

RIGHTS REQUESTED BY **MINOR VICTIM/PARENT/GUARDIAN**

DEFENDANT: _____ CASE#: _____

CODEFENDANT: _____

MINOR VICTIM NAME: _____

PARENT/GUARDIAN: _____

The Crime Victim's Rights Act ensures your rights are available upon request. MCL 780.756, MCL 780.716. This form gives you a list of the ways you can request notification of court procedures. If you would like to receive notification of scheduled court proceedings, complete the information below.

**THIS FORM IS NOT FOR NOTIFICATION OF JAIL RELEASE
1-800-770-7657 OR WWW.VINLELINK.COM TO REGISTER**

Registration Information

First Name: _____ Last Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Postal Code: _____

Preferred Language: _____ Contact Phone #: _____ Date of Birth: ____/____/____
 English
 Spanish

Email: _____

Text Message: _____

Phone Call: _____

Teletypewriter (TTY): _____

You will need a 4-digit PIN to confirm notifications and to modify the registration in the future. **This is required.**

Pin # _____ Confirm pin # _____

Date _____ Signature _____

Return form to: Attn. Farrhen Ellis-Crime Victim Advocate
Mail: P.O. Box 548, Tawas City, MI 48764
Fax: (989) 984-1106
Email: fellis@ioscocoounty.org