

Request for Notification of Case Status

Sign and date either Section I or Section II and complete Section III.

The State v. _____ (Offender)

Victim's Full Name (First, Middle, Last) _____

Phone (Home) _____ Phone (Work) _____ Phone (Other) _____

Address _____

City, State, Zip _____

Email Address _____

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- I. I hereby request that I be notified by the District Attorney's Office of the following:
- Any scheduled Court proceedings involved the accused and notice of any changes to that schedule.
 - If the accused is convicted, any appeal or motion for new trial filed by the accused.
 - If the accused is convicted, the time and place of any appellate Court proceedings relating to an appeal or motion for new trial, and any changes to the time of place of such a proceeding.
 - If the accused is convicted, the result of any appeal or motion of new trial.
 - If the accused is convicted and then granted a new trial, or if the case is returned to the trial court for any further proceedings, the time and place of any such proceedings, including any changes to the time and place of any such proceedings.

Date

Signature of Victim

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- II. I am currently physically disabled and am unable to exercise my rights under the law. Therefore, I hereby designate _____, who is my, _____ to act in my place for as long as I am disabled. I understand that my notification rights still apply to me, rather than to the person I designate to act for me.

Date

Signature of Victim

Defendant's Name: _____

Case Number: _____

Charges: _____

Victim's name: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Employer Name: _____

Employer Address: _____

Work Phone: _____

Make/Model of the Automobile you drive: _____

Date of Birth: _____

Your relationship with Defendant: _____

Do you have children together (if so, how many and ages)? _____

Did you seek medical treatment as a result of this crime? _____

Is there any evidence that we could use such as pictures, video tapes, audio tapes, letters, text/social media messages, etc? _____

Has anything like this incident ever happened before (if so, how many times and please describe)?

Next of Kin to you: _____

Next of Kin address and phone number: _____

If we are unable to get in contact with you, who can we relay information about the case on your behalf (name, address, and phone number)? _____

Date

Signature of Victim

List any additional witnesses to this incident

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Relationship/Age: _____

Testimony: _____

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Relationship/Age: _____

Testimony: _____

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Relationship/Age: _____

Testimony: _____

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Relationship/Age: _____

Testimony: _____

1) Any behavioral problems or fears that you may have concerning this defendant? _____

2) Are you in fear of your life, if defendant is released from jail? _____

3) If defendant has weapons in the home, what type? _____

4) Is the defendant currently on probation? If yes, where and for what? _____

5) Is the defendant currently on any medication? _____

6) Describe the defendant's emotional state: _____

7) Are there any other issues the defendant has that you would like to share? _____
