

Request for Notification

The Crime Victim and Witness Rights Act of 1995 entitles a victim of a crime to be notified of judicial proceedings, to be notified of the escape, transfer, release, etc. of a prisoner and to prepare a Victim Impact Statement. New legislation passed in 2001 entitles a victim of a crime to give input into proposed plea agreements for felony cases.

However, in order for notification to take place, it is YOUR RESPONSIBILITY to inform the Victim Services Unit of your correct ADDRESS and TELEPHONE NUMBER and to update the Victim Services Unit as soon as possible if your address or telephone number changes. If you have any questions or need additional forms, call the Victim Services Unit at 757.926.7443. Please fill in the information at the bottom of this sheet and send it to:

*Victim Services Unit
Commonwealth Attorney's Office
2501 Washington Ave., 6th floor
Newport News, VA 23607*

**KEEP THIS PORTION FOR YOUR RECORDS
----- CUT HERE BEFORE MAILING BOTTOM PORTION -----**

I am a victim of crime and request the following notification and information provided by the Crime Victim and Witness Rights Act.

- _____ Notification by the Commonwealth's Attorney's Office of judicial proceedings related to my case (in accordance with Code Section 19.2-265.01.)
- _____ Notification by the Department of Corrections or the Sheriff's Department of the escape, transfer, release, etc. of a prisoner (in accordance with Code Section 53.1-133.02.)
- _____ Victim input into proposed plea agreements for felony cases (in accordance with Code Section 19.2-11.01.)
- _____ Preparation of a Victim Impact Statement for certain crimes prior to the sentencing of a defendant (in accordance with Code Section 19.2-299.1.)

PLEASE CHECK THE APPROPRIATE LINE(S) ABOVE AND FILL IN THE INFORMATION BELOW BEFORE MAILING THIS FORM.

Victim's Name: _____ Date: _____

Your Name, if victim is deceased or is under 18: _____

Mailing Address: _____

Phone Number: _____ Number where message can be left: _____

Defendant/Prisoner Name: _____

NEWPORT NEWS VICTIM SERVICES UNIT 757.926.7443

FOR OFFICE USE ONLY: _____ FAXED & CALLED; _____ BY: _____ DATE: _____ _____ FACILITY : _____ INITIALS: _____
