

**OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA**

**VICTIM INFORMATION SHEET/REQUEST FOR INFORMATION ON CRIMINAL APPEALS**

(FILL OUT AS MUCH AS POSSIBLE)

*If you have questions regarding this form, contact your local victim/witness coordinator or call (800) 370-0459.*

CRIME VICTIMS HAVE THE RIGHT TO BE NOTIFIED BY THE ATTORNEY GENERAL'S OFFICE OF THE FILING, DISPOSITION, AND OTHER SIGNIFICANT ACTIVITY DURING THE APPELLATE PROCESS. ADDITIONALLY, YOU HAVE THE RIGHT TO BE NOTIFIED OF THE FILING AND DISPOSITION OF HABEAS CORPUS PETITIONS BY INMATES IN THE DEPARTMENT OF CORRECTIONS.

**VICTIM INFORMATION**

**(PERSON WHO WILL RECEIVE NOTIFICATION)**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
LAST FIRST MIDDLE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**FOR STATISTICAL PURPOSES ONLY:**  
DATE OF BIRTH: \_\_\_\_\_  
SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

WOULD YOU LIKE DETAILED INFORMATION ON CASE UPDATES LEFT ON VOICEMAIL: YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE VICTIM: SELF \_\_\_\_\_ OTHER \_\_\_\_\_  
(PLEASE EXPLAIN)

IF THE VICTIM IS A MINOR OR DECEASED, WHAT IS THE VICTIM'S NAME? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

\*\*\*\*\*PLEASE INFORM THIS OFFICE, IN WRITING, OF ANY CHANGES IN YOUR ADDRESS OR PHONE NUMBER\*\*\*\*\*

**DEFENDANT INFORMATION**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE NAME

CIRCUIT COURT CASE NUMBER(s) (VERY IMPORTANT): \_\_\_\_\_

PRISONER NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OFFENSE(s): \_\_\_\_\_

DATE OF OFFENSE(s): \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_ DATE OF SENTENCING: \_\_\_\_\_

SENTENCE(s): \_\_\_\_\_

COUNTY/CITY WHERE CASE WAS TRIED: \_\_\_\_\_

IS THE DEFENDANT OUT ON AN APPEAL BOND? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

IF SO, HAS A PROTECTIVE ORDER BEEN FILED? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

DID THE DEFENDANT ENTER A PLEA OF GUILTY? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

NAME OF LOCAL VICTIM/WITNESS COORDINATOR \_\_\_\_\_

RETURN THIS FORM TO: OFFICE OF THE ATTORNEY GENERAL  
ATTN: KYANNA PERKINS, DIRECTOR  
VICTIM NOTIFICATION PROGRAM  
202 NORTH NINTH STREET  
RICHMOND, VA 23219

11/29/16

PROGRAM PHONE NUMBER: (800) 370-0459

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