



Ohio Victim Rights Request Form

This form is required to be given to a victim of a criminal offense or delinquent act by the law enforcement agency investigating the offense pursuant to R.C. 2930.04 and reviewed with the victim by the prosecutor within seven days of the beginning of the prosecution.

As a victim of a criminal offense or delinquent act, I understand the following:

- I am entitled to certain rights as a victim. Some rights are granted to me automatically and other rights I must request.
- I can change my mind at any time about the rights I wish to exercise that are not automatically granted to me.
- If I change my mind about which rights I wish to exercise, I must complete a Victim's Rights Form or make the request in writing and return it to the appropriate criminal justice official.
- I must notify the law enforcement agency, prosecutor, court, or custodial agency anytime my contact information changes.
- I am to receive a copy of this form.



FOR LAW ENFORCEMENT USE ONLY

AT THE TIME OF FIRST CONTACT	Date: _____
<p>At the first time of contact, the VICTIM</p> <p><input type="checkbox"/> Did not make an election as to which rights they wanted to exercise.</p> <p><input type="checkbox"/> Was unable to complete the Victim's Rights Request Form</p> <p>If either of the two boxes above are checked, the victim is considered to have requested all rights not automatically granted to them until the prosecutor first contacts the victim.</p> <p>[R.C. 2930.06]</p>	
SUBSEQUENT CONTACT	Date: _____
<p><input type="checkbox"/> The victim/victim's representative initiated a change in the rights that are requested.</p> <p><input type="checkbox"/> The victim/victim's representative changed their contact information.</p>	



To be completed by law enforcement or the prosecutor:

Reporting Agency: _____

County: _____ Agency Phone Number: _____

Reporting Officer: _____ Badge Number: _____

Incident/Report Number: _____ Case Number: _____

Date and location of arraignment (if known): _____

Prosecutor: _____ Prosecutor Phone Number: _____



VICTIM'S RIGHTS REQUESTS

You have rights as a victim. Some rights you are automatically entitled to **and some rights you must request. You can use this form to choose to exercise all, some, or none of your rights.** You can change your selections at any time.

IMPORTANT

The below information can be **completed by the victim or the victim's representative** if one has been designated. Any acknowledgement, election of rights, or affirmative statement made by the victim's representative shall be treated as if the victim made the statement.

VICTIM STATUS

I acknowledge that I am a victim because I am:

- A person against whom a criminal offense or delinquent act was committed; or
- A person directly or proximately harmed by the commission of a criminal offense or delinquent act.

DESIGNATION OF VICTIM'S REPRESENTATIVE

You may designate a victim's representative to exercise your rights for you or with you. You may choose, change, or remove your representative at any time. You must complete a new Victim's Rights Request Form or make a request in writing and return it to the appropriate official depending on the stage of your case.

- I do not wish to designate a victim's representative at this time.
- I would like to designate the following individual as my victim's representative.

Name of Victim's Representative: _____

If a victim's representative has been designated, please include their contact information on the page above.

You may change or remove your victim's representative at any time by completing a new Victim's Rights Request Form and return it to the criminal justice official.

ELECTION OF YOUR VICTIM'S RIGHTS

As a victim, you are automatically entitled to:

- Be informed of your rights;
- Be treated with fairness and respect for your safety, dignity, and privacy;
- Reasonable protection from the accused or any person acting on behalf of the accused;
- Receive information about the status of the case;
- Refuse a defense interview, deposition, or other discovery request;
- Object to defense requests for access to your confidential information, including medical, counseling, school, or employment records, access to your personal devices, online accounts, or other personal information;



- Be present at all public proceedings;
- Have a support person with you during proceedings;
- Tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole, and any other hearing that involves your rights;
- Object to unreasonable delays; and
- Full and timely restitution from the offender.

I want to exercise **ALL** of my rights (the automatic rights and those that require me to request to exercise them, outlined below).

Below are rights that you must request in order to exercise. **You may choose some, none, or all of them.**

I want to exercise the following rights:

- Receive notice of the arrest, escape, or release of the offender;
- Reasonable and timely notice of all public court proceedings;
- Confer with the prosecutor assigned to the case;
- Be notified of subpoenas, motions, or other requests to access any of my personal information; and
- Appoint a Victim's Representative (if you check this, please fill out the information above).

You may change these rights at any time by completing a new Victim's Right Request Form and returning it to the appropriate criminal justice official.

REQUEST FOR AN INTERPRETER

I would like to request:

- A foreign language interpreter in _____ language
- An American Sign Language (ASL) Interpreter
- I do not need an interpreter



VICTIM CONTACT INFORMATION

Personal identifying information listed on this form shall be filed with the court on a separate page and is not a public record under Ohio Revised Code 149.43.

WHO CAN SEE THIS INFORMATION?

- The victim, victim's representative, and the prosecutor may receive unredacted copies of this form.
- The defendant, alleged delinquent child, or their attorney may see the victim's name and completed form without the victim's and victim's representative's address, phone number, email, and other identifying information unless directed by the court. [R.C. 2930.07]

VICTIM INFORMATION *(Required)*

Victim Name: _____

Address*: _____

City/State/Zip: _____

Email address: _____

Phone Number: _____ Is it okay to text you? Yes No

Alternate Contact Name: _____ Relationship to you: _____

Email address: _____

Phone Number: _____ Is it okay to text them? Yes No

Victim's Signature

Date

VICTIM'S REPRESENTATIVE INFORMATION *(Optional)*

Victim's Representative Name: _____

Address*: _____

City/State/Zip: _____

Email address: _____

Phone Number: _____ Is it okay to text you? Yes No

Victim's Representative Signature

Date

() If you participate in the Secretary of State's Address Confidentiality Program "Safe at Home", please use the post office box address given to you. For more information call (877) 767-6446.*



ACKNOWLEDGEMENT OF COMPLETED FORM

A copy of the completed form shall be given to the victim or victim's representative.

On _____ (Date), a copy of this form was given to the:

- Victim: _____ (Name)
- Victim's Representative _____ (Name)

Official's Name: _____

Official's Title & Agency: _____

Email Address: _____ Phone Number: _____

Official's Signature

Date

I, _____, (Victim/Victim's Representative) acknowledge that I was given this form on _____ (Date) by the individual listed above.



FOR PROSECUTION USE ONLY

POST-CONVICTION NOTIFICATION *(Complete if applicable)*

I, _____ (Name) have informed _____ the custodial agency of the victim's/victim's representative name and identifying information, to allow the custodial agency to notify the victim/victim's representative of the victim's post-conviction rights and related post-conviction information.

Prosecutor's Signature

Date

