

Return this form no later than _____

COMMONWEALTH vs. _____ NO. _____

VICTIM RESPONSE FORM

The District Attorney's Office is required to provide specific information to you about your case. In order that these services can be provided to you in a timely manner, it is your responsibility to provide us with a current address and telephone number. Notify us immediately if there is any change in the information you provide.

PLEASE PRINT OR TYPE:

Victim Name *: _____

*If a business or a minor, contact person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ (Work): _____ Ext. _____

Other numbers (Cell phone, pager, etc.): _____

E-Mail Address _____

Are you represented by a Civil Attorney? If so please provide name and contact information. _____

Have you suffered a financial loss as a result of this incident? (See Financial Impact Worksheet) _____

PLEASE INDICATE THE SERVICES YOU WISH TO RECEIVE:

____ I do NOT wish to receive any services.

____ I wish to receive ALL services available to me.

____ I wish to ONLY receive the following services:

____ Notice of court proceedings,
(Guilty plea, sentencing, ARD's, etc.)

____ Prior comment on the potential reduction or dropping of any charge(s) or the changing of a plea.

____ Information about the Pennsylvania Victims Compensation Fund.
(For cases involving DUI, injury, death, or stolen cash benefit)

____ Notice of the release of the defendant from custody as soon as possible.
(Probation, parole, release from incarceration at sentencing, etc.)