

Victim: _____
Date Notice Sent: _____

[Revised 08-27-01]

PLEA AGREEMENT NOTIFICATION

1. If you wish this office to inform you of the contents of any proposed plea agreement and if you wish this office to obtain your views concerning plea negotiations, please provide a **written request** to this office within 7 days of your receipt of this notice.
 - **If you do not provide this office with such a written request within seven (7) days, this office may reach a plea agreement without your input.**
2. If you wish this office to notify you of any proceedings in which the plea agreement (if any is reached) will be tendered to the court, please provide a **written request** to this office within 7 days of your receipt of this notice.
 - **If you do not provide this office with such a written request within seven (7) days, this office may submit a plea agreement to the court without further notice to you.**
3. With any **written request**, you must include your name, current address, and current daytime telephone number where you can be reached. In addition, if you submit any **written request**, it is your responsibility to notify this office of any change of address and/or of any change of daytime telephone number.
4. For your convenience, you may use the bottom of this Notification to make your **written request(s)**, if any. Please remember to supply your name, address, and telephone number.

-----WRITTEN REQUEST(S)-----

*****PLEASE RETURN BY: _____*****

TO: Janet Mizzi-Flavin, V/W Director
Office of the Commonwealth's Attorney
21 N. New Street, First Floor
Staunton, VA 24401

Your Name: _____ Your Daytime Telephone Number: _____
Your Address: _____
Defendant's Name (if known): _____

Please indicate your request(s), if any:

- ☐ I wish to be informed of the contents of any proposed plea agreement.

☐ I wish to express to the Commonwealth's Attorney my views concerning any plea negotiations.

☐ I wish to be notified of any proceeding in which a plea agreement will be tendered to the court.

☐ I only want restitution.

Your Signature: _____

Date: _____