

# YOUR VICTIM RIGHTS

Juvenile Case Form

*Fairfield County Prosecuting Attorney, Kyle Witt*

Please complete and return to the attention of your Victim Assistance Specialist.

**Mail To:** The Fairfield County Prosecuting Attorney's Office - 239 W. Main Street, Suite 101 - Lancaster, OH 43130

<b>IN THE MATTER OF:</b> (ACCUSED YOUTH)	Name:	Case No.:
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## VICTIM INFORMATION

<b>PRIMARY VICTIM</b>	Name:
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CHECK IF THE PRIMARY VICTIM IS:  MYSELF  MINOR  DISABLED  ELDERLY  DECEASED

<b>CONTACT PERSON</b>	Name:
Mailing Address	Mailing Address:
	City: State: Zip Code:
	Email:
	Home ( ) Other ( ) Best time to reach: AM/PM

**PREFERRED NOTIFICATION METHOD:** MAIL  EMAIL

## I WOULD LIKE TO EXERCISE MY VICTIM RIGHTS

<input type="checkbox"/> YES	<b>'YES'</b> means you would like to participate and receive notifications for the court proceedings in this case.
<input type="checkbox"/> NO	<b>'NO'</b> means you wish to <b>DECLINE</b> your victim rights. By declining to exercise your victim rights, please understand that you may still be contacted by a member of the staff of the Prosecuting Attorney's Office and may still receive some notifications that are required by Ohio Revised Code 2930.16 and that, if you are served a subpoena and fail to appear, it could result in legal action against you.

<b>SIGNATURE:</b>	<b>DATE:</b>
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## NO CONTACT ORDER

<b>I WOULD LIKE:</b>	<input type="checkbox"/> NO CONTACT <input type="checkbox"/> PEACEFUL CONTACT <input type="checkbox"/> OTHER _____
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## DO YOU WISH TO REQUEST RESTITUTION IN THIS CASE?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Restitution</b> is the reimbursement by the defendant of your out-of-pocket, crime-related expenses that are NOT covered by insurance or any other reimbursement programs. <b>Insurance Deductibles CAN be requested.</b>
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<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like information about <b>THE VICTIMS OF CRIME COMPENSATION PROGRAM?</b>
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## YOUR OPINION AS TO THE CASE OUTCOME (CHECK ALL THAT APPLY)

<input type="checkbox"/> NO OPINION <input type="checkbox"/> JUVENILE DETENTION <input type="checkbox"/> COMMUNITY CONTROL (probation) <input type="checkbox"/> PAY RESTITUTION
<input type="checkbox"/> COUNSELING <input type="checkbox"/> SEX OFFENDER REGISTRATION <input type="checkbox"/> STAY AWAY FROM CHILDREN <input type="checkbox"/> STAY AWAY FROM VICTIM
<input type="checkbox"/> TREATMENT FOR MENTAL HEALTH <input type="checkbox"/> TREATMENT FOR DRUGS/ALCOHOL <input type="checkbox"/> HOUSE ARREST
<input type="checkbox"/> DRIVERS LICENSE SUSPENSION <input type="checkbox"/> SANCTION ON OTHER PRIVILEGES <input type="checkbox"/> GPS ANKLE MONITORING
<input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> ____ PM CURFEW <input type="checkbox"/> OTHER _____

**Continue to Reverse Side >>**

