

A FORM MUST BE COMPLETED FOR EACH DEFENDANT OR JUVENILE

In the Circuit/Juvenile Court for _____ City/County

State v. _____ Case No. _____ Date of Birth _____
Name of Defendant or Juvenile

Do Not write Above This Line.

CRIME VICTIM NOTIFICATION REQUEST FORM

(Please Print)

Victim's Name: Miss: _____
Mrs. _____
Mr. _____ If a minor, Date of Birth: _____

If requester is other than the Victim: Miss _____
Mrs. _____
Mr. _____ Relationship _____

*Please **Print**. This form will become part of the public record in this case. If you **do not** want your address and phone number to be on this form, please designate a person or organization to receive the notices for you by indicating their name, address and phone number below. Be sure that person or organization has agreed to receive these notices and forward them to you. **IT IS YOUR OBLIGATION TO STAY IN TOUCH WITH THE PERSON OR ORGANIZATION YOU DESIGNATE AS YOUR ALTERNATE CONTACT.***

Victim's Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

OR:

Alternate Victim Contact: _____

Relationship to Victim: Family Member Friend Support Agency Other

Contact Address: _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

I would like to receive notice about all of the events related to my case and the defendant/juvenile, as required by law, so that I have the opportunity to exercise the rights that I am entitled to as a crime victim.

Victim Signature

Date