

**VICTIM'S RIGHTS REQUEST FORM**  
 THIS FORM IS NOT A PUBLIC RECORD (ORC149.43)

I understand that I have been identified as a victim of crime by the Hilliard Division of Police. I understand I automatically have the right to be informed of my rights; to be treated with fairness and respect for my safety, dignity, and privacy; to receive information about the status of the case; and to refuse a defense interview, deposition, or other discovery requests. Additionally, I assert or waive the rights checked below. I understand that if I change my mind, I must complete and sign a new Victim's Rights Request Form and submit the form to victim@hilliardohio.gov. If the suspect has been charged and the case is still pending, I must give the form to Victim Advocate, Cindi Newsome.

**DATE COMPLETED:** \_\_\_\_\_ **Victim Type: (Initial Contact only)**

<input type="checkbox"/> Initial Contact	<input type="checkbox"/> Victim Initiated Change	<input type="checkbox"/> Directly or proximately harmed by the offense
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Rights	<input type="checkbox"/> Offense Committed against the person

**VICTIM INFORMATION**

NAME:	PHONE:	Text: Yes	No
EMAIL:	ALT PHONE:	Yes	No
ADDRESS:			
INTERPRETER: Y / N		LANGUAGE:	

**OFFENSE INFORMATION      SUSPECT NAME:** \_\_\_\_\_ **OFFENSE REPORTED:** \_\_\_\_\_

REPORT NUMBER:	CASE NUMBER: <i>(given once assigned by court)</i>
ARRAIGNMENT:	REPORTING OFFICER:
COURT:	BADGE NUMBER:
OFFICER EMAIL:	OFFICER PHONE:

**RIGHTS INFORMATION      YOU MAY CHANGE THESE ELECTIONS AT ANY TIME**

REQUEST	WAIVE	Shading indicates a right automatically granted
<input type="checkbox"/>	<input type="checkbox"/>	The right to reasonable protection from the offender and anyone acting on the offender's behalf. <i>If you are being threatened by the accused or anyone acting on behalf of the accused; law enforcement, an advocate, or prosecutor can provide information on available protection options and safety planning.</i>
<input type="checkbox"/>	<input type="checkbox"/>	The right to notice of the escape or release of the offender
<input type="checkbox"/>	<input type="checkbox"/>	The right to reasonable and timely notice of all public court proceedings
<input type="checkbox"/>	<input type="checkbox"/>	The right to confer with the prosecutor assigned to the case
<input type="checkbox"/>	<input type="checkbox"/>	The right to be present and speak at all public proceedings
<input type="checkbox"/>	<input type="checkbox"/>	The right to be notified of requests for personal information - <i>(name, address, and identifying information)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The right to object to the disclosure of personal information - <i>including DOB, phone #, email, relationship)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The right to full and timely restitution
<input type="checkbox"/>	<input type="checkbox"/>	The right to appoint a Victim's Representative
<i>(leave blank if does not appoint one)</i>		NAME: _____ RELATIONSHIP: _____
		ADDRESS: _____
		PHONE: _____ EMAIL: _____
<input type="checkbox"/>	<input type="checkbox"/>	The right to receive a copy of all communication sent to the Victim's Representative
<input type="checkbox"/>	<input type="checkbox"/>	<b>Victim did not make elections*      Victim unable to complete form*      Victim refused/waived all rights</b>

\*If either of these boxes are checked, the victim is considered to have requested all rights, until contacted by the prosecutor. A failure to affirmatively request any non-automatic rights to the prosecutor constitutes a waiver of those rights. This waiver may be changed at any time.

I acknowledge that I have received a completed copy of this form and understand that it is my responsibility to keep the information contained in this form accurate and current.

Victim/Victim's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have the right to exercise your rights on your own behalf, through a victims' representative, and/or through an attorney that you retain. You may request free legal assistance through nonprofit organizations such as Ohio Crime Victim Justice Center at [OCVJC.org](http://OCVJC.org), (866)665-3330, (614)848-8500, or [info@ocvjc.org](mailto:info@ocvjc.org).

I have provided this form and/or the information contained herein to all necessary parties, including defendant's custodial agency, (circle one) Franklin County Sheriff's Office / Franklin County Municipal Court / Hilliard Mayor's Court.

Officer/Prosecutor/Victim Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VICTIM'S RIGHTS REQUEST FORM**  
*THIS FORM IS NOT A PUBLIC RECORD (ORC149.43)*

[www.hilliardohio.gov/victimrights/](http://www.hilliardohio.gov/victimrights/)  
**HILLIARD VICTIM ADVOCATE, \_\_\_\_\_ (614) 300-5921**

As a victim in Ohio, you have rights. Criminal justice system officials are required to perform certain duties to ensure that you know your rights. Some rights are automatic, but most rights require your request.

This document provides important information about your rights that begin when you report to law enforcement. This document lists rights that must be requested and provides a form to officially notify law enforcement, jail or other custodial agencies, prosecutors, and judges that you wish to request or waive certain rights. Law enforcement will forward this document to the prosecutor if the suspect is charged.

Law enforcement will provide you with the Ohio Attorney General's Crime Victim's Rights booklet, or another document, which contains information about additional rights that may be available to you. You may use the Victims' Rights Toolkit to help you research and understand your rights ([www.victimrights toolkit.org](http://www.victimrights toolkit.org)).

- **Who is a victim? Who can act as a victim's representative?**
  - A victim is any person against whom a criminal offense or delinquent act is committed or any person who is directly and proximately harmed by the commission of the offense or act. The suspect, defendant, or offender is not a victim.
  - Crime victims can exercise their rights themselves, and/or appoint a representative to exercise their rights. Victims can appoint anyone to be the representative except the crime suspect, defendant, or offender. Victims can appoint or change a representative at any time.
  - If the victim is a minor, incapacitated, incompetent, or deceased, a member of the victim's family or another person may act as the victim's representative. If there is a conflict of who will act as the representative, each person can petition the judge to determine whom to appoint.
- **Requesting or waiving your rights**
  - Your decision to request or waive your rights DOES NOT mean that you cannot change your mind later. However, if you first waive your rights and then request them at a later time, you may be giving up some rights that only apply at certain stages of the criminal justice process.
  - Arraignment is a hearing that can happen quickly after the defendant is charged. During arraignment the judge often decides whether to release the defendant on bond, conditions of bond, or issue a protection order. To attend arraignment and be heard by the judge, you should call the clerk of courts, jail, or investigating officer to confirm the time and date.
- **Your right to restitution and information about the Crime Victim Compensation Fund**
  - Restitution: Upon conviction, the court shall order the offender to pay you for verifiable financial costs relating to your victimization.
  - Crime Victims Compensation Fund: You may be eligible to apply for reimbursement of verifiable financial costs relating to your victimization as soon as a police report is filed, even if the suspect has not been arrested or convicted. You may apply for compensation at <http://www.ohioattorneygeneral.gov/VictimsCompensation.aspx> or call 800-582-2877
  - In both instances, you may contact a victim's advocate, victim's rights attorney, and/or a victim's compensation attorney for assistance. You must save receipts, estimates, invoices, pay stubs for lost wages, medical or other bills, mileage logs, and other written documentation of your losses as this documentation will be required in order to obtain restitution or reimbursement paid by the Crime Victims Compensation Program.
- **Keeping your personal information private**
  - You may register for the Ohio Secretary of State's "Safe at Home" program to keep your home address private. Participants receive a "safe" mailing address to use official documents. Information is available at [www.ohiosos.gov/secretary-office/office-initiatives/safe-at-home/survivors/](http://www.ohiosos.gov/secretary-office/office-initiatives/safe-at-home/survivors/) or (614) 995-2255.
  - You may also choose to object to the release of your personal information on this form.
- **Tracking an incarcerated person**
  - Receive texts, calls, or emails to receive notice of a defendant or offender's release or escape from jail or prison. Register at: [www.vinelink.com/#state-selection](http://www.vinelink.com/#state-selection) or (866) 277-7477.
- **Your right to refuse an interview, deposition, or discovery request from the accused or any person acting on the accused's behalf.**
  - If the defendant, defendant's attorney, or anyone else acting on behalf of the defendant has contacted you to request an interview or attempt to obtain any information or materials, immediately contact the prosecutor. If the suspect has not yet been charged, contact a victim's rights attorney.