



This information must be provided to ensure you are notified about relevant appellate proceedings.  
Please complete and mail this form to: Missouri Attorney General Chris Koster  
Victims' Rights, Public Safety Division • PO Box 899 • Jefferson City, MO 65102

### Notification Information

VICTIM'S NAME \_\_\_\_\_  
First Last Mi

CONTACT PERSON \_\_\_\_\_ RELATION TO VICTIM \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip County

E-MAIL \_\_\_\_\_

PRIMARY PHONE NO. (    )    -

SECONDARY PHONE NO. (    )    -

### Conviction Information

CIRCUIT COURT CASE NO. \_\_\_\_\_ COUNTY OF CONVICTION \_\_\_\_\_

DEFENDANT'S NAME \_\_\_\_\_  
First Last Mi

OFFENSE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF CONVICTION \_\_\_\_\_

NOTICE OF APPEAL FILING DATE \_\_\_\_\_

### Your Verification

By my signature, as the victim of crime in the referenced case number below, I request to be kept apprised of the criminal appellate proceedings in relation to the following conviction pursuant to Section 595.209.1(16), RSMo.:

YOUR SIGNATURE \_\_\_\_\_ DATE   /   / 20    
MM / DD / YYYY