

Leigh E. Patterson



OFFICE OF THE DISTRICT ATTORNEY Victim Witness Assistance Program

Martha P. Jacobs
Chief Assistant District Attorney

Beth Dabbs
Director

Accused

I HEREBY REQUEST THAT I BE NOTIFIED OF THE FOLLOWING:

Please check or initial blanks.

_____ The arrest, release from custody and/or re-arrest of the accused, including any judicial proceeding regarding release consideration

_____ Any scheduled court proceedings involving the accused and notice of any changes to that schedule

_____ If the accused is convicted, any appeal or motion for new trial filed by the accused, any appellate court proceedings relating to an appeal or motion for new trial, and date/time with any changes to the time or place of such a proceeding

_____ If the accused is convicted, the result of any appeal or motion for new trial

_____ If the accused is convicted and receives time to serve, please forward my notification information to the Department of Corrections for follow-up with that agency

Signature

Email

Date Signed

address

phone (home)

city, state, zip

phone (work)

contact in case of an emergency

contact number

FOR VWAP ONLY: DATE RECEIVED _____