

OHIO VICTIMS' RIGHTS REQUEST FORM

As a victim of crime, you have constitutionally protected rights. **Some rights are automatic.** **Some rights require your request.**

This form provides important information about your rights. This form is NOT a public record. If you are a victim of an offense of violence, sexually oriented offense, or protection order violation, law enforcement will review this form with you and ask you to complete this form so that criminal justice officials know which rights you wish to exercise. Law enforcement will provide you a copy of the form. These rights also apply to victims of all other criminal offenses. Law enforcement will provide victims of all other offenses information on how to access the form online or provide a printed form, upon request. Complete the form and provide to the law enforcement agency who is investigating. Keep a copy.

Requesting and 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.
 - PLEASE NOTE: If you are a victim of a violation of a protection order, an offense of violence, or a sexually oriented offense and you do not complete the form or request your rights at first contact with law enforcement, you will be automatically opted in to all "upon request" rights until you opt out of your rights or are contacted by the prosecutor. Once contacted by a prosecutor, you will no longer be opted in and you must request your rights in order to exercise them.
- 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. You can obtain another Victims' Rights Request Form at ocvjc.org or by calling 614-848-8500.
- **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 use the form on Page 2 to request redaction (removal) of your name, address, and identifying information from public records related to this case. This request does not apply to crash reports submitted to the Ohio Department of Public Safety. You must send a separate request with the pertinent information on your crash (name, date, location) to the Department of Public Safety to request redaction of crash reports found at <https://publicsafety.ohio.gov/what-we-do/crash-reports/crash-report-search> by emailing traffstats@dps.ohio.gov or calling (614) 466-3536.
- You may be able to keep your address private by obtaining a Safe at Home address. Learn more at <http://www.safeathomeohio.gov> 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 may also contact <https://www.ocvjc.org/request-for-assistance> or call 614-848-8500.
- 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, determines bond conditions, and 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 call 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. <https://www.supremecourt.ohio.gov/docs/JCS/courtSvc/MarsysLaw/SCO-CSD-0002.pdf>

OHIO VICTIMS' RIGHTS REQUEST FORM

| | |
|--|---------------------------------|
| FORM COMPLETED BY: | |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Victim |
| <input type="checkbox"/> Prosecutor | |

Report No.: _____

Case No.: _____

Reporting Agency: _____

County: _____

Reporting Officer: _____

Badge No.: _____

Reporting Agency Phone: _____

Defendant/Suspect's Name _____

Charges: _____

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 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

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT my name, address, and identifying information to be redacted (removed) from: <input type="checkbox"/> Law enforcement records <input type="checkbox"/> Prosecutor records <input type="checkbox"/> Court records |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT notice of the arrest, escape, or release of the offender. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT reasonable and timely notice of all public proceedings. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT to appoint a Victim's Representative. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WANT interpretation services during contacts with criminal justice system officials. <input type="checkbox"/> Foreign language interpreter in _____ language <input type="checkbox"/> American Sign Language interpreter |

OHIO VICTIMS' RIGHTS FORM

As a victim, you must keep law enforcement agencies, prosecutors, courts, and custodial agencies up to date with your current contact information.

LAW ENFORCEMENT/PROSECUTOR USE ONLY

Victim of violation of protection order, offense of violence, or sexually oriented offense was presented the form, but the victim was unable to complete the form. Victim is opted in to all rights until the victim completes the form or is contacted by the prosecutor and provided the opportunity to complete the form. The public records division and custodial agency was provided the victim's and/or victim representative's information for redaction and notification.

Victim Name: _____

Ohio Victims' Rights Request form provided to me by law enforcement officer OR prosecutor's office on _____ (date).

Email: _____ Phone: _____

Address: _____

Preferred method of contact (check all that apply): mail phone call email

I can be reached between _____ and _____ at _____ (best method of contact)

Date: _____

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

If requested by victim:

Victim Representative Name: _____

Email: _____ Phone: _____

Address: _____

Date: _____

As the victim, I do not wish to receive notices about this case. Please provide notices to my representative.

FOR BUSINESS VICTIM USE ONLY

As the representative of _____ (insert business name), by checking this box, I hereby OPT OUT of the business's victims' rights in this case and future cases unless I notify law enforcement, the prosecutor, or the court otherwise.