



ERIC R. LINHARDT
DISTRICT ATTORNEY

LYCOMING COUNTY
OFFICE OF DISTRICT ATTORNEY
LYCOMING COUNTY COURTHOUSE
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TROY D. SELLERS
ADULT VICTIM WITNESS COORDINATOR

KENNETH A. OSOKOW
FIRST ASSISTANT DISTRICT ATTORNEY

LAURA L. BOWER
JUVENILE VICTIM WITNESS COORDINATOR

NOTICE OF VICTIMS' RIGHTS

Your Name _____ E-mail _____

Mailing Address _____

Home Phone _____ Cell phone _____

Name of Defendant and Docket No. _____

You have the right to request the following applicable services. Please check the services you are requesting and return to Lycoming County Office of District Attorney at the above address.

ALL VICTIMS

- | | |
|--|---|
| <input type="checkbox"/> Initial contact information. | <input type="checkbox"/> Assistance with Victim Impact Statements. |
| <input type="checkbox"/> Prior comment on sentence/victim impact statement. | <input type="checkbox"/> Prior comment on judicial recommendation that defendant participate in a motivational boot camp program. |
| <input type="checkbox"/> Prior comment on charge reductions, dismissals and change in plea. | <input type="checkbox"/> Compensation claim assistance, if eligible. |
| <input type="checkbox"/> Information on filing for compensation for lost time from work to attend court proceedings. Claim must be for at least \$100.00, if you are under 60 years of age. | |

VICTIMS OF PERSONAL INJURY

- Notice of release from incarceration at sentence.
- Notice of opportunity to participate in DOC/DPW release notification programs (when defendant is given a state sentence).
- Notice of change in status or release when defendant is given a local jail sentence.
- Notice of time and place of proceedings (when office has advanced notice).

VICTIMS OF BURGLARY/DUI

- Notice of release from incarceration at sentence.

I would like the Victim/Witness Coordinator to accompany me to court proceedings.

I would like information on local child care providers while attending court proceedings.