

# YOUR VICTIM RIGHTS

Adult 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>STATE OF OHIO vs.</b>	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:
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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' means you would like to participate and receive notifications for the court proceedings in this case.</b>
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<input type="checkbox"/> NO	<b>'NO' means you wish to DECLINE your victim rights.</b> 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.
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SIGNATURE:	DATE:
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## PROTECTION ORDERS

<input type="checkbox"/> YES <input type="checkbox"/> NO	I would like information about a PROTECTION ORDER.
<b>I WOULD LIKE:</b>	<input type="checkbox"/> NO CONTACT <input type="checkbox"/> PEACEFUL CONTACT <input type="checkbox"/> OTHER _____
<b>I ALREADY HAVE:</b>	<input type="checkbox"/> TPO <input type="checkbox"/> CPO <input type="checkbox"/> SSOOPO <input type="checkbox"/> DIVORCE RESTRAINING ORDER

## If the defendant requests BOND MODIFICATIONS, do you have an opinion?

<input type="checkbox"/> RECOGNIZANCE BOND IS OK <input type="checkbox"/> OPPOSED TO REDUCTION/MODIFICATION <input type="checkbox"/> NO OPINION
<input type="checkbox"/> OTHER:

## VICTIM NOTIFICATION OF DEFENDANT'S RELEASE

**VINE** - (Victim Information & Notification Everyday) is an anonymous and FREE telephone/email notification system for anyone wanting to know of status changes or release of an inmate in a county jail or state prison. For more information, contact your Victim Assistance Specialist or visit [www.vinelink.com](http://www.vinelink.com).

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>I HAVE registered with VINE</b>	<b>VINE</b> <a href="http://www.vinelink.com">www.vinelink.com</a> or 1-800-770-0192
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>I NEED HELP registering with VINE</b>	

Continue to Reverse Side >>

**DO YOU WISH TO REQUEST RESTITUTION IN THIS CASE?**

YES  NO

*Restitution 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.  
Insurance Deductibles CAN be requested.*

**YOUR OPINION AS TO THE CASE OUTCOME (CHECK ALL THAT APPLY)**

NO OPINION  JAIL  PRISON  PAY RESTITUTION  COMMUNITY CONTROL (probation)

SEX OFFENDER REGISTRATION  STAY AWAY FROM VICTIM  STAY AWAY FROM CHILDREN

COUNSELING  INTERVENTION PROGRAM  TREATMENT FOR DRUGS/ALCOHOL

TREATMENT FOR MENTAL HEALTH  OTHER \_\_\_\_\_

**EMOTIONAL/FINANCIAL EFFECTS (PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)**

As a crime victim, you have the right to provide a Victim Impact Statement. A VIS is a statement that is addressed to the Judge, telling the Court the affects a crime has had on you or your family (physically, emotionally or financially). This is also the time you can tell the Court your opinion regarding the case outcome. For more information, contact your Victim Assistance Specialist.

I have attached/provided a VIS  I plan to provide a VIS  I DO NOT wish to provide a VIS  I am undecided

By completing and returning this form, you are allowing this information to be shared with the necessary agencies during the pre-sentence investigation and during the offender's incarceration.

**Victim contact information will NOT be shared publicly or with the defendant.**

**PLEASE RETURN THIS COMPLETED FORM TO YOUR VICTIM ASSISTANCE SPECIALIST**

**Mail:** 239 W. Main Street, Suite 101 Lancaster, Ohio 43130  
**FAX:** 740-653-4708, Attention: Victim Assistance Specialist  
**EMAIL:** vicwit@fairfieldcountyohio.gov

**INTER-OFFICE USE ONLY**

**Choose Region No.: 1 - 2 - 3 - 4**

\_\_\_ VAS (original) \_\_\_ MATRIX (file, Court, Probation) \_\_\_ DRC/DYS REC'D \_\_\_ BY \_\_\_