

**VICTIM'S RIGHTS REQUEST/WAIVER FORM**

Pursuant to Ohio Constitution Article I, § 10a, I assert or waive the rights checked below. I understand that if I change my mind, I must complete a new form and return it to the investigating officer, or, if the suspect has been charged, to the prosecutor. The investigating officer will provide the prosecutor's contact information.

<b>FORM USE</b> <input type="checkbox"/> Initial contact	<b>DATE:</b> _____ <input type="checkbox"/> Victim initiated change
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Report No: \_\_\_\_\_

Montgomery County Sheriff's Office

County: \_\_\_\_\_

345 W. Second St. Dayton, OH 45422

Officer: \_\_\_\_\_

937-225-4357

Suspect:  Adult  Juvenile

**\*\*Refer to the Victim's Rights Informational Summary\*\***

REQUEST

WAIVE

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The right to notice of the escape or release of the offender.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to reasonable and timely notice of all public proceedings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to be present at all public proceedings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to be heard in all public proceedings, including those involving release, plea, sentencing, disposition, parole, and any other hearing that involves victims' rights.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to confer with the prosecutor in the case.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to notice if the defense requests access to confidential victim information, including medical, counseling, school or employment records, access to victim's personal devices or on-line accounts, or other personal information. |
| <input type="checkbox"/> | <input type="checkbox"/> | The right to appoint a Victim's Representative.<br>Representative Name _____<br>Address _____<br>Phone _____<br>Email _____<br>Representative's Relationship to Victim _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | The victim would also like to receive notices and exercise their rights.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I request that my name, address, or other identifying information remain confidential.  |

Victim Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

\*\*Victim did not make election/was unable to complete the form\*\*

If you are denied your rights you may seek to enforce your rights on your own, ask the prosecutor to enforce your rights, or retain an attorney. You may request free legal assistance through nonprofit organizations such as Ohio Crime Victim Justice Center at OCVJC.org, (866) 665-3330, (614) 848-8500, or info@ocvjc.org.

Victim/Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Victim/Representative's Signature: \_\_\_\_\_

Officer/Prosecutor/Custodial Agency Rep. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Officer/Prosecutor/Custodial Agency Rep. Signature: \_\_\_\_\_