YOUR VICTIM RIGHTS

uvenile 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

	Suffy Prosecuting Attorney's Office - 259 W. Main Street, Suite 101 - Lancaster, Off +5150
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' 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 .
	if you are served a subpoena and fail to appear, it could result in legal action against you. SIGNATURE:
I <u>WOULD LIKE</u> :	SIGNATURE: DATE:
	SIGNATURE: DATE: NO CONTACT ORDER
	SIGNATURE: DATE: NO CONTACT ORDER I NO CONTACT PEACEFUL CONTACT
DO Y	SIGNATURE: DATE: NO CONTACT ORDER
DO N YES NO YES NO	SIGNATURE: DATE: NO CONTACT ORDER NO CONTACT PEACEFUL CONTACT OTHER OU WISH TO REQUEST RESTITUTION IN THIS CASE? 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.
	SIGNATURE: DATE: NO CONTACT ORDER NO CONTACT PEACEFUL CONTACT OTHER OU WISH TO REQUEST RESTITUTION IN THIS CASE? 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. Would you like information about THE VICTIMS OF CRIME COMPENSATION PROGRAM?
DO Y Pres NO YES NO YOUF NO OPINION	SIGNATURE: DATE: NO CONTACT ORDER NO CONTACT PEACEFUL CONTACT OTHER OU WISH TO REQUEST RESTITUTION IN THIS CASE? 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. Would you like information about THE VICTIMS OF CRIME COMPENSATION PROGRAM?
DO Y Pres NO YES NO YOUF NO OPINION	SIGNATURE: DATE: NO CONTACT ORDER NO CONTACT PEACEFUL CONTACT OTHER
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	SIGNATURE: DATE: NO CONTACT ORDER NO CONTACT PEACEFUL CONTACT OTHER

EMOTIONAL/FINANCIAL EFFECTS (PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)
As a crime victim, you have the right to provide a <u>Victim Impact Statement</u> (VAS). 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-sentencing 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: The Fairfield County Prosecuting Attorney's Office 239 W. Main Street, Suite 101
Lancaster, Ohio 43130 FAX: 740-653-4708, Attention: Victim Assistance Specialist
EMAIL: prosecutor@fairfieldcountyohio.gov
OFFICE USE ONLY Choose Region No.: 1 - 2 - 3 VAS (original) MATRIX (file, Court, Probation) DRC/DYS REC'D BY