



OHIO VICTIM RIGHTS FORM

At this time, I wish to exercise the rights affirmatively requested below. Those rights not requested are waived. I understand that I can change my mind at any time. If I change my mind, I understand that I must call, email, or complete a new form and return it to the investigating officer, prosecutor, court, prison, jail, or community-based corrections facility to ensure officials have updated information on rights I wish to exercise and updated contact information. I am to receive a copy of the form.

FORM USE	DATE: _____
<input type="checkbox"/> Initial Contact	<input type="checkbox"/> Victim Initiated Change
	<input type="checkbox"/> Victim Unable to Complete

Report No.: _____

Court Case No.: _____

Reporting Agency: Piqua Police Department

County: Miami

Reporting Officer: _____

Badge No.: _____

Reporting Agency Phone: 937-778-2027

Arraignment Date: _____
8:00AM at the Miami County Municipal Court, 215 W Main St Troy OH 45373

AUTOMATIC RIGHTS—YOU DO NOT NEED TO REQUEST THESE RIGHTS

The right to be informed of your rights.

The right to be treated with fairness and respect for your safety, dignity and privacy.

The right to reasonable protection from the accused or any person acting on behalf of the accused. The right to information about the status of the case.

The right to refuse a defense interview, deposition, or other-discovery request.

The right to object to defense requests for access to your confidential information, including medical, counseling, school or employment records, access to your personal devices or on-line accounts, or other personal information.

The right to be present at all public proceedings.

The right to have a support person with you during proceedings.

The right to confer with the prosecutor at certain points in the case, including before pretrial diversion is granted, before the prosecutor amends or dismisses an indictment, information, or complaint, before the prosecutor agrees to a negotiated plea, and before a trial or adjudicatory hearing.

The right to tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole, and any other hearing that involves victims' rights.

The right to object to unreasonable delays.

The right to full and timely restitution from the offender.

RIGHTS THAT MUST BE REQUESTED

- I WANT my name and identifying information to be redacted (removed) from public records.
- I WANT notice of the arrest, escape, or release of the offender.
- I WANT reasonable and timely notice of all public proceedings.
- I WANT to confer with the prosecutor in the case in addition to the times listed above.
- I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information.
- I WANT to appoint a Victim's Representative.



OHIO VICTIM'S RIGHTS FORM

The Victim's identifying information on this form is not a public record under the Public Records Law.

Victim Name: _____

I was directly harmed (crime committed against me)
 proximately harmed (result/effect of crime)

Ohio Victim Rights Request form provided to me by law enforcement officer prosecutor's office on (date)_____.

Email: _____

Phone: _____

Address: _____

Preferred method of contact: mail phone call email.

I can be reached between _____ and _____ at _____

Alternate Contact Name: _____

Phone: _____

Relationship (family member/friend): _____

Email: _____

Victim Signature: _____

Date: _____

If requested by victim:

Victim Representative Name: _____

Email: _____

Phone: _____

Address: _____

Victim Representative Signature: _____

Date: _____

Please provide my name and contact information, and that of my representative if applicable, to custodial agency, if any, post-conviction.

Officer/Prosecutor/Custodial Agency Official Name: _____

Title: _____

Department/Office/Agency: Piqua Police Department _____

Phone: (937)778-2027 _____

Email: Policerecords@piquaoh.gov _____

Officer/Prosecutor/Custodial Agency Official Signature: _____ Date: _____