

OHIO VICTIM RIGHTS REQUEST(VRR) FORM

OFFICE USE ONLY

| | | | |
|------------------|---------------------------------|---------------------------------|---------------------------|
| Form Use: | Law Enforcement Initial Contact | Victim Initiated Change | Victim Unable to Complete |
| Jurisdiction: | Reporting Agency: | Reporting Agency Phone: | |
| Form Author: | Reporting Officer: | Reporting Officer Badge Number: | |
| Victim's Name: | | Date of VRR Form Completion: | |
| Arrestment Info: | Case Number: | Report Number: | |

INSTRUCTIONS

Below are instructions about Crime Victims' Rights (Marsy's Law) taken from the Ohio Constitution and Ohio Revised Code in 9/2023, which grants certain rights to victims of crime. *

- If you have not been asked about your rights by a criminal justice professional, you must review rights #9 - #15 below, check the box next to each right you wish to have enforced, and complete page (2).
- You can change your mind at any time about which rights you choose to exercise. However, because some rights only apply during certain stages of the case, if you choose not to exercise certain rights, and then request them later, those rights may no longer apply.
- If you want to change your rights, you must complete a new Victims' Rights Request Form, or make a request in writing, and provide it to the appropriate office (police, prosecutor, court).
- If any of your rights are denied, you may ask an advocate or prosecutor for guidance, seek enforcement on your own, hire an attorney, or request free legal assistance from Ohio Crime Victim Justice Center.

AUTOMATIC RIGHTS

| | |
|----|--|
| 1. | Fairness and Respect – To be treated with fairness and respect as it relates to your safety, dignity, and privacy; |
| 2. | Protection from the Defendant – To reasonable protection from the accused or anyone acting on behalf of the accused; |
| 3. | Be Informed – To receive information about the status of your case by law enforcement and/or court personnel; |
| 4. | Appearance at Court Proceedings and Expression of Views – To be present and heard at any public proceeding; |
| 5. | Prompt Proceedings and Conclusion of the Case – To object to unreasonable delays of the case; |
| 6. | Refusal to be Interviewed by the Defense – To refuse an interview, deposition, or other discovery request made by the accused or any person acting on behalf of the accused. However, please be aware that exceptions do exist; |
| 7. | Restitution – When applicable, receive full and timely restitution (when provided to the prosecutor) from the person who committed the criminal offense against you; |
| 8. | Information About These Rights – To be informed, in writing, of all rights listed in Article 1, Section 10(a), of the Ohio Constitution which can be found in the links at the bottom of this page; |

RIGHTS YOU MUST REQUEST

| | YES | NO | |
|-----|-----|----|---|
| 9. | | | Interpretation Services – Right to have an interpreter when in contact with criminal justice system officials (police, prosecutor, court, etc.); <i>IF YES, COMPLETE INTERPRETER SECTION ON PAGE (2)</i> |
| 10. | | | Right to Redact Your Information – May request redaction of your information (keep select information confidential) when a public request is made for reports or evidence containing your information; |
| 11. | | | Object Defense Request for Accessing Private Information - To receive notice of Defendant's requests of your personal information, and to request the Prosecutor object on your behalf; |
| 12. | | | Conference with the Prosecution – Once the case is assigned, you can speak with the government attorney, also known as a prosecutor; |
| 13. | | | Right to Notice of Public Proceeding – To reasonable and timely notice of all public proceedings; |
| 14. | | | Court Appointment of Victim Representative – Request a representative of your choosing to speak on your behalf, or with you; <i>IF YES, COMPLETE COURT APPOINTED VICTIM REPRESENTATIVE SECTION ON PAGE (2)</i> |
| 15. | | | Information about Release and Escape – To receive reasonable notice of any release or escape of the accused. |

* <https://codes.ohio.gov/ohio-constitution/section-1.10a>
 * <https://codes.ohio.gov/ohio-revised-code/chapter-2930>

OHIO VICTIM RIGHTS REQUEST(VRR) FORM

Victim identifying information on this form is NOT public record under the Public Record Law.

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| Form Use: | Prosecutor Initial Contact | Victim Initiated Change |
| Report Number: | Case Number: | |
| Other Information: | | |

VICTIM INFORMATION

| | | | | | | |
|----------------------------------|--|---|------|---------------------------------|-----|----|
| As a victim, I was (select one): | directly harmed (crime committed against me) | proximately harmed (result/effect of crime) | | | | |
| Name: | Email: | | | | | |
| Address: | City: | State: | Zip: | | | |
| Phone #: | Permission to receive text? | YES | NO | Permission to leave voicemails? | YES | NO |
| Alt. Phone #: | Permission to receive text? | YES | NO | Permission to leave voicemails? | YES | NO |
| Preferred Method of Contact? | Mail | Phone Call | Text | Email | | |

DO YOU NEED AN INTERPRETER?

| | | | |
|-------------------------------------|-----|----|------------------|
| American Sign Language Interpreter: | YES | NO | |
| Language Interpreter: | YES | NO | Language Needed: |

COURT APPOINTED VICTIM REPRESENTATIVE

| | | | | | | |
|--|-----------------------------|----------------|------|---------------------------------|-----|----|
| I wish for the representative listed below to exercise my rights (select one): | in place of me | along with me. | | | | |
| Representative's Name: | Relationship: | | | | | |
| Address: | City: | State: | Zip: | | | |
| Phone #: | Permission to receive text? | YES | NO | Permission to leave voicemails? | YES | NO |
| Email: | | | | | | |
| Preferred Method of Contact? | Mail | Phone Call | Text | Email | | |

ACKNOWLEDGEMENT

If this form was completed by you as the victim, without the assistance of a police officer, or you are completing this form to update any previously requested rights, please sign and date below.

| | |
|--|-------|
| Victim Signature: | Date: |
| Victim Representative Signature (if applicable): | Date: |