

OFFICE OF THE DISTRICT ATTORNEY



801 Richard Arrington, Jr. Blvd. N.
Birmingham, Alabama 35203-2320

To Victims of Violence:

This office's primary function is to prosecute those who violate the criminal laws of the State of Alabama. Equally important is the protection of the public and providing assistance to the victims of crime. We view the right of victims as one of our highest priorities.

Rights of victims of violent crime have been greatly improved by recent legislation, and as you District Attorney, I want to make sure you receive all that you are entitled to.

Please fill out the information below and mail it to our office today. We will be glad to assist you at any time

Very truly yours,

T. Michael Anderton
DISTRICT ATTORNEY

Basic Rights:

1. Emergency and Crisis Services Call the department you reported the crime to.
2. Victims of Violent Crimes Compensation Benefits:
(*must be filed within one year*)
Alabama Crime Victims Compensation Commission
P.O. Box 231267
Montgomery, AL 36123-1267
1-800-541-9388 or 1-334-290-4450
3. In addition to compensation, you may also be entitled to restitution from the offender.
4. To invoke these, and other rights, simply mail in the form attached after filling out all of the information requested.
5. In felony cases, after arrest, your case will proceed through a preliminary hearing, grand jury and then circuit court for trial. Misdemeanor offenses go straight to trial in District Court or in Municipal Court where the offense occurred. Call the District Attorney's Office if you don't know where your case will be prosecuted. (205) 325-5252
6. If you are threatened or intimidated by anyone because you are a victim or are expected to testify in a case, call your local police department or sheriff's office immediately.

I wish to invoke my rights under the Alabama Crime Victim's Information Bill of Rights

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Victim's Name: _____

Relative or Neighbor's Name and Phone Number: _____

Agency that took your report: _____

Suspect's Name: _____

Where did the offense occur: _____

Please complete and mail this form to allow us to keep you informed concerning your case.

**Mail to: T. Michael Anderton
 District Attorney
 Victim-Witness Office
 801 Richard Arrington Jr. Blvd. N.
 Birmingham, AL 35203-0121**