**CRIME VICTIMS' RIGHTS AND NOTIFICATION FORM**

As a crime victim you have several rights under Missouri Revised Statute Chapter, 595.209, the Missouri Constitutional Amendment for Crime Victims. Among the constitutionally guaranteed rights, is the right to be informed of court dates and sentencing decisions upon written request. If you would like to be informed of court dates related to the below-named defendant, or receive any other services as outlined below, please fill out and return this form.

DEFENDANT:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph.#\_\_\_\_\_\_\_\_\_\_\_\_ Work Ph.#\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of closest relative or friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Victim (if other than yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please notify this office of any address or phone number changes to ensure timely notification.**

**RESTITUTION CLAIM**

What is the nature of your claim? (Check if applicable)

**** Medical Expenses $\_\_\_\_\_\_ Insurance? ****Yes ****No Deductible $\_\_\_\_\_\_\_

**** Damaged Items $\_\_\_\_\_\_ Insurance? ****Yes ****No Deductible $\_\_\_\_\_\_\_

**** Missing Items $\_\_\_\_\_\_ Insurance? ****Yes ****No Deductible $\_\_\_\_\_\_\_

**** Other $\_\_\_\_\_\_ Insurance? ****Yes ****No Deductible $\_\_\_\_\_\_\_

**Total Losses** $\_\_\_\_\_\_\_\_\_\_\_

(Please attach copies of any written bills, receipts, estimates, etc.)

Did your loss include anything with sentimental or other irreplaceable value? (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Below please check all that you wish to apply:

**** to be ***NOTIFIED BUT DO NOT WISH TO APPEAR*** at bond hearings, preliminary hearing,

pre-trial hearing, plea hearings, sentencing/disposition hearings, trial, probation revocation

hearings and/or post conviction release motions. (Please be aware that your presence may be

*required* at any trial or hearing in this matter.)

**** to be ***NOTIFIED AND PRESENT*** at bond hearings, preliminary hearing, pre-trial hearing, plea

hearings, sentencing/disposition hearings, trial, probation revocation hearings and/or post

conviction release motions.

**** I do not wish to be notified or present.

**** to be informed about financial assistance, crisis intervention services, and Missouri Crime

Victims’ Compensation.

**** to be provided with a secure waiting area during a court proceeding.

**** to participate in Criminal Justice proceedings without being discharged/disciplined by an

employer.

**** to appear at the sentencing of the defendant and make an oral or written impact statement.

**** to be notified if the defendant escapes, is released, or dies while in custody.

**** to be provided with information about notification options for post-conviction proceedings.

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