

VICTIMS' RIGHTS REQUEST/WAIVER FORM

Pursuant to Ohio Constitutional Article I, § 10a, I request or waive the rights checked below. I understand that if I change my mind, I must complete a new form and return it to the investigating officer, or, if the suspect has been charged, to the prosecutor. The investigating officer will provide the prosecutor's contact information.

Law Enforcement Agency: _____ Court Case #: _____

LEA Address: _____ Suspect: _____

LEA Telephone: _____ Suspect is: Adult Juvenile

Report #: _____

Officer Name / Badge #: _____

The following are rights that victims must receive if requested. Please indicate if you want (request) or do not want (waive) a right. You can change these choices at any time.

I need an American Sign Language interpreter.

I need a foreign language interpreter in _____ language.

REQUEST

WAIVE

The right to notice of the escape or release of the offender.

The right to reasonable and timely notice of all public proceedings.

The right to confer (discuss) with the prosecutor in the case regarding pleas, trial, sentencing, etc.

The right to notice if the defense requests access to confidential victim information, including medical, counseling, school or employment records, access to victim's personal devices or online accounts, or other personal information.

The right to appoint a Victim's Representative. If you want to designate a representative, who cannot be the offender, do so on the next page.

I want my representative to also receive notices.

I request that my name, address, or other identifying information be removed from public records before release to the public.

Note: Victim did not make selections or did not complete the form when contacted by police. Therefore, the victim is considered to have requested all rights until contact with prosecutor. If victim does not request these rights when contacted by the prosecutor, rights are waived until victim makes a request. Date: _____

Above requests were made upon subsequent contact by prosecutor staff. Date: _____

I acknowledge that this form was provided to me or was signed on my behalf with my verbal permission.

Victim/Representative's Name: _____ Date: _____

Victim/Representative's Signature: _____ Date: _____

Officer/Prosecutor/Custodial Agency Rep. Name: _____ Date: _____

Officer/prosecutor/Custodial Agency Rep. Signature: _____ Date: _____



VICTIMS' RIGHTS REQUEST FORM – VICTIM CONTACT INFORMATION

Personal identifying information listed on this form will be filed with the court 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: _____

Cell Phone #: _____

Home Phone #: _____

Work Number: _____

Alternate Contact Name: _____

Relationship to you: _____

Email address: _____

Phone #(s): _____

Victim’s Signature

Date

I would prefer to be contacted by: email phone U.S. Mail

I am the person against whom the crime was committed. OR I was directly or proximately harmed by the crime.

VICTIM’S REPRESENTATIVE INFORMATION *(Optional)*

Victim’s Representative Name: _____

Address: _____

City/State/Zip: _____

Email address: _____

Cell Phone #: _____

Home Phone #: _____

Work Number: _____

Victim’s Representative’s Signature

Date

I would prefer to be contacted by: email phone U.S. Mail

Return to: mcpovictimwitness@mcoho.org or

MCPO Victim/Witness Division
Montgomery County Prosecutor’s Office
301 W. Third Street, Suite 500
P.O. Box 972
Dayton, OH 45422-6355

Office of Mat Heck, Jr.
Prosecuting Attorney

