

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

STATE OF OHIO vs.

Defendant's Name:

Case No.:

VICTIM INFORMATION

PRIMARY VICTIM

Name:

CHECK IF THE PRIMARY VICTIM IS:

MYSELF

MINOR

DISABLED

ELDERLY

DECEASED

CONTACT PERSON

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

YES

'YES' means you would like to participate and receive notifications for the court proceedings in this case.

NO

'NO' means you wish to DECLINE 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 Section 2930.16 and that, **if you are served a subpoena and fail to appear, it could result in legal action against you.**

SIGNATURE:

DATE:

PROTECTION ORDERS

YES NO

I would like information about a PROTECTION ORDER.

I WOULD LIKE:

NO CONTACT PEACEFUL CONTACT OTHER _____

I ALREADY HAVE:

TPO CPO SSOPO DIVORCE RESTRAINING ORDER

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

RECOGNIZANCE BOND IS OK

OPPOSED TO REDUCTION/MODIFICATION

NO OPINION

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.

YES NO

I HAVE registered with VINE

VINE

YES NO

I NEED HELP registering with VINE

www.vinelink.com

or 1-800-770-0192

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 Susan Spangler.

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: prosecutor@fairfieldcountyohio.gov

INTER-OFFICE USE ONLY

Choose Region No.: 1 - 2 - 3

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