

## OHIO VICTIM RIGHTS REQUEST FORM

As a victim of crime, you have constitutionally protected rights. These rights are detailed by the Ohio Attorney General's Office Crime Victim Services at <https://www.OhioAttorneyGeneral.gov/Individuals-and-Families/Victims> or by calling 800-582-2877.

**Some rights are automatic. \*Some rights require you to request them below.**

This form provides important information about your rights. You will be asked to complete and sign this form so that law enforcement knows which rights you wish to exercise. The law enforcement officer will also sign the form and keep a copy. They'll also provide you a copy of the completed form. You may request additional copies of the completed form at any time.

### Requesting & Enforcing Your Rights

- Page two of this form provides a list of rights that **must** be requested if you wish to exercise them. It is your choice. You can choose to exercise all, some, or none of your rights.
- You can change your mind at any time about which rights you choose to exercise. However, if you choose not to exercise some rights and then request them later, you may give up some rights that only apply during certain stages of the case.
- If you change your mind, you must call, email, or complete a new form and return it to the investigating officer, prosecutor, court, prison, jail, or community based correctional facility to ensure officials have updated information on the rights you wish to exercise and updated contact information.
- If any of your rights are denied, you may ask the advocate or prosecutor to help, seek enforcement on your own, hire an attorney, or request free legal assistance from Ohio Crime Victim Justice Center at <https://www.ocvjc.org/request-for-assistance> or call 614-848-8500.
- An online resource to help you understand and exercise all of your rights is the [Victims Rights Toolkit](https://www.ocvjc.org/victims-rights-toolkit), <https://www.ocvjc.org/victims-rights-toolkit>.

### Appointing a Victim Representative

- You may choose to exercise your rights and/or choose a representative to exercise your rights. A representative can be anyone other than the defendant. You can choose, change, or remove a representative at any time.

### Privacy and Safety

- You may be eligible for a protection order. The investigating officer will provide available resources to assist with obtaining a protection order.
- You may be able to keep your address private by obtaining a Safe at Home address. Learn more at: <https://www.ohiosos.gov/secretary-office/office-initiatives/safe-at-home/survivors/> or call 614-995-2255
- If the defendant, defendant's attorney, or anyone else acting on behalf of the defendant contacts you to talk with you, request an interview, or attempt to obtain any information or materials from you, you have the right to refuse. Immediately contact the prosecutor to let them know you have been contacted.
- You can receive texts, calls, or emails to receive notice of a defendant or offender's release or escape from jail or prison. Register at: <https://www.vinelink.com/#state-selection>

### Arraignment

- **Arraignment is a hearing that can happen within a couple days after the defendant is charged with a crime.**
- If you request notification, law enforcement will notify you of the arrest of the defendant and can provide you a phone number for the clerk of the court to get information on the date, time, and location of the arraignment proceeding.
- During arraignment the judge decides whether or not to release the defendant on bond, bond conditions, and sometimes whether or not to issue a protection order.
- You have the right to attend the arraignment and tell the judge about any safety concerns and your opinion regarding release, bond conditions, and whether or not you would like a protection order.

### Compensation and Restitution

- Crime Victim Compensation Fund: You may be eligible to apply for reimbursement for certain financial losses relating to your victimization, even if the suspect has not been arrested or convicted. You may apply at: <https://www.ohioattorneygeneral.gov/individuals-and-families/victims/apply-for-victims-compensation> or 800-582-2877.
- Restitution: Upon conviction, the court must order the offender to pay you for certain financial losses relating to your victimization. It is important to keep a record of all expenses incurred as a result of the crime so that the court can use this information to determine what costs are properly included in an order of restitution.

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At this time, I wish to exercise the rights affirmatively requested below. Those rights not requested are waived. I understand that I can change my mind at any time. If I change my mind, I understand that I must call, email, or complete a new form and return it to the investigating officer, prosecutor, court, prison, jail, or community-based corrections facility to ensure officials have updated information on rights I wish to exercise and updated contact information. I am to receive a copy of the form.

<b>FORM USE</b>	<b>DATE:</b> _____
<input type="checkbox"/> Initial Contact	<input type="checkbox"/> Victim Initiated Change
	<input type="checkbox"/> Victim Unable to Complete

Report No.: \_\_\_\_\_

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

Reporting Agency: \_\_\_\_\_

County: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Badge No.: \_\_\_\_\_

Reporting Agency Phone: \_\_\_\_\_

Arraignment: \_\_\_\_\_  
Date, Time, and Location, if known

### **AUTOMATIC RIGHTS—YOU DO NOT NEED TO REQUEST THESE RIGHTS**

The right to be informed of your rights.

The right to be treated with fairness and respect for your safety, dignity and privacy.

The right to reasonable protection from the accused or any person acting on behalf of the accused.

The right to information about the status of the case.

The right to refuse a defense interview, deposition, or other discovery request.

The right to object to defense requests for access to your confidential information, including medical, counseling, school or employment records, access to your personal devices or on-line accounts, or other personal information.

The right to be present at all public proceedings.

The right to have a support person with you during proceedings.

The right to confer with the prosecutor at certain points in the case, including before pretrial diversion is granted, before the prosecutor amends or dismisses an indictment, information, or complaint, before the prosecutor agrees to a negotiated plea, and before a trial or adjudicatory hearing.

The right to tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole, and any other hearing that involves victims' rights.

The right to object to unreasonable delays.

The right to full and timely restitution from the offender.

### **RIGHTS THAT MUST BE REQUESTED – (Check the boxes below if you want to exercise these rights)**

- I WANT my name and identifying information to be redacted (removed) from public records.
- I WANT notice of the arrest, escape, or release of the offender.
- I WANT reasonable and timely notice of all public proceedings.
- I WANT to confer with the prosecutor in the case in addition to the times listed above.
- I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information.
- I WANT to appoint a Victim's Representative.

**OHIO VICTIM'S RIGHTS FORM**

*The Victim's identifying information on this form is not a public record under the Public Records Law.*

Victim Name: \_\_\_\_\_ I was  directly harmed (crime committed against me)  
 proximately harmed (result/effect of crime)  
Ohio Victim Rights Request form provided to me by  law enforcement officer  prosecutor's office on (date)\_\_\_\_\_.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred method of contact: \_\_ mail \_\_ phone call \_\_ email.

I can be reached between \_\_\_\_ and \_\_\_\_ at \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (family member/friend): \_\_\_\_\_ Email: \_\_\_\_\_

Victim Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If requested by victim:

Victim Representative Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Victim Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide my name and contact information, and that of my representative if applicable, to custodial agency, if any, post-conviction.

Officer/Prosecutor/Custodial Agency Official Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Office/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Officer/Prosecutor/Custodial Agency Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_