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.

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**

_____   _____

Victim's Signature   **Date**

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(This section for Prosecutor's Office Use)

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

File # _____ Cause # _____