

VICTIM NOTIFICATION / WAIVER

OFFENDER:

CASE NUMBER(S) / OFFENSE(S):

As a victim in the above-referenced offense(s), I understand that relevant provisions of the Florida Constitution, chapter 985 and section 960.001, Florida Statutes, give me the right to be notified at all crucial stages of the prosecution of the above-named juvenile.

I wish to waive my right to notification

I do not wish to waive my right to notification. To ensure proper and timely notification, I am providing the following information:

Victim Name (or Parent / Guardian, if a minor) _____

Address: _____

City, State Zip Code _____

Phone Number (____) _____

Signature of victim (or parent / guardian)

Date