

**VICTIM ELECTION OF RIGHTS**

**Please return this form to the District Attorney's Office immediately  
with your Victim Impact Statement.**

Case #:	Defendant:		
Your Name:			
Address:		Email:	
City:		St: NC	Zip:
Home Phone: ( )	Work Phone:		Cell Phone:
DOB:	Race:	Sex:	SSN:
Other Contact Name & Number:			

**I WISH TO RECEIVE NOTIFICATION OF THE FOLLOWING COURT PROCEEDINGS:**

- Please see Brochure (form 2i,ii) “ A Guide for Victim’s of Crime” for explanation of choices.
- If the case can be heard without me being present, I consent to the DA hearing the case without me.  
 Yes       No
- I realize I am obligated to keep all responsible agencies informed of my correct address and telephone number.  
 Yes       No
- I wish to receive any further notification of the upcoming court proceedings involving this case.  
 Yes       No
- Notify me of **all** proceedings, *or* notify me of the following:
  - All proceedings
  - Administrative Felony Hearing
  - Superior Court Trial
  - Disposition
  - Sentencing
  - Appeal
  - Department of Correction Activity
  - I plan to register for the Savan Automate Notification System.

If you change your mind, to discontinue the service after you register for Savan, you must come to the District Attorney's Office, show a picture I.D., and sign a release form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date