

REQUEST TO EXERCISE VICTIMS' RIGHTS

For victim to sign:

I, _____, victim of the crime of _____,
(victim's name) (crime)
committed on _____, by _____, in
(date of crime) (offender)

_____ County, having been provided a copy of the Mississippi Crime Victims' Bill of Rights,

Please Choose One:

_____ request that I be given all rights provided in the Victims' Bill of Rights, Mississippi code Annotated, Section 99-43-1 et. seq. I understand that it is my responsibility to provide the prosecutor with any change in my name, address, or telephone number in order to continue to exercise these rights.
_____ do not wish to exercise my rights as a victim as specified in the Victim's Bill of Rights, Mississippi code Annotated, Section 99-43-1.

For victim representative to sign:

I, _____, representative of _____ who was
(victim representative) (victim)
the victim of the crime of _____ committed on _____,
(crime) (date of crime)
by _____ in _____ County, having been provided a copy
(offender) (county)

of the Mississippi Crime Victims' Bill of Rights,

_____ request that I be given all rights provided in the Victims' Bill of Rights, Mississippi Code, Annotated, Section 99-43-1 et. seq. I understand that it is my responsibility to provide the prosecutor with any change in my name, address, or telephone number in order to continue to exercise these rights.
_____ do not wish to exercise _____'s rights as a victim as specified in the Victims' Bill of Rights, Mississippi Code, Annotated, Section 99-43-1 et. seq.

Signature Telephone Number

Address City State Zip Code