

ANGELA A. BELLO
District Attorney



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Criminal Division

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**OFFICE OF THE DISTRICT ATTORNEY
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VICTIM / WITNESS REQUEST FORM

DEFENDANT(S) NAME: _____ CASE/CITATION#: _____

VICTIM/WITNESS NAME: _____ VICTIM WITNESS

HOME PHONE# (____) ____ - _____ CELL PHONE# (____) ____ - _____

PHYSICAL ADDRESS

STREET CITY STATE/ZIP CODE

MAILING ADDRESS

STREET CITY STATE/ZIP CODE

It is IMPORTANT that we have your most current information on file. If any of your contact information changes please contact our office immediately. Failure to report a change in information may prevent us from communicating with you efficiently.

The District Attorney and members of the District Attorney's office would like to extend to you the opportunity of being notified of certain events associated with the case in which you are involved.

Please check the appropriate box below if you would like to:

- Be contacted if criminal charges are filed against the defendant
- Be notified of case denial
- Be notified in advance of any proffered plea bargain(s)
- Request restitution from the defendant(s) > *Refer to the Victim Restitution Request Form*
* Orders for restitution are in the discretion of the court. An order for payment of restitution does not guarantee that payment will ever be made*
- Be notified of the sentencing hearing and/or:
 - Submit a written victim impact statement to be considered at the time of sentencing or;
 - Personally appear at Sentencing to offer a victim impact statement
- Be notified of the result of the sentencing hearing

Signature

Date