

# VICTIM RIGHTS REQUEST FORM

State of Wisconsin vs. \_\_\_\_\_

As a victim of crime you have the following rights, please **mark** the rights you wish to exercise:

\_\_\_ **RECEIVE NO FURTHER NOTICE OF COURT HEARINGS**

\_\_\_ **I WOULD LIKE TO SPEAK AT THE TIME OF SENTENCING**

\_\_\_ Receive notice before case is dismissed or reduced from a felony to a misdemeanor.

\_\_\_ Notice of dates and times of all court proceedings.

\_\_\_ Notice ONLY of the final disposition of this case.

\_\_\_ To be informed of plea agreements and sentence recommendations.

\_\_\_ If you wish to confer with the District Attorney's Office, please call (715) 726-7733 immediately to schedule an appointment.

\_\_\_ Information on how to request to have an offender tested for HIV and other sexually transmitted diseases and to receive information on the results of those tests. (Only for cases which apply)

\_\_\_ I would like an application for Crime Victim Compensation. You may also print this application at <http://www.doj.state.wi.us/sites/default/files/ocvs/compensation/cvc-app-fill-in.pdf> (This is a form for financial assistance for uninsured medical expenses, lost wages, or funeral expenses.) This program does not cover property crimes.

\_\_\_ I would like to receive my correspondence by email when possible.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

**THIS FORM MUST BE RETURNED IF YOU WISH TO RECEIVE FURTHER NOTICES ABOUT THIS CASE. YOU MAY CALL (715) 726-7733 AT ANY TIME WHILE THIS CASE IS PENDING TO CHECK ON THE STATUS OR DISCUSS THE POSSIBLE DISPOSTION.**

**\*\*PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS OR PHONE NUMBERS WHILE THIS CASE IS PENDING.**

Return this form within 5 business days to: Victim/Witness Services Room  
711 North Bridge Street  
Chippewa Falls, WI 54729