

POST-CONVICTION NOTIFICATION REQUEST FORM

SENTENCING RESULT:

COMMITMENT TO THE ARIZONA DEPARTMENT OF CORRECTIONS (PRISON)

As a victim of crime, you have the right, upon request, to receive post-conviction notice. Please see the next page for more detailed information. To request notice, copies should be distributed to the agencies indicated below.

IF YOU DO NOT WISH TO RECEIVE POST-CONVICTION NOTICES, YOU DO NOT NEED TO COMPLETE OR RETURN THIS FORM.

INSTRUCTIONS

Multiple agencies are responsible for providing you with notice.

To request notice, you or the victim's lawful representative must:

1. Complete **Section B** of the attached form on Page 3.
NOTE: A separate form should be completed and returned for each victim (and their lawful representative, if applicable). Do not list multiple victims on one form.
2. Mail or return a copy of the completed form to each agency listed below **as soon as possible.**
3. Keep Pages 1 and 2, along with a copy of Page 3, for your records.
4. Maintain your current contact information with EACH office listed below. To ensure that you continue to receive all requested notifications, it is your responsibility to keep your address updated.
5. If the court has ordered that the defendant pay you restitution, you must also keep your name, address and phone number current with the Clerk of the Superior Court in the county in which restitution was ordered.

Coconino County Attorney's Office Victim Notification Secretary 110 E. Cherry Ave. Flagstaff, AZ 86001 Phone: (928) 679-8200 Fax: (928) 679-8201	Arizona Department Of Corrections Attn: Victim Services 1601 W. Jefferson (MC250) Phoenix, AZ 85007 (602) 542-1853 or (866) 787-7233	Coconino County Adult Probation Victim Notification Unit 110 E. Cherry Ave Flagstaff, AZ 86001 (928) 679-8400 or mhart@coconino.az.gov
Arizona Attorney General's Office Office of Victim Services 2005 N. Central Ave. Phoenix, AZ 85004 (602) 542-4911 or (866) 742-4911 agovs-pcnr@azag.gov	Arizona Board Of Executive Clemency 1645 W. Jefferson Suite 101 Phoenix, AZ 85007 (602) 542-5666	

POST-CONVICTION NOTIFICATION REQUEST FORM

AGENCY RESPONSIBILITIES

- **By completing and returning this form to the COCONINO COUNTY ATTORNEY'S OFFICE, you are requesting notice of the following:**
 - *Post-conviction relief proceedings and the results of such proceedings.*
 - *Post-conviction set aside requests.*
- **By completing and returning this form to the ARIZONA DEPARTMENT OF CORRECTIONS, you are requesting notice of the following:**
 - *Release from confinement, escape (and subsequent re-arrest) or death related to the sentence for the crime(s) in which you were a victim.*
- **By completing and returning this form to the COCONINO COUNTY ADULT PROBATION OFFICE, you are requesting notice of the following:**
 - *Court proceedings related to modifying, revoking, or terminating the defendant's probation.*
 - *Proposed modification of the terms of probation or intensive probation if it substantially affects the probationer's contact with you, your safety, restitution or incarceration status.*
 - *The arrest of the probationer pursuant to a warrant issued for a probation violation.*
 - *Any memorandum provided to the supervising court, by a probation officer, advising of probationer delinquencies in court-ordered restitution payments (pursuant to Arizona Supreme Court Administrative Order 94-16).*
- **By completing and returning this form to the ARIZONA ATTORNEY GENERAL'S OFFICE, you are requesting notice of the following:**
 - *Appellate proceedings and the results of such proceedings.*
- **By completing and returning this form to the ARIZONA BOARD OF EXECUTIVE CLEMENCY, you are requesting notice of the following:**
 - *Release hearings and executive clemency hearings, and the results of such hearings.*

FORM DEFINITIONS

- **Lawful Representative:** A person who is designated by the victim or is appointed by the court to act in the best interest of the victim. Only one person, a victim or his/her lawful representative, may receive the notifications subject to this request.
- **Post-Conviction Relief Proceeding:** A contested oral argument or evidentiary hearing that is held in open court and involves a request (by the defendant) for relief of a conviction or sentence.
- **Appellate Proceeding:** A contested oral argument held in open court before the State Court of Appeals, the State Supreme Court, a Federal Court of Appeals, or the United States Supreme Court.
- **Probation Modification, Termination or Revocation:** Changes in probation status that can occur for a variety of reasons.
- **Post-Conviction Release:** There are multiple types of post-conviction release, including: parole, work furlough, home arrest and community supervision. The Board of Executive Clemency also conducts clemency hearings, which include commutation, pardon and reprieve requests.

POST-CONVICTION NOTIFICATION REQUEST FORM

DEFENDANT NAME: _____ SEX: M F DOB: _____
COUNTY: COCONINO CAUSE #: _____ RESENTENCING? Yes No TYPE: _____
COUNT(S)/TYPE(S)/DATE(S) OF OFFENSE(S): _____

SENTENCING DATE: _____ PRISON TERM: _____ PROBATION TERM: _____
ADDITIONAL INFORMATION (IF NEEDED): _____
VICTIM/LAWFUL REPRESENTATIVE NAME: _____

SECTION B: To be completed by the **victim/lawful representative**. Please **print or type clearly** and sign at the bottom.

1. VICTIM NAME: _____ SEX: _____ DATE OF BIRTH: _____
LAST FIRST M.I. M/F Month/Day/Year

2. Read the statements below. If one is true or applicable to you, mark the corresponding box AND complete your name, sex and relationship to the victim in the "Lawful Rep" space below.

****If none of the statements below are true, skip to item #3 and complete the rest of the form.**

- The victim has designated me as the lawful representative.
- The victim is a minor child and I am a parent, an immediate family member, or a legal guardian.
- The victim is incapacitated (severely disabled).
- The victim is deceased.

LAWFUL REP: _____ SEX: _____ RELATIONSHIP: _____
LAST FIRST M.I. M/F (Ex: Parent, Guardian, Sibling, etc.)

3. MAILING ADDRESS: _____ Apt./Unit#: _____
NUMBER & STREET OR P.O. BOX #

CITY, STATE AND ZIP CODE E-mail: _____
(Ex: yourname@yourmail.com)

4. TELEPHONE (w/area code): Primary Phone _____ Alternate/Message Phone _____

5. If the defendant is incarcerated in the Arizona Department of Corrections, you have the right to request that the inmate not send mail to you, members of your family, or members of the victim's household. **Please mark any applicable request(s):**

- I request not to receive mail from the inmate whose name appears above.
- Other members of my family and/or household request not to receive mail from the inmate whose name appears above
 - **NOTE:** Please put the name(s) and address(es) of the family/household member(s) on a separate sheet of paper. Attach the information to a completed copy of this form and mail **ONLY to the Arizona Department of Corrections.**
- **IT IS YOUR RESPONSIBILITY TO KEEP YOUR ADDRESS AND PHONE NUMBER CURRENT WITH EACH AGENCY FROM WHOM YOU REQUEST NOTICE. FAILURE TO DO SO MEANS THAT YOU WAIVE YOUR RIGHT TO NOTICE.**
- **IT IS RECOMMENDED THAT YOU KEEP A COPY OF ALL THREE PAGES FOR YOUR RECORDS.**
- **PLEASE RETURN ONLY THIS PAGE TO THE AGENCIES LISTED ON PAGE 1.**

SIGNATURE: _____
VICTIM/LAWFUL REPRESENTATIVE SIGNATURE DATE (Month/Day/Year)