Enter the name of the county in which you are filing this form.	STATE OF \	WISCONSIN, CIRCUIT	COURT,	COUNTY	
Enter the name and date of birth of the defendant.	State of Wis	consin, Plaintiff	Request for R Victim Rights	•	
Enter the case number.	Defendant's Name	9	Case No		
Check the box reflecting your status. "Victim" includes the parent of a child who is the victim in the case.	B.	victim in the above-re attorney for the victim	ferenced case. in the above-reference conment in the above-reference.		ng upon the request of
Check all that apply.		To privacy. To proceedings free fro timely disposition of the accused is in custor and to have that information and to have the and to have that information and to have that information and to have the and to have that information and to have the accused is in custor and to be proving the accused in the accused	rom unreasonable delay. Of the case, free from unreasonable delay. Of the case, free from unrings involving the case, tion from the accused through the provided by the government occeding during which a case, sentencing, disposition dertaining to the economic offense submitted to the mation considered by that y release or escape of the ody or on supervision at the ody or on supervision at the ody of the accused. The accused of the accuse	easonable delay oughout the crimedings. right of the victimal, parole, revocate, physical, and pauthority with just authority. e accused or death covery request not en ordered to payoting restitution. e status of the invition and all other ding how such right.	n is implicated, ion, expungement, or osychological effect risdiction over the case ath of the accused if in ade by the accused or or restitution to the vestigation and the rights, privileges, or ghts, privileges, or
Enter facts explaining the problem(s) you are having related to the box(s) checked in 2. above.	(Explain how your victim rights were violated in the following way: (Explain how your victim rights were violated, including what happened, when, who was involved, ox(s) checked See attacks				

Enter how you want the court to fix the problem(s) you identified above, if you know what you want.	4.	I would like the court to do the following:
This is to provide information regarding your preference to the Court. The Court is not required to hold a hearing.	5.	I would like a hearing on this matter. ☐ Yes ☐ No
This is to provide information regarding your preference to the Court. The Court may deny your request if you choose not to participate in a scheduled hearing.	6.	If a hearing is scheduled ☐ I would not like to participate in this hearing. ☐ I would like to participate in this hearing ☐ in person. ☐ by phone. ☐ by video.
Note: This signature does not need to be notarized.		Signature of Person Completing the Form
		Name Printed or Typed
If you are a victim signing the form, do not		Address of attorney, if applicable
complete address, email,		Email Address of attorney, if applicable Telephone Number of attorney, if applicable
or phone number sections.		Date State Bar No., if applicable
Note: This signature does not need to be		Victim's Signature
notarized.		Name Printed or Typed
Do not include your address.		 Date
DISTRIBUTION: 1. Court 2. Victim and/or Victim 3. Defendant and/or Defendant and		

5. Other: _____