

# **INSTRUCTIONS FOR COMPLETING CRIME VICTIM NOTIFICATION REQUEST AND DEMAND FOR RIGHTS FORM**

If you have an e-mail address, please be sure to include it, as this will be used by this office as a means of notifying you of future events regarding this case.

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 complete the attached form and return to the **Office of the State's Attorney for Harford County, Victim/Witness Unit, 20 West Courtland Street, Bel Air, MD 21014**

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 later; 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. 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 Court/Juvenile Court for

County/City

HARFORD COUNTY

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 print or type all information)

Victim's Name:

If a Minor, Date of Birth:

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

If Victim is a Minor, Deceased, or Disabled,

Relationship

Give Victim Representatives Name:

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

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