



**Yuma County Attorney's Office  
Victim Services Division  
250 W. Second Street  
Yuma, Arizona 85364  
(928) 817-4300**

Defendant's Name: \_\_\_\_\_

County Attorney No.: \_\_\_\_\_

**Acceptance of Nomination for Lawful Representative (LR)**

I, \_\_\_\_\_, by signing below accept the responsibilities of  
(Print your First & Last Name)

Lawful Representative for \_\_\_\_\_. I understand my responsibilities as the Lawful Representative begin from the date I signed below and continue until the conclusion of the criminal matter, cancellation by court order or cancellation by the victim, \_\_\_\_\_.

Further, I understand that by signing this acceptance I am agreeing to act at all times in the best interest of \_\_\_\_\_, to accept all notification sent to me regarding hearing dates/case status and after receiving notification to immediately advise the victim of the information received.

\_\_\_\_\_  
Signature of Lawful Representative

\_\_\_\_\_  
Date Signed

\*\*\*\*\* Please Complete The Following \*\*\*\*\*

LR: Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_