Victim Notification Card

State of Wisconsin, Plaintiff
-vs.-

_____

County: _____

Case No. _____

I wish to be notified if a petition to discharge from probation, a petition for release to extended supervision, or a petition for sentence adjustment is filed.

☐ YES

☐ NO

Name of Victim:	Primary Phone Number:
Address of Victim:	Secondary Phone Number:

The clerk shall maintain this form in a confidential manner. It will not be made available to any other parties in this action, their attorney(s) or representatives, or the public.

Return the completed card to the office indicated below. Also if you request notification and have a change in address and/or phone number, please contact the office indicated below.

☐

District Attorney's Office Attn: Victim Witness Unit Address:
Phone Number:

☐

_____ County Clerk of Courts Office Address:
Phone Number:

This form shall not be modified. It may be supplemented with additional material.