

OFFICE OF THE ATTORNEY GENERAL

VICTIM INFORMATION SHEET

(Fill out as much as possible)

YOU HAVE THE RIGHT TO BE NOTIFIED BY THE ATTORNEY GENERAL'S OFFICE OF AN APPEAL WHICH HAS BEEN GRANTED AND ITS DISPOSITION. 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

** DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ PHONE: _____
HOME

WORK

(IN ACCORDANCE WITH § 2.1-124B, "A VICTIM IS AN INDIVIDUAL WHO HAS SUFFERED PHYSICAL, PSYCHOLOGICAL OR ECONOMIC HARM AS A DIRECT RESULT OF THE COMMISSION OF A CRIME; A SPOUSE, CHILD, PARENT OR LEGAL GUARDIAN OF A MINOR, INCAPACITATED OR INCOMPETENT VICTIM; OR A SPOUSE, CHILD, PARENT OR LEGAL GUARDIAN OF A VICTIM OF A HOMICIDE.)

I meet the above definition of Victim:

SIGNATURE: _____

DEFENDANT INFORMATION

NAME: _____
LAST FIRST MIDDLE

PRISONER NUMBER OR DATE OF BIRTH: _____

NAME OF PRISON: _____

OFFENSE(S): _____

DATE OF CONVICTION: _____ DATE OF SENTENCING: _____

SENTENCE(S): _____

COUNTY/CITY WHERE CASE WAS TRIED: _____

CASE NO: _____ DATE NOTICE OF APPEAL WAS FILED: _____
(CAN BE OBTAINED FROM YOUR LOCAL CIRCUIT COURT CLERK'S OFFICE)

I WOULD LIKE TO BE NOTIFIED ABOUT THE FILING/DISPOSITION OF THE

FOLLOWING: APPEAL _____ HABEAS CORPUS _____

* PLEASE INFORM THIS OFFICE, IN WRITING, OF ANY CHANGES IN YOUR ADDRESS

** THIS FORM WILL REMAIN ON FILE TWO YEARS. AFTER THIS TIME PLEASE REFILE WITH OFFICE OF THE ATTORNEY GENERAL

RETURN THIS FORM TO:

OFFICE OF THE ATTORNEY GENERAL, ATTN: KIM ANDERSON
900 EAST MAIN STREET, RICHMOND, VA 23219 (804) 786-4624