**STATE OF MISSISSIPPI**

**CRIME VICTIMS’ BILL OF RIGHTS**

**REQUEST TO EXERCISE VICTIMS’ RIGHTS**

**FOR VICTIM TO COMPLETE AND SIGN:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_victim of the crime of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

(victim)

committed on \_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ in

(date) (name of offender, if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that I be given all the rights provided in the Victims’ Bill of

(city, county)

Rights, Mississippi Code Annotated, Section 99-43-1 et. seq.

**FOR VICTIM’S REPRESENTATIVE TO COMPLETE AND SIGN:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(victim representative) (victim)

who was the victim of the crime of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

committed on \_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in

(date) (name of offender, if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I

(city, county)

be given all the 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 investigator or prosecutor with any change in my name, address, telephone number, or email in order to continue to exercise these rights.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (PRINT) NAME (SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (Street/P.O. Box) (City) (State) (Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER(S) EMAIL

**Mail this form to the investigator or prosecutor in your case.**