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ABIGAIL Y. INNS  
PARALEGAL

## NOTICE OF VICTIMS' RIGHTS

Your Name \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Defendant and Docket No. \_\_\_\_\_

As a victim of crime, you have certain rights. They include:

- Being informed of certain court events
- Information on bail, escape or an offender's release (sign up at 866-9PA-SAVIN)
- Details of the final disposition of the case
- Accompaniment to all criminal proceedings by a family member, advocate or support person
- To provide input into the sentencing decision
- Assistance with an oral or written Victim Impact Statement
- To have property returned that was seized as evidence
- Notice of the filing, hearing or disposition of appeals

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

\_\_\_\_\_ I would like information/assistance on the Victims Compensation Assistance Program.