

**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 _____,
date name of offender, if known
in _____, request that I be given all the rights provided in the
City, County
Victims' Bill of 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 _____,
date name of offender, if known
in _____, request that, on behalf of _____,
City, County victim
they 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)

SIGNATURE

ADDRESS (Street/P.O. Box)

City

State

Zip

TELEPHONE NUMBER(S)

EMAIL

Send this form to the investigator or prosecutor in your case.

CONTACT INFORMATION

Case# _____

Officer assigned to your case: _____

Phone: _____

Agency: _____ Phone: _____

Court: _____ Phone: _____

Court Address: _____

If you move, change your email address or phone number, it is your responsibility to notify the court, or if the case has not gone to court, the investigator.

Please call the law enforcement agency if the following occurs:

- you are threatened or intimidated as a result of your involvement in your case
- if within 60 days you are not notified of an arrest in your case

District Attorney: _____ Phone: _____

Address: _____ District: _____

City/County Prosecutor: _____ Phone: _____

Address: _____ City: _____

If you are the victim of **sexual assault** and forensic evidence was collected, you may **track your sexual assault kit here: msakt.dps.ms.gov/**.