

JACKSON TOWNSHIP POLICE DEPARTMENT



OHIO VICTIM RIGHTS REQUEST FORM

As a victim of crime, you have constitutionally protected rights. These rights are detailed by the Ohio Attorney General's Office Crime Victim Services at https://www.OhioAttorneyGeneral.gov/Individuals-and-Families/Victims or by calling 800-582-2877.

Some rights are automatic. *Some rights require your request*

This form provides important information about your rights. This form is <u>NOT</u> a public record. You will be asked to complete this form so that law enforcement knows which rights you wish to exercise. A copy of the form will be provided to you.

Requesting & Enforcing Your Rights

- Page two of this form provides a list of rights that <u>must</u> be requested if you wish to exercise them. It is your choice. You can choose to exercise all, some, or none of your rights.
- You can change your mind at any time about which rights you choose to exercise. However, if you choose not to exercise some rights and then request them later, you may give up some rights that only apply during certain stages of the case.
- If you change your mind, you <u>must</u> call, e-mail, or complete a new form and return it to the investigating officer, prosecutor, court, prison, jail, or community based correctional facility to ensure officials have updated information on the rights you wish to exercise and updated contact information. You can obtain another Victims' Rights Request Form at <u>ocvjc.org</u> or by calling 614-848-8500.
- If any of your rights are denied, you may ask the advocate or prosecutor to help, seek enforcement on your own, hire an attorney, or request free legal assistance from Ohio Victim Justice Center at https://www.ocvjc.org/request-for-assistance or call 614-848-8500.
- An online resource to help you understand and exercise all of your rights is the Victim's Rights Toolkit, https://www.ocvjc.org/victims-rights-toolkit.

Appointing a Victim Representative

• You may choose to exercise your rights and/or choose a representative to exercise your rights. A representative can be anyone other than the defendant. You can choose, change, or remove a representative at any time.

Privacy and Safety

- You may be eligible for a protection order. The investigating officer will provide available resources to assist with obtaining a protection order.
- You may use the form on page 2 to request redaction (removal) of your name, address, and identifying information from public records related to this case.
 - This request does not apply to crash reports submitted to the Department of Public Safety. You must send a separate request to the Department of Public Safety to request redaction of crash reports at <a href="https://statepatrol.ohio.gov/services/public-records-and-reports-requests
- You may be able to keep your address private by obtaining a Safe at Home address. Learn more at http://www.safeathomeohio.gov or call 614-995-2255.
- If the defendant, defendant's attorney, or anyone else acting on behalf of the defendant contacts you to talk with you, request an interview, or attempt to obtain any information or materials from you, you have the right to refuse. Immediately contact the prosecutor to let them know you have been contacted. You may also contact https://www.ocvjc.org/request-for-assistance or call 614-848-8500.
- You can receive texts, calls, or emails to receive notice of a defendant or offender's release or escape from jail or prison. Register at https://www.vinelink.com/#state-selection.

Arraignment

- Arraignment is a hearing that can happen within a couple days after the defendant is charged with a crime.
- If you request notification, law enforcement will notify you of the arrest of the defendant and can provide you a phone number for the clerk of the court to get information on the date, time, and location of the arraignment proceeding.
- During arraignment the judge decides whether or not to release the defendant on bond, determines bond conditions, and whether or not to issue a protection order.
- You have the right to attend the arraignment and tell the judge about any safety concerns and your opinion regarding release, bond conditions, and whether or not you would like a protection order.

Compensation and Restitution

- Crime Victim Compensation Fund: You may be eligible to apply for reimbursement for certain financial losses relating to your victimization, even if the suspect has not been arrested or convicted. You may apply at https://www.ohioattorneygeneral.gov/individuals-and-families/victims/apply-for-victims-compensation or call 800-582-2877.
- Restitution: Upon conviction, the court must order the offender to pay you for certain financial losses relating to your victimization. It is important to keep a record of all expenses incurred as a result of the crime so that the court can use this information to determine what costs are properly included in an order of restitution.
 https://www.supremecourt.ohio.gov/docs/JCS/courtSycs/MarsysLaw/SCO-CSD-0002.pdf



Case #:	

JACKSON TOWNSHIP POLICE DEPARTMENT OHIO VICTIM RIGHTS REQUEST FORM

FORM USE:	Initial Contact Uictim Changed/Updated Form Uictim Unable/Declined to Complete Y: Law Enforcement – Jackson Township Police Department, Stark County (330) 834-3960						
Reporting Officer:	Unit #:						
Defendant's Name:	: Charges:						
Arraignment:	Date: Time:						
	ocation: Massillon Municipal Court - 2 James Duncan Plaza, Massillon, OH 44646						
	Stark County Common Pleas - 115 Central Plaza N, Canton, OH 44702						
	☐ Stark County Family Court - 110 Central Plaza S, Canton, OH 44702						
AUTOMATIC RIGHTS	S – YOU DO NOT NEED TO REQUEST THESE RIGHTS						
The right to be	e informed of your rights.						
_	e treated with fairness and respect for your safety, dignity and privacy.						
_	easonable protection from the accused or any person acting on behalf of the accused.						
_	iformation about the status of the case.						
_	efuse a defense interview, deposition, or other discovery request. bject to defense requests for access to your confidential information, including medical, counseling, school or						
	records, access to your personal devices or on-line accounts, or other personal information.						
	e present at all public proceedings.						
-	ell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole, and an						
	that involves victims' rights.						
 The right to ol 	bject to unreasonable delays.						
The right to fu	ıll and timely restitution from the offender.						
RIGHTS THAT MUST	BE REQUESTED – (Check the boxes below if you want to exercise these rights)						
☐ I WANT my name,	address, and Identifying information to be redacted (removed) from Public Records related to this case.						
☐ I WANT notice of t	he arrest, escape, or release of the offender.						
☐ I WANT reasonable	e and timely notice of all public proceedings.						
☐ I WANT to be notif	fied of subpoenas, motions, or other requests to access any of my personal information.						
☐ I WANT to appoint	t a Victim's Representative (Please see page 3 for further).						
	with the prosecutor at certain points in the case, including before pretrial diversion is granted, before the dismisses an indictment, information, or complaint, before the prosecutor agrees to a negotiated plea, and catory hearing.						

☐ **I WANT** interpretation services during contacts with criminal justice system officials.
☐ Foreign Language Interpreter in ______ Language.

☐ American Sign Language Interpreter.

^{*}Pages 2 and 3 <u>MUST</u> be completed for Violation of Protection Order, Offense of Violence, or Sexually Oriented Offense. All other Offenses at the request of the Victim*



Case	#:					
Case	#:					

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OHIO VICTIM RIGHTS FORM

As a victim, you must keep Law Enforcement Agencies, Prosecutors, Courts, and Custodial Agencies up to date with your current contact information. The Victim's identifying information on this form is not a public record under the Public Records Law.

Victim Name:	
Ohio Victims' Rights Request form provided to me b	y: <u>Law Enforcement Officer</u>
Preferred Method of Contact: \Box E-mail \Box	Phone Call Mail
Phone:	E-Mail:
Address:	
City, State, Zip	
Victim Signature:	Date:
Please provide my name and contact agency, if any.	information, and that of my representative, if applicable, to the custodial
VICTIM REPRESENTATIVE INFORMATION (OPTIO	<u>ONAL)</u>
Victim Representative Name:	
	Phone Call Mail
Phone:	E-Mail:
Address:	
City, State, Zip	
LAW FUED	DOTATALT INDOCTOUTOR LIST ONLY
	RCEMENT/PROSECUTOR USE ONLY
victim was unable/declined to complete the contacted by the prosecutor and provided the	nse of violence, or sexually oriented offense was presented this form, but the form. Victim is opted in to all rights until the victim completes the form or is ne opportunity to complete the form. The public records division and custodial tim representative's information for redaction and notification.
Γ	
VI	CTIM BUSINESS USE ONLY
As the representative of the business's victims' rights in this case and otherwise.	(insert business name), by checking this box, I hearby OPT OUT of future cases unless I notify law enforcement, the prosecutor, or the court
Reporting Officer:	Unit #: Date:

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