



**OFFICE OF THE DISTRICT ATTORNEY  
MIDDLE JUDICIAL CIRCUIT  
VICTIM SERVICES AND NOTIFICATION FORM**

**REQUEST FOR NOTIFICATION OF CASE STATUS**

(please complete all sections, then return this form in the envelope provided)

**VICTIM INFORMATION:**

Victim's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION I: VICTIM SERVICES REQUEST**

I \_\_\_\_\_ hereby request the following victim services:  
(PLEASE PRINT YOUR FULL NAME)

- |  |   |
|--|---|
| <input type="checkbox"/> No notification requested       | <input type="checkbox"/> I exercise my right not to be interviewed by the accused, the accused's attorney and/or a representative |
| <input type="checkbox"/> Final disposition of the case   | <input type="checkbox"/> I wish to address the Court at sentencing  |
| <input type="checkbox"/> All scheduled court proceedings | <input type="checkbox"/> I wish to express my opinion about any sentence recommendations  |
| <input type="checkbox"/> I communicate best in Spanish   |   |

\_\_\_\_\_  
(PLEASE SIGN HERE) (DATE)

**SECTION II: DESIGNATED NOTIFICATION REQUEST**

I \_\_\_\_\_ am currently physically disabled and request contact from you to establish another person to contact on my behalf.

\_\_\_\_\_  
(PLEASE SIGN HERE) (DATE)

**SECTION III: RESTITUTION REQUEST**

As a result of this crime, I \_\_\_\_\_ request restitution in the amount of \$ \_\_\_\_\_ be considered in any final disposition of my case.

- No restitution requested at this time
- Restitution is owed to another party (i.e. bank, store, etc.)
- I have received payments from other sources (i.e. insurance policy), please send me the *Victim Impact Restitution Form (VIRF)* so I can itemize my restitution

**Expenses incurred as a result of this crime may be made part of the defendant's sentence in the form of restitution. You must complete this form and/or request, complete, and return the VICTIM IMPACT RESTITUTION FORM (VIRF) in order for expenses to be considered/recovered as restitution.**

**PLEASE COMPLETE AND RETURN THIS FORM IN THE SUPPLIED ENVELOPE**