

State of Wisconsin,  
vs.

Case No. \_\_\_\_\_

YES  NO I wish to be notified if a petition to discharge from probation, a petition for release to extended supervision, or a petition for sentence adjustment is filed.

Name of Victim	Home Phone
Address of Victim	Work Phone

CR-240, 11/12 Victim Notification Card  
§§302.113(9g)(g)3, 302.114(6)(e), 973.09(3m)(c) and 973.195(1r)(e), Wisconsin Statutes  
**This form shall not be modified. It may be supplemented with additional material.**

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