

Attention Victims: Please review the instructions for the attached Crime Victim Notification Request and Demand for Rights Form This is Your Most Important Link to Information and Rights

INSTRUCTIONS FOR COMPLETING THE FORM

1. Completing the attached form and returning it to the State's Attorney's Office allows you to be notified of all hearings and events related to your case. Once you return this form, you will be informed about the defendant/juvenile throughout the trial, sentencing, appeal, incarceration, supervision, and post trial release process, should they occur. **Release notice may not include notice of pre-trial release.** You are also requesting all the rights that you may have as a victim of crime. To receive personal assistance in exercising your rights, contact the State's Attorney's Office related to your case. Please read the instructions below before completing this form.
2. If you wish to receive notice so that you can exercise your LEGAL RIGHTS as a crime victim, please sign this form and return the white, yellow, pink, green and blue copies to the State's Attorney's Office that is handling your case. *Keep the goldenrod copy for your future reference.*
3. You are urged to complete this form immediately to ensure that your rights are upheld. If you do not sign and return the form now, you may still request and receive information about your court case from the State's Attorney's Office handling your case at a later date; however, it is strongly recommended that you promptly forward the completed form to the State's Attorney's Office.
4. Whether or not you sign and return the form, you may be needed as a witness in the case and therefore, you may be contacted by the State's Attorney's Office. At this time, you may also be required to appear and testify in court. Even if you designate a person or organization to receive notices concerning your court case, the State's Attorney's Office handling your case may contact you directly.
5. **If you change your address or phone number, you must tell the State's Attorney's Office,** or they will have no way of notifying you. **In cases where the offender has been convicted and is either incarcerated, on probation or parole or has appealed his conviction, you must also notify the commitment facility, Division of Parole and Probation or the Office of the Attorney General of any change of address or telephone number.**
6. If, at any time, you wish to stop being notified about your case, or no longer want to exercise your rights as a victim, you must put your request in writing and send it to the State's Attorney, or to the facility specified in the commitment order if the defendant/juvenile has been incarcerated.
7. **REMEMBER:** If you have designated another person and/or organization to receive any notices for your case, *it is your responsibility to keep in touch with your contact person or organization.* If your representative moves, or otherwise becomes unavailable, or if you move without notifying your representative, it is possible that you may not receive notification of the events to which you are entitled under law.

CRIME VICTIM NOTIFICATION REQUEST AND DEMAND FOR RIGHTS FORM

Form must be completed for each defendant and/or juvenile.

In the Circuit/Juvenile Court for

Calvert County

County/City (Circle one)

Court Case No.

Case Tracking No. (If known)

Inmate No. (If known)

State v.

Date of Birth

____/____/____

CRIME VICTIM NOTIFICATION REQUEST AND DEMAND FOR RIGHTS FORM (PLEASE BEAR DOWN FIRMLY AND PRINT OR TYPE ALL INFORMATION)

Victim's Name:

Ms. / Miss / Mrs. / Mr. (Circle one)

If a minor, Date of Birth

____/____/____

If Victim is a Minor, Deceased, or Disabled,
give Victim Representative's Name:
Ms. / Miss / Mrs. / Mr. (Circle one)

Relationship

I REQUEST NOTICE OF ALL EVENTS RELATED TO THIS CASE AND TO THE DEFENDANT/JUVENILE, AS ALLOWED BY LAW, AND DEMAND ALL THE RIGHTS TO WHICH VICTIMS OF CRIME ARE ENTITLED. I UNDERSTAND THAT IF I DO NOT COMPLETE THIS FORM AND RETURN IT TO THE STATE'S ATTORNEY'S OFFICE THAT I MAY NOT BENEFIT FROM MY RIGHTS AS A VICTIM.

Signature of Victim or Victim's Representative

Date

Please refer to the instruction page attached to the front of this form for specific instructions and information.

THIS FORM WILL BECOME PART OF THE PUBLIC RECORD IN THIS CASE. IF YOU DO NOT WANT YOUR ADDRESS AND PHONE NUMBER IN THE RECORD, CHECK THIS BOX TO REQUEST SHIELDING OF THIS INFORMATION.

Victim/Victim's Representative:

Address

City

State

Zip

Phone (Day)

Phone (Evening)

Cell Phone

Email

If another person or organization has agreed to receive and forward notices to you AND you agree to maintain contact with the Alternate, complete the following information

Name of Alternate Victim Contact:

Relationship to Victim/Victim's Representative:

Family Member

Friend

Support Agency

other

Contact Address

City

State

Zip

Phone (Day)

Phone (Evening)

Cell Phone

Email