

# Victims' Rights Request Form Hearings/Restitution/Confer

Defendant's Name:

Prosecutor:  
DA CASE NO:

I request notification of ALL court hearings in the case.

I do not wish to be notified of court hearings.

I wish to confer with the ADA on the disposition of the case.

I request to make a written Victim Impact Statement at the time of sentencing hearing.

I request to make a verbal Victim Impact Statement at the time of the sentencing hearing.

I request restitution and have returned the restitution form and copies of the bills and insurance information.

(PLEASE PRINT)

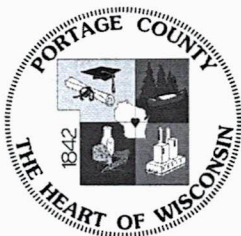
YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PLEASE RETURN THIS FORM TO:**

PORTAGE COUNTY DISTRICT ATTORNEY'S OFFICE  
VICTIM WITNESS SERVICES  
1516 CHURCH STREET  
STEVENS POINT WI 54481