MIAMI COUNTY VICTIM WITNESS PROGRAM

A Division of the Office of Prosecuting Attorney Anthony E. Kendell

· CARMEN BARHORST, PROGRAM DIRECTOR ·
·LAUREN KIRK, FELONY COURT ADVOCATE · MEGAN GRAVES, FELONY COURT ADVOCATE·
·ANGIE GEHRET, THERAPIST·
201 W. MAIN ST. TROY, OHIO 45373 PHONE: (937) 440-5960 FAX: (937) 440-6075

Victim Name _____ State VS. _____ Case Number _____

NOTICE OF VICTIM'S ASSERTION OF RIGHTS

I assert my rights by choosing the level of participation checked below. I understand that if I change my mind, I must complete and sign a new Notice of Victim's Assertion of Rights and deliver the form to the Prosecutor's Office. Please return this form as soon as possible. Failure to return this form indicates that we may proceed without further notifications and input.

☐ **I do not wish to participate in voluntary aspects of this case. No further notification is necessary. I understand that selecting this option does not excuse me from my obligations in the instance that my presence is required by subpoena. I do not plan on attending hearings nor submitting an impact statement / restitution request.**

☐ **I wish to be informed of all negotiations, hearings and results with the option to attend and be heard. I may or may not submit an impact statement/restitution request.**

☐ **I wish to be informed of negotiations, hearings and results but do not wish for hearings or agreements to be delayed in order to contact me prior. I understand that there are often last-minute developments in criminal proceedings. I wish for the court to move forward whenever possible. (Please note any exceptions below.)**

☐ **Other (please specify):**

_____

After Sentencing- Occasionally, there are issues that arise after sentencing, such as appeals, expungements and hearings on community control violations. Please select an option below.

☐ **I wish to be informed of any hearings or appeals.**
☐ **I wish to be informed only if something changes.**
☐ **There is no need to contact me further.**

Printed name of Victim: _____ Signature: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Employer/Contact Info at work: _____

Name/Contact for person filling out form if other than victim: _____

☐ Designated Contact Person?

***It is your responsibility to notify the Victim/Witness Division of any changes in the above indicated information. You may contact the Program Director of The Victim/Witness Division at: (937) 440-3540 or your advocate to provide updated information.**

*** NOTIFICATIONS WILL BE MADE VIA EMAIL WHENEVER PRACTICAL/ POSSIBLE.**