



PERRY TOWNSHIP POLICE DEPARTMENT, FRANKLIN COUNTY

OHIO VICTIMS' RIGHTS REQUEST FORM



CRIME VICTIM RESOURCES

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 with 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 with information on how to access the form on-line or provide a printed form, upon request.

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.
 - 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 into 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 ocvcj.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.ocvcj.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.ocvcj.org/victims-rights-toolkit), <https://www.ocvcj.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 Department of Public Safety. You must send a separate request to the Department of Public Safety to request redaction of crash reports at <https://statepatrol.ohio.gov/services/public-records-and-reports-requests/public-records-and-reports-request>, emailing ADCentralRecords@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.ocvcj.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 with 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>

Provide this page to the victim. When Page 2 is completed by Law Enforcement or a Prosecutor, provide a copy to the victim or representative (if applicable) and submit the original to the appropriate records bureau, court, or custodial agency.

| | | | |
|---|--|---|---|
| COMPLETED BY: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Victim <input type="checkbox"/> Prosecutor | | | DATE: |
| REPORTING OFFICER: | | | BADGE #: |
| OFFICER PHONE: | DEPARTMENT: 614-889-9508 | ARRAIGNMENT DATE (if known): | |
| <input type="checkbox"/> Franklin County Municipal Court, 375 S. High Street, Columbus, Ohio 43215. 614-645-8186. Case #: | | | |
| <input type="checkbox"/> Other: | | | |
| DEFENDANT/SUSPECT'S NAME: | | | |
| CHARGES: | | | |
| 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: <input type="checkbox"/> 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: | PHONE: | TEXT <input type="checkbox"/> |
| | EMAIL: | PHONE: | TEXT <input type="checkbox"/> |
| | ADDRESS: | | |
| | PREFERRED CONTACT METHOD (check all that apply): <input type="checkbox"/> Mail <input type="checkbox"/> Phone call <input type="checkbox"/> Email | | |
| | I can be reached between the following times (best method of contact): | | |
| AUTOMATIC RIGHTS – YOU DO NOT NEED TO REQUEST THESE RIGHTS | | | |
| <ul style="list-style-type: none"> ❖ The right to be informed of your rights. ❖ The rights 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 unless ordered by the court. | | <ul style="list-style-type: none"> ❖ 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, online 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. | |
| Below are rights that you must request in order to exercise. You may choose some, none, or all of them. | | | |
| <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"/> | I WANT notice of arrest, escape, or release of the offender | | |
| <input type="checkbox"/> | I WANT reasonable and timely notice of all public court proceedings | | |
| <input type="checkbox"/> | I WANT to be notified of subpoenas, motions, or other requests for my personal information | | |
| <input type="checkbox"/> | I WANT to appoint a Victim's Representative – if checked, complete victim representative information below | | |
| <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 trial or adjudicatory hearing. | | |
| <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 |
| <input type="checkbox"/> | AS the victim, I do not wish to receive notices about this case. Please provide notices to my representative: | | |
| REPRESENTATIVE NAME: | PHONE: | TEXT <input type="checkbox"/> | |
| EMAIL: | PHONE: | TEXT <input type="checkbox"/> | |
| ADDRESS: | | | |
| BUSINESS VICTIM ONLY: <input type="checkbox"/> As a representative of: _____ | | | |
| 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. | | | |