

BERRIEN COUNTY SHERIFF'S DEPARTMENT
CRIME VICTIM'S RIGHTS NOTIFICATION

VICTIM INFORMATION:

NAME: _____

ADDRESS: _____
STREET

CITY, STATE, ZIP

EMAIL: _____

PHONE: _____

OFFENSE/CRIME: (CRIME IN WHICH YOU WERE THE VICTIM) _____

DEFENDANT INFORMATION:

NAME: _____

DATE OF BIRTH (IF KNOWN): _____

In accordance with the Michigan Crime Victim's Rights Act, the victim has the right to be notified if the defendant is being released, moved to another facility, transferred to a community corrections program or escapes from custody.

Should you choose to print and mail this form, you acknowledge that the Berrien County Sheriff's Office is not responsible for any delay in notification or loss of this form while in transit by the U.S. Postal Service. You may complete the victim notification paperwork, in person, at the Berrien County Jail (any time of the day /every day), the Prosecutor's Office (during normal courthouse hours) or the Niles Court Building (between 8am and 3pm Monday - Friday).

EMAIL THIS PRINTED FORM TO:
BCvictim-notification@listserv.berriencounty.org

OR

MAIL THIS PRINTED FORM TO:
Lt. Edward Kuhl - BCSD
919 Port Street
St. Joseph, MI 49085