



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

Victim's Name: _____

Defendant's Name: _____

County Attorney No.: _____

Authorization for Lawful Representative

I, _____, by signing below authorize

_____ to receive all lawful information on my behalf
(Name of my Lawful Representative)

regarding the above-referenced criminal matter in which I am the victim.

I understand by signing this authorization document I will no longer receive information regarding my case from Victim Services and instead notification information will be sent directly to _____, the person I have chosen to act as my lawful
(Name of my Lawful Representative)
representative. The responsibility for keeping me informed of such things as the current status of the case and upcoming hearing dates will become the responsibility of my lawful representative once Victim Services receives this completed form.

Signature of Victim

Date Signed