

In The Interest Of:

Please fill out and return

To: Victim Services, Juvenile Division  
705 East Walnut Street  
Columbia, MO 65201  
(573)-886-4200  
(573)-886-4030 Fax

\_\_\_\_\_  
Name of the Juvenile Perpetrator (if known),  
a child under seventeen years of age.

## Victim/Witness Notification Form

(Form B)

As a victim of juvenile crime, you have the right to be notified of certain events and services. Please check the boxes below to indicate which rights you would like to exercise and which services you would like to utilize.

- |   |   |
|---|---|
| <input type="checkbox"/> To be notified of future court dates                           | <input type="checkbox"/> To discuss your case with our attorney                       |
| <input type="checkbox"/> To be notified if your case is dismissed                       | <input type="checkbox"/> To be notified of final disposition of your case             |
| <input type="checkbox"/> To make a statement in court                                   | <input type="checkbox"/> To be notified of probation violation hearings               |
| <input type="checkbox"/> To be notified of escapes/recaptures*                          | <input type="checkbox"/> To be notified before a juvenile is released*                |
| <input type="checkbox"/> To be notified of weekend passes*                              | <input type="checkbox"/> I am interested in Victim-Offender<br>Mediation <sup>+</sup> |
| <input type="checkbox"/> <b>I do not wish to receive any services or notifications.</b> |   |

*\* For juveniles in detention / + Victim Offender Mediation not available for all cases.*

I understand that it is my responsibility to inform the Juvenile Office of any changes in my address and/or phone number(s). Please print the following information.

\_\_\_\_\_  
Victim's Name

\_\_\_\_\_  
Name of Family Member and Relationship  
to Victim (if victim is a minor)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

*The following information is collected by Victim Services to report statistics on victims of juvenile crime. You do not have to fill this section out:*

\_\_\_\_\_  
Age

\_\_\_\_\_  
Race/Ethnicity

Is the victim handicapped or disabled?      Yes / No