

DEFENDANT: _____

CASE NUMBER: _____

**COUNTY OF FAIRFAX
VICTIMS' RIGHTS REQUEST**

Name

Street Address

Phone

City State Zip

Email

Crime victims and witnesses have certain rights under the Virginia Crime Victim and Witness Rights Act (19.2-11.0 Code of Virginia), pursuant to certain provisions of Chapters 15 and 18 of Title 19.2 of the Virginia Code, including, but not limited to, Va. Code Ann. §§ 19.2-264.4, 19.2-265.01, and 19.2-299.1, and pursuant to certain provisions of Chapter 11 of Title 16.1 of the Virginia Code, including, but not limited to, Va. Code Ann. §§ 16.1-302.1, 16.1-309.1(D), and 16.1-285.2. If you are the victim of a crime in Fairfax County, you can submit in writing, your request to exercise those rights.

****Please check one:***

- I am a victim or witness and request that I be afforded all the rights legally available to me, including specifically the following:
OR
- The victim is a minor child and I, _____, am the parent/guardian and request that my child be afforded all the rights legally available, including, specifically the following.

****Please check all that may apply:***

- I would like my address and telephone number to be kept as a confidential part of the court record.
- I would like to request restitution.
- I would like to submit a victim impact statement in writing before and/or in person at sentencing, explaining how the crime as impacted my life.
- I would like to remain in the courtroom during a criminal proceeding.
- I would like to be advised of the option for a closed preliminary hearing in my case.
- I would like to request a consultation with the Commonwealth's Attorneys' Office regarding the contents of any plea agreement and share my views about the case.
- I would like to be notified in advance by the Commonwealth's Attorneys' Office of any proceedings and of any changes in court dates.

Signature Date

Please remember that all the above contact information must be current to be notified. Please update your information immediately if there are any changes.

Transmittal to the Office of the Commonwealth's Attorney occurred on (date) _____ and was sent via email / facsimile / hand delivered by (name) _____.

This form was translated by (name) _____ on (date) _____.