

## OHIO VICTIM RIGHTS FORM

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

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

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

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

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

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

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

### **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**

- 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 \_\_\_\_\_

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.

**Email this completed form to [lcsovrrf@lakecountyohio.gov](mailto:lcsovrrf@lakecountyohio.gov)**