



District Attorney's Office, Northern Judicial Circuit
REQUEST TO BE NOTIFIED
(Elbert, Madison, Hart, Franklin, Oglethorpe Counties)

IF YOU CHOOSE TO RETURN THIS FORM, PLEASE MAIL IT TO:

Victim Assistance Office
Post Office Box 452
Danielsville, GA 30633
Phone: (706) 795-6323

TO: Northern Judicial Circuit District Attorney

RE: State vs. _____(defendant)

Case Number (if known):_____

Incident Date:_____

I HEREBY REQUEST THAT I BE NOTIFIED OF THE FOLLOWING:

____Any scheduled court proceedings involving the accused.

____If the accused is convicted, the sentence and the result of any appeal or motion for a new trial.

____If the accused is convicted and then granted a new trial, or if the case is returned to the trial court for any further proceedings, the time and place of such proceedings.

_____ Signature of Victim

Name of Victim:_____

Address:_____

Phone Number:_____

Alternate Number:_____

(Enter any corrections to your address or phone numbers listed above)

If you have any questions you may call or email us at northernjcvs@pacga.org