REMINDER! It is YOUR RESPONSIBILITY to notify our office of changes in your contact information. Please keep us updated.

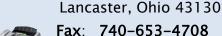
Keep this form UNTIL your contact information changes, THEN, complete it and return it to us. Thank You. STATE OF OHIO vs. ______ Case No. ______ Case No. _____ The contact information currently on file is: Name:_____ Mailing Address:_____ Email Address:_____ Phone number:______ PLEASE PROVIDE THE NEW INFORMATION BELOW. Mailing Address:______ Email Address:_____ Phone number:______ If the primary victim is a child, a handicapped person, or someone who is represented by another adult, please provide the name and contact information for that person. Name of Contact Person_______ Address: Street, City, State & Zip Phone numbers: ______ Relationship to Victim:_____ If you do not have a phone, fax or email address, please provide the name and contact information of an adult who is willing to receive MESSAGES to pass on to you. Name of Contact Person______ Address: Street, City, State & Zip Phone numbers: ______ Relationship to Victim:______ Χ.....

Please return the completed form by hand, US mail, fax, or email:



Mail or personal delivery:

Office of the Prosecuting Attorney 239 W. Main St., Suite 101



Attention: Victim Assistance Specialist

Signature of Adult Victim or primary victim's lawful representative



Telephone: 740-652-7560

Attention: Victim Assistance Specialist



E-mail:

prosecutor@fairfieldcountyohio.gov