



## LEGAL RIGHTS REQUEST FORM JUVENILE

If we can be of assistance in explaining the court system, notifying you of court dates, make counseling referrals, or help suggest other services that you may find beneficial, please complete the Legal Rights Request Form.

If you prefer, you may call our office to request your rights.

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**PLEASE KEEP US INFORMED OF YOUR CURRENT CONTACT INFORMATION**  
(the fields in red outline are required)

Name of Victim: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (if victim is a minor): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone (you may provide multiple): \_\_\_\_\_

Email: \_\_\_\_\_

Name of Juvenile(s) Charged: \_\_\_\_\_

Charge(s): \_\_\_\_\_

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**PLEASE CHECK THE SERVICES YOU WOULD LIKE US TO PROVIDE**

- Notification of court dates and final disposition of case
  - Court tour
  - Counseling
  - Restitution
  - To be notified by the Assistant Prosecuting Attorney and consulted before any hearing that may result in dismissal or a lesser plea.
  - Other (please specify): \_\_\_\_\_
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**PLEASE CHECK YOUR PREFERRED METHOD OF CONTACT**

- Mail    Email    Phone    Contact Person \_\_\_\_\_

*Our office will not disclose your information to the defendant or the defense attorney.*