

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.)