

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

IN THE MATTER OF:

(ACCUSED YOUTH)

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:

NO CONTACT ORDER

I WOULD LIKE:

NO CONTACT

PEACEFUL CONTACT

OTHER _____

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.

YES NO

Would you like information about **THE VICTIMS OF CRIME COMPENSATION PROGRAM?**

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

NO OPINION

JUVENILE DETENTION

COMMUNITY CONTROL (probation)

PAY RESTITUTION

COUNSELING

SEX OFFENDER REGISTRATION

STAY AWAY FROM CHILDREN

STAY AWAY FROM VICTIM

TREATMENT FOR MENTAL HEALTH

TREATMENT FOR DRUGS/ALCOHOL

HOUSE ARREST

DRIVERS LICENSE SUSPENSION

SANCTION ON OTHER PRIVILEGES

GPS ANKLE MONITORING

COMMUNITY SERVICE

____ PM CURFEW

OTHER _____

Continue to Reverse Side >>

