

Commonwealth vs. (Defendant Name) _____, Docket # _____

Confidential Contact Information

Please fill in your personal information below. This information will only be viewed by the Victim Witness Office and the District Attorney's Office. This information will allow the Victim Witness Office to keep you updated on all Court proceedings. **Please keep the Victim Witness Office updated on any address or phone number changes to continue to receive case updates and notifications.**

YOUR FULL NAME: _____

YOUR DATE OF BIRTH: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Do you prefer to be contacted by mail, phone, or email? _____

In the event you cannot be reached at the above address or phone number please provide an alternate way to contact you below:

ADDRESS: _____ PHONE: _____

Please return this page even if you choose not to fill out the Victim Impact Statement. It is very important we have the correct information to continue to keep you updated and provide services to you.

You will be notified in advance of certain court proceedings whenever possible however, there are times that the Judge will take a plea and/or sentence a defendant without notice. You also have the right to speak or meet with the District Attorney regarding this case.

_____ I want to receive notices of court proceedings

_____ I do not want to receive notices of court proceedings

_____ I want to _____ speak or _____ meet with the District Attorney