

Request for Notification/Victim Rights Form

TO: Victim Witness Services
PO Box 8095
Wisconsin Rapids, WI 54495-8095

Defendant Name: _____

Court Case No: _____

DA Case No: _____

Victim Initials: _____

REQUEST TO EXERCISE VICTIM RIGHTS

TO EXERCISE ANY OF THE RIGHTS BELOW, PLEASE RETURN THE COMPLETED FORM BY THE DATE LISTED ABOVE

Right to Notification	☐ I request notice of all court proceedings in the case. ☐ I request notice of the outcome (disposition/sentence) of this case ONLY .
No Notification	☐ I do not wish to be notified.
Right to Attend and To Be Heard	☐ I request the right to attend all court proceedings and to be heard (to speak in court) if victim rights are discussed and/or decided.
Victim Impact Statement	☐ I request to make a written/verbal V.I.S. at the time of sentencing. ☐ AND request that Victim Witness services read the statement on my behalf.

Request to Confer Regarding Prosecution

If you wish to confer (by phone or in person) with the prosecutor's representative regarding the case or any plea negotiations, please make an appointment by calling the Victim Witness Services office at 715-421-8580.

COMPLETE, SIGN, AND DATE THIS FORM. PLEASE PRINT.

Name: _____

Address: _____

Email: _____

Phone number(s): _____

VICTIM SIGNATURE _____ **DATE** _____