

## Instructions for completing Victim Notification Request form

Section 595.209 of the Missouri Revised Statutes specifies that victims of dangerous felonies as defined by statute are automatically afforded certain rights. Among those rights is the right to be informed of court dates and sentencing decisions.

Victims of crimes that are not classified as dangerous felonies by statute must request their rights in writing.

If you are a crime victim, you may request your rights by completing the form below and submitting it to the office of the prosecuting attorney that is handling your case (generally the prosecutor in the county in which the offense was committed).

Do not submit the completed form to CVSU. In order to request your rights as they pertain to court proceedings you must submit the form to the prosecuting attorney.

Contact information for prosecutor's offices throughout Missouri is available [here](#).

- On the map of Missouri click on the county for which you are seeking information.
- You will also find information on local victim service providers for the selected county.

If you have questions or need assistance, contact the Missouri Department of Public Safety-Crime Victim Services Unit at 866-334-668 or at [CVSU@dps.mo.gov](mailto:CVSU@dps.mo.gov).

# Victim Notification Form

Name of Victim: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

As a victim of a crime, you have specific rights under Missouri Revised Statute 595.209. Among those rights is the right to be informed of court dates and sentencing decisions upon written request. If you would like to be informed of court dates related to the above mentioned defendant, please fill out and return to your Prosecutor's office.

I would like to be notified of all hearings, including bond reviews or revocation, plea, and sentencing of the defendant (please initial): \_\_\_\_\_

In addition to the above I also request:

- Monthly/Quarterly Contact \_\_\_\_\_
- Change of Case Status Only \_\_\_\_\_ or Notice Immediately Prior to Trial Only \_\_\_\_\_
- I waive my rights to notification and request No Contact with your office \_\_\_\_\_

Victim name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Message # \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Offender \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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In the event that the defendant is not sentenced to MO Department of Corrections, I request that the following losses be considered by the court when determining the disposition of this case:

Defendant to pay restitution for my medical treatment for injuries \_\_\_\_\_

Defendant to pay for my counseling/psychological treatment \_\_\_\_\_

Defendant to pay for my lost wages \_\_\_\_\_

Defendant to pay other financial losses \_\_\_\_\_

If the court is considering probation for the defendant, I request the following special conditions:

Counseling for the defendant	Yes	No
No future contact with me	Yes	No
Incarceration for a period of time	Yes	No

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Victim's Signature

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Date

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(This section for Prosecutor's Office Use)

Victim Attended: (Circle) WO GJ (TB / NTB) BOND ARRN RESET \_\_\_\_\_

File # \_\_\_\_\_ Cause # \_\_\_\_\_