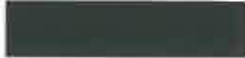


# Victim Contact Form

Information included on a Victim Impact Statement may be given to the following individuals: Defense counsel, the Courts, Probation and Parole departments, and possibly other agencies as the need arises. Providing your contact information on this Victim Contact Form helps protect your information against offenders and allows us have up-to-date information in our office.

***If you would like your information to be redacted in the future, please initial here:*** \_\_\_\_\_

***Redacted information looks like this:***



People v. \_\_\_\_\_ Case: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Would you like to be kept informed on future court hearings? → Yes \_\_\_\_\_ No \_\_\_\_\_

If selecting yes, by which means? \_\_\_\_\_ → Mail \_\_\_\_\_ Email \_\_\_\_\_

Would you like to make an oral statement at sentencing? → Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Victim (if victim is a minor, Parent/Guardian signs below)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Please return this completed form to:**

Alpena County Prosecutors Office  
Attn. Victim Services  
719 W. Chisholm St. Suite 2  
Alpena MI, 49707



If you have any questions about this form or need help filing it out, please call (989) 354-9748. You can return this form by mail, email, in-person, or by fax; our fax number is (989)354-9788.

**Thank you for your assistance!**