

State of Idaho  
**Office of Attorney General Lawrence Wasden**  
Victim Notification Questionnaire

From the information included on the letter you received, please complete the following:

Case Number \_\_\_\_\_

Case Name \_\_\_\_\_

**Please select one of the following options:**

- I do not want notice of any appellate proceedings.
- I want to receive notice of appellate proceedings from the Office of the Attorney General.

**Please notify me of: (Select all that apply)**

- The date, time, and place of oral argument, if any.
- Any final decision made by the Appellate Courts.

**Victim information (\* required)**

\*First name \_\_\_\_\_

\*Last name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_\_\_

\*Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_

E:mail Address \_\_\_\_\_

Comments

\_\_\_\_\_  
Victim's Signature

Thank you for completing this questionnaire. Please feel free to contact us at (208) 334-4547 if you have any questions.

**If submitting by mail, please print and return completed questionnaire to:**

Victim/Witness Coordinator  
Office of the Attorney General  
Criminal Appellate Unit  
P.O. Box 83720  
Boise, ID 83720-0010