

**OFFICE OF THE ATTORNEY GENERAL OF GEORGIA**  
**CRIME VICTIM NOTIFICATION REQUEST FORM**  
**CASES IN WHICH THE DEATH PENALTY HAS BEEN IMPOSED**

This form should be completed and forwarded to the Office of the Attorney General of Georgia after the Defendant has been sentenced to the death penalty in Georgia. Once the Attorney General's Office has received your written request, you will be sent a confirmation letter acknowledging your notification request and a status report of any case currently being defended by the Attorney General challenging the defendant's conviction and death sentence.

It is the victim's responsibility to notify the Attorney General's Office of any changes in address or phone numbers to ensure that notification is possible. If you have questions, contact Cindy Ormerod at (404) 463-2581 or the Criminal Justice Division at either (404) 656-3397 or (404) 656-3349. Office hours are 8:30 a.m. – 5:00 p.m., Monday through Friday.

Please forward your completed request to:

**Cindy Ormerod**  
**Victim Information Coordinator**  
**Georgia Department of Law**  
**40 Capitol Square**  
**Room 306 Judicial Building**  
**Atlanta, Georgia 30334**

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**DEFENDANT INFORMATION (please print clearly)**

DEFENDANT'S NAME: \_\_\_\_\_ INMATE NUMBER: \_\_\_\_\_  
(if known)

SENTENCE DATE: \_\_\_\_\_

COUNTY OF CONVICTION: \_\_\_\_\_ CRIME/CHARGES: \_\_\_\_\_

In accordance with Georgia's Crime Victim's Bill of Rights, concerning victim notification, the following individual(s) has requested to be notified of the filing and disposition of any collateral attacks on the conviction and death sentence of the above-named individual and a status report concerning litigation challenging the conviction and death sentence being defended by the Attorney General's Office.

**VICTIM INFORMATION (please print clearly)**

NAME OF VICTIM: \_\_\_\_\_

CONTACT PERSON TO BE NOTIFIED: \_\_\_\_\_  
(if different from victim)

CONTACT'S RELATIONSHIP TO VICTIM: \_\_\_\_\_

CONTACT'S MAILING ADDRESS: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

HOME TELEPHONE : ( ) \_\_\_\_\_ WORK TELEPHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS (if available) \_\_\_\_\_

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Signature of Requestor

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Date