. VIOLENCE AGAINST WOMEN
PO Box 11549
COLUMBIA, SC 29211-1549