STATE OF MISSISSIPPI CRIME VICTIMS' BILL OF RIGHTS

REQUEST TO EXERCISE VICTIMS' RIGHTS

FOR VICTIM TO SIGN.					
ļ,	, victi	m of the crime of		1	
(victim)		victim of the crime of			
committed on	, by			in	
committed on(date)					
(city, county)	_ request tha	at I be given all the right	ts provide	d in the Victims' Bill o	
Rights, Mississippi Code An	notated, Sect	tion 99-43-1 et. seq.			
I understand that it is my res address or telephone number					
FOR VICTIM'S REPRESEN	TATIVE TO S	SIGN:			
1.	. repre	sentative of			
(victim representative	<u></u> ,	representative of, (victim)			
who was the victim of the cri	me of			committed	
who was the victim of the cri		(crime comn	nitted)		
on {	nv		in		
on, t	(Name	e of offender, if known)		(city, county)	
request that, on behalf of _	(victi	<u>im)</u> ,	I be giver	n all the rights	
provided in the Victims' Bill o	of Rights, Mis	sissippi Code Annotate	d, Section	n 99-43-1 et. seq.	
I understand that it is my res address or telephone numbe					
NAME (PRINT)					
ADDRESS (Street/P.O. Box)	(City)		(State)	(Zip)	
() TELEPHONE NUMBER(S))		
I ELEPHONE NUMBER(S)					

Please note:

Until your case has been turned over to the prosecutor, you will need to send this form to the investigating officer or clerk's office.