

## OHIO VICTIMS' RIGHTS REQUEST FORM - INFORMATION

Victims of crime have constitutionally protected rights. **Some rights are automatic, and some rights require your request.** This form provides information about your rights as a victim of a criminal offense or delinquent act. If you are a victim of an offense of violence, sexually oriented offense, or protection order violation, law enforcement will 1) provide you with a copy of this form, 2) review this form with you, and 3) ask you to complete this form so that criminal justice officials know which rights you wish to exercise. These rights also apply to victims of all other criminal offenses, but law enforcement is only required to provide victims of all other offenses information on how to access the form on-line or provide a printed form, upon request.

**WHAT ARE MY RIGHTS AS A VICTIM?** The other side of this form provides a list of rights that must be requested if you wish to exercise them. It is your choice. You can choose to exercise all, some, or none of your rights. **PLEASE NOTE:** If you are a victim of a violation of a protection order, an offense of violence, or a sexually oriented offense and you do not complete the form or request your rights at first contact with law enforcement, you will be automatically opted in to all "upon request" rights until you opt out of your rights or are contacted by the prosecutor. Once contacted by a prosecutor, you will no longer be opted in and you must request your "upon request" rights in order to exercise them. An online resource to help you understand and exercise all of your rights is the *Victim's Rights Toolkit*, available at [www.ocvjc.org/victims-rights-toolkit](http://www.ocvjc.org/victims-rights-toolkit).

As a victim, you are automatically entitled to the right to:

- Be informed of your rights;
- Be treated with fairness and respect for your safety, dignity, and privacy;
- Reasonable protection from the accused or any person acting on behalf of the accused;
- Receive information about the status of the case;
- Refuse a defense interview, deposition, or other discovery request;
- Object to defense requests for access to your confidential information, including medical, counseling, school, or employment records, access to your personal devices or online accounts, or other personal information;
- Be present at all public proceedings;
- Have a support person with you during proceedings;
- Tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole, and any other hearing that involves victims' rights;
- Object to unreasonable delays; and
- Full and timely restitution from the offender.

**HOW DO I CHANGE THE RIGHTS I WANT TO EXERCISE?** You or your victim's representative can change your selection 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. To change the rights you wish to exercise, you must call, email, 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 of the rights you wish to exercise. You can obtain another Victims' Rights Request Form at [ocvjc.org](http://ocvjc.org) or by calling 614-848-8500.

**WHAT IS A VICTIM'S REPRESENTATIVE?** You can designate a victim's representative to exercise your rights as a victim for you or with you. A victim's representative can be anyone you choose other than the person who is alleged to have committed the criminal offense or delinquent act. You can designate a victim's representative on this form. You can also designate a victim's representative later, change or remove a victim's representative at any time by notifying law enforcement, the prosecutor, or the court.

**WHAT TO DO IF THERE ARE CHANGES TO MY CONTACT INFORMATION?** If you have changes to your contact information, you have a responsibility to inform the investigating officer, prosecutor, court, prison, jail, or community based correctional facility of these changes.

**WHAT HAPPENS IF MY RIGHTS ARE DENIED?** 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 Crime Victim Justice Center at [www.ocvjc.org/request-for-assistance](http://www.ocvjc.org/request-for-assistance) or call (614) 848-8500.

**CAN I KEEP MY PERSONAL INFORMATION PRIVATE?** You may use the backside of this form 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 Dept. of Public Safety to request redaction of crash reports at <https://statepatrol.ohio.gov/services/public-records-and-reports-requests/public-records-and-reports-request>, emailing [ADCentralRecords@dps.ohio.gov](mailto:ADCentralRecords@dps.ohio.gov), or calling (614) 466-3536.

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.

**HOW CAN I ADDRESS SAFETY CONCERNS REGARDING THE DEFENDANT?** If you have concerns about your safety and keeping your information private, you have the following options:

- Seek a protection order if you are eligible. The investigating officer will provide available resources to assist with obtaining a protection order.
- 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>.

**YOUR RIGHT TO REFUSE AN INTERVIEW, PROVIDE INFORMATION OR MATERIALS TO THE ACCUSED OR ANY PERSON ACTING ON THE ACCUSED'S BEHALF:** 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.

**WHAT IS AN ARRAIGNMENT AND HOW IS IT IMPORTANT TO MY RIGHTS?** An 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 defendant's arrest and give you a phone number for the clerk of the court where you can get information on the date, time, and location of the arraignment proceeding. During arraignment the judge will decide 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 the defendant's 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. For more information see <https://www.supremecourt.ohio.gov/docs/JCS/courtSvcs?MarsysLaw/SCO-CSD-0002.pdf>.

### FOR MORE INFORMATION:

- Ohio Attorney General's Office, Victim Services, available at [www.ohioattorneygeneral.gov/individuals-and-families/victims](http://www.ohioattorneygeneral.gov/individuals-and-families/victims).
- Columbus State Police Department website, available at <https://www.csc.edu/services/police/> or calling (614) 287-2525.

**OHIO VICTIMS' RIGHTS REQUEST FORM**

<b>LAW ENFORCEMENT / PROSECUTOR USE ONLY</b>				Date
<input type="checkbox"/> Victim of violation of protection order, offense of violence, or sexually oriented offense was presented the form, but the victim was unable to complete the form. Victim is opted into all rights until the victim completes the form or is contacted by the prosecutor and provided the opportunity to complete the form. The <input type="checkbox"/> CSPD Property/Records Coordinator and/or <input type="checkbox"/> custodial agency was provided the victim's and/or victim representative's information for redaction and notification.				
Victim of (select one):				
<input type="checkbox"/> Violation of protection order	<input type="checkbox"/> Offense of violence	<input type="checkbox"/> Sexually oriented offense	<input type="checkbox"/> Other crime	

<b>LAW ENFORCEMENT / SUSPECT / PROSECUTOR INFORMATION</b>				
Reporting Agency <b>COLUMBUS STATE COMMUNITY COLLEGE POLICE DEPARTMENT</b>			Agency Phone Number <b>614-287-2525</b>	
Incident Report Number		Reporting Officer		Unit #
Defendant/Suspect's Name			County of Offense	
Charges			Court Case Number	
Date, Time, and Location of Arraignment (if known)				
Prosecutor			Prosecutor Phone Number	
Prosecutor Address				

<b>VICTIM INFORMATION</b> <i>(To be completed by the victim or victim's representative. This information is not a public record under O.R.C. 149.43)</i>				
Ohio Victims' Rights Request Form provided to me by <input type="checkbox"/> law enforcement officer OR <input type="checkbox"/> prosecutor's office on _____ (date)				
Victim Name		Address*		
City		State	Zip Code	
E-Mail Address		Phone Number	Preferred Method of Contact <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone Call <input type="checkbox"/> Text	
<input type="checkbox"/> Please provide my name and contact information, and that of my representative (if applicable), to the custodial agency, if any.				
<input type="checkbox"/> As the victim, I do not wish to receive notices about this case. Please provide notices to my victim representative.				
(*) If you participate in the Secretary of State's Address Confidentiality Program "Safe at Home", use the post office box address given to you.				
<b>FOR BUSINESS VICTIM USE ONLY</b>				
<input type="checkbox"/> As the representative of _____ (insert business name), by checking this box I hereby OPT OUT of the business's victims' rights in this case and future cases unless I notify law enforcement, the prosecutor, or the court otherwise.				

<b>VICTIM'S REPRESENTATIVE INFORMATION</b> <i>(Optional – You may designate a victim's representative to exercise your victim's rights for you or with you. A victim's representative can be anyone you choose other than the person who is alleged to have committed the criminal offense or delinquent act. You may choose, change, or remove your representative at any time by notifying law enforcement, the prosecutor, or the court. Personal Identifying information is not a public record under O.R.C. 149.43.)</i>				
Victim's Representative Name		Address*		
City		State	Zip Code	
E-Mail Address		Phone Number	Preferred Method of Contact <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone Call <input type="checkbox"/> Text	
(*) If you participate in the Secretary of State's Address Confidentiality Program "Safe at Home", use the post office box address given to you.				

<b>VICTIM RIGHTS THAT MUST BE REQUESTED TO BE EXERCISED</b>				
Below are rights that are NOT automatic, and you must request them in order to exercise them. <b>You may choose some, none, or all of them.</b> Failure to select any of these rights is a waiver of the rights. However, you may change the rights you wish to exercise by calling, emailing, or completing a new Victims' Rights Request Form and returning it to the investigating officer, prosecutor, court, prison, jail, or community based correctional facility to ensure officials have updated information of the rights you wish to exercise.				
<b>I WANT to exercise the following rights:</b>				
<input type="checkbox"/> I WANT my name, address, and identifying information to be redacted (removed) from: <input type="checkbox"/> Law enforcement records <input type="checkbox"/> Prosecutor records <input type="checkbox"/> Court records				
<input type="checkbox"/> I WANT notice of the arrest, escape, or release of the offender.				
<input type="checkbox"/> I WANT reasonable and timely notice of all public court proceedings.				
<input type="checkbox"/> I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information.				
<input type="checkbox"/> I WANT to appoint a Victim's Representative (if you check this box, please complete the Victim's Representative Information section above).				
<input type="checkbox"/> I WANT to confer with the prosecutor at certain points in the case, including before pretrial diversion is granted, before the prosecutor amends or dismisses as indictment, information, or complaint, before the prosecutor agrees to a negotiated plea, and before trial or adjudicatory hearing.				
<input type="checkbox"/> I WANT interpretation services during contacts with criminal justice system officials. <input type="checkbox"/> Foreign language interpreter in _____ language <input type="checkbox"/> American Sign Language interpreter				

<b>ACKNOWLEDGEMENT OF COMPLETED FORM</b>				
Form Completed By: <input type="checkbox"/> Victim <input type="checkbox"/> Law enforcement <input type="checkbox"/> Prosecutor <input type="checkbox"/> Other				
Form Provided To: <input type="checkbox"/> Victim <input type="checkbox"/> Victim's Representative				
Officer's Name		Officer's Signature		Date
Victim / Victim's Representative Name		Victim / Victim's Representative Signature		Date