

Victim Participation in Plea Agreements

§19.2-11.01 of the Code of Virginia

Please fill out the following information and return to the Frederick County Victim Witness Program, 107 North Kent Street, 4th Floor, Winchester, VA 22601

Victim Name:

Address:

Phone Number:

Defendant(s) Name:

Docket Number (if known):

I, the victim listed above, request that I be contacted either verbally or in writing in reference to plea negotiations or proposed plea agreements that the Commonwealth may be tendering to the court. I understand that this duty to consult the victim does not limit the ability of the attorney for the Commonwealth to exercise his/her discretion concerning the handling of any criminal charge.

Signature of Victim or Victims Guardian

Date

Victim Witness Staff

Date Received

*All information is required to be filled out.