



MATHIAS H. HECK, Jr.
Prosecuting Attorney

CHANGE OF INFORMATION FORM

(for corrections or additions only – please print)

STATE OF OHIO vs. _____

(enter defendant's name)

CASE NUMBER: _____

-CR- _____

VICTIM'S NAME: _____

_____ I am the victim in the above-captioned matter. I can be reached through the information listed below.

_____ The victim is a child, elderly, deceased, incapacitated, or incompetent. The person listed below will be the victim's representative.

VICTIM/REPRESENTATIVE NAME: _____

MAILING ADDRESS: _____

Street Address

City

State

Zip

HOME/CELL PHONE(S): _____

EMAIL ADDRESS: _____

WORK PHONE: _____

Normal work hours: _____

**NAME AND NUMBER OF
ALTERNATE CONTACT:** _____

Relationship of alternate contact: _____

**Fax this form to (937) 225-3470
or return by mail in an envelope addressed as follows:**

Return address: Criminal Case Management Division/Victim Rights
Montgomery County Prosecutor's Office
301 W. Third Street, Suite 500
P. O. Box 972
Dayton, OH 45422-6355