## **OHIO VICTIMS' RIGHTS REQUEST FORM- Clermont County**



FORM COMPLETED BY:		
$\square$ Law enforcement	□Victim	
□Prosecutor		

	CP PARA	L de	□Pros	ecutor			
Repor	ting Age	ency			Report No		
Reporting Officer				Badge No.			
Agency Phone No.					Case No		
Arraignment:					Court		
		IGHTS—YOU DO NOT					
		informed of your rigi		REQUEST THESE	MOITIS		
The rig	ght to be	treated with fairness	and respec	ct for your safety	, dignity, and privac	:у.	
The rig	ght to rea	asonable protection f	rom the acc	cused or any pers	on acting on behalf	f of the accused.	
The rig	ght to inf	ormation about the s	tatus of the	e case.			
The rig	ght to ref	use a defense intervi	ew, deposit	cion, or other disc	covery request.		
-	-	•		•		including medical, counseling, , or other personal information.	
The rig	ght to be	present at all public	proceedings	S.			
The rig	ght to ha	ve a support person v	with you du	ring proceedings			
before	the pro	·	smisses an i	indictment, infor		re pretrial diversion is granted, nt, before the prosecutor agrees to a	
-	-	I the court your opini y other hearing that i	•		olving release, plea	, sentencing, disposition,	
The rig	ght to ob	ject to unreasonable	delays.				
The rig	ght to ful	l and timely restitution	on from the	offender.			
RIGHT	S THAT I	MUST BE REQUESTED	)				
YES	NO						
		I WANT my name, a	ddress, and	l identifying infor	mation to be redac	ted (removed) from:	
		☐ Law Enforcemen	t Records	☐ Prosecutor r	ecords 🗆 Court R	ecords	
		I WANT notice of th	e arrest, esc	cape, or release o	of the offender.		
		I WANT reasonable	and timely	notice of all publ	ic proceedings.		
		I WANT to confer w	ith the pros	ecutor in the cas	e in addition to the	times listed above.	
		=		<del>-</del>	-	osecuting Attorney's office will ou directly with counsel present	
		I WANT to be notifie	ed of subpo	enas, motions, o	r other requests to	access any of my personal	

☐ I WANT interpretation services during contacts with criminal justice system officials.

☐ Foreign language interpreter in \_\_\_\_\_\_ language

☐ American Sign Language interpreter

I WANT to appoint a Victim's Representative.

information.



## **OHIO VICTIMS' RIGHTS FORM-Clermont County**

## LAW ENFORCEMENT USE ONLY ☐ Victim of violation of protection order, offense of violence or sexually oriented offense did not complete form and is opted into all rights until contacted by the prosecutor. As a victim, it is your responsibility to keep law enforcement agencies, prosecutors, courts, and custodial agencies up to date with your current contact information. Ohio Victims' Rights Request form provided to me by $\square$ law enforcement officer OR $\square$ prosecutor's office on \_\_\_\_\_(date). DOB \_\_\_\_\_ Victim Name \_\_\_\_\_ Email\_\_\_\_\_\_Phone \_\_\_\_\_\_ Preferred method of contact (check all that apply): ☐ Telephone ☐ Text Message ☐ Email ☐ U.S. Mail I can be reached between \_\_\_\_ and \_\_\_\_ at \_\_\_\_ (best method of contact): \_\_\_\_\_ ☐ 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\_\_\_\_\_\_ DOB \_\_\_\_\_ Telephone ☐ 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 \_\_\_\_\_\_\_, by checking this box, I hereby Name of Business **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.