

**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. \_\_\_\_\_

The contact information currently on file is:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**PLEASE PROVIDE THE NEW INFORMATION BELOW.**

Name: \_\_\_\_\_

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: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

*Signature of Adult Victim or primary victim's lawful representative*

*Date*

*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  
Lancaster, Ohio 43130



**Fax: 740-653-4708**  
**Attention: Victim Assistance Specialist**



**Telephone: 740-652-7560**  
**Attention: Victim Assistance Specialist**



**E-mail:**  
[prosecutor@fairfieldcountyohio.gov](mailto:prosecutor@fairfieldcountyohio.gov)