

## ***Victim Request for Notification of Defendant Name Change***

If you wish to be advised in the event this office receives notification of a petition for a *name change* by a defendant convicted of an eligible violent crime, please fill out the form below.

### **Registration Information:**

**First Name:** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Alternative Phone#:** \_\_\_\_\_

**Alternative Contact Person:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Alternative Contact Phone#:** \_\_\_\_\_

**Alternative Contact Mailing Address:** \_\_\_\_\_

### **Case Information:**

**Defendant Name:** \_\_\_\_\_

**Docket # (if known):** \_\_\_\_\_

**Indictment # (if known):** \_\_\_\_\_

**Charge (if known):** \_\_\_\_\_

**Sentence: (if known):** \_\_\_\_\_

By submitting this form, I am requesting to be notified in the event the Richmond County District Attorney (RCDA) is informed of a petition for name change filed by a defendant who has been convicted of an eligible violent felony.

I also acknowledge that it is my responsibility to notify the RCDA of any changes of my address or phone number in order for this registration to remain effective. I understand that RCDA may, at its discretion, use this contact information to notify me of relevant case activity such as parole hearings or other notable events regarding the case.