



# REQUEST FOR INFORMATION

Office of the Attorney General  
**CRIME VICTIM COMPENSATION DIVISION**

P. O. Box 220  
 Jackson, MS 39205  
 1-800-829-6766 (Toll Free)  
 601-359-6766 (Telephone)  
 601-576-4445 (Facsimile)

Name of Organization \_\_\_\_\_

Requested by \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

## MATERIALS REQUEST

Please send me the following:	Quantity
Crime Victim Compensation Application	
Crime Victim Compensation Brochure	
Crime Victims' Bill of Rights	
Crime Victims' Bill of Rights Packet	
Law Enforcement Checklist	
Court Clerk's Checklist	
Victim Services Directory	
Emergency Services By County _____ (County needed)	
Victims' Guide	
Workplace Violence Handbook	
Effective Responses To Victims of Violent Crime (A Guide for Law Enforcement)	
Crisis Response Team (Frequently Asked Questions)	