

IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO, CRIMINAL DIVISION

STATE OF OHIO,

Plaintiff,

Case No. \_\_\_\_\_

vs.

JUDGE \_\_\_\_\_

Defendant.

Ohio Victim Rights Request Form

INFORMATION ABOUT THE PERSON ACCUSED OF COMMITTING A CRIME OR DELINQUENT ACT

Name: \_\_\_\_\_

The person accused is:  an adult  a juvenile

IMPORTANT: This form can be completed by the victim or the victim's representative if one has been designated. Any acknowledgement, election of rights, or affirmative statement made by the victim's representative shall be treated as if the victim made the statement. You may change or remove your victim's representative, your requested rights, or your contact information at any time by completing a new VRR form and returning it to the Franklin County Prosecutor's Office.

Date: \_\_\_\_\_
[ ] Initial Contact; or
[ ] Victim Initiated Change in:
[ ] requested rights
[ ] designated Victim Representative
[ ] contact information

I acknowledge that I am a victim because I am:
[ ] A person against whom a criminal offense or delinquent act was committed; or
[ ] A person directly or proximately harmed by the commission of a criminal offense or delinquent act.

WHO CAN SEE THIS INFORMATION? This form is not a public record under Ohio Revised Code 149.43

- Unredacted (complete) copies of this form can be viewed by the victim, victim's representative, and the prosecutor. If the offender receives a jail sanction/prison term/juvenile commitment, the custodial agency (jail, prison, DYS) may also receive the form.
• The defendant, alleged delinquent child, or their attorney may see a redacted copy of the document, which does not display the address, phone number, or email address of the victim and/or victim representative unless directed by the court. [R.C. 2930.07]

ELECTION OF YOUR VICTIM RIGHTS

As a victim, you are automatically entitled 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, 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 your rights;
• Object to unreasonable delays; and
• Full and timely restitution from the offender.



**Below are rights that you must request in order to exercise. You may choose some, none, or all of them.**

**I want to exercise the following rights:**

- My name and identifying information to be redacted (removed) from public records.
- Receive notice of the arrest, escape, or release of the offender.
- Reasonable and timely notice of all public court proceedings.
- Confer with the prosecutor assigned to the case.
- Be notified of subpoenas, motions, or other requests to access any of my personal information.

**REQUEST FOR AN INTERPRETER**

- I would like to request a foreign language interpreter in \_\_\_\_\_ language.
- An American Sign Language (ASL) Interpreter
- I do not need an interpreter.

**VICTIM CONTACT INFORMATION**

**You must notify the Franklin County Prosecutor's Office if your contact information changes.**

Victim Name: \_\_\_\_\_  
Your Name: \_\_\_\_\_ (if different than the victim listed)  
Your relationship to victim: \_\_\_\_\_ (self, parent, spouse, etc.)  
Email address: \_\_\_\_\_  
Address\*: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_ Is it okay to text?  Yes  No  
Phone Number 2: \_\_\_\_\_ Is it okay to text?  Yes  No  
Victim Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Is it okay to text them?  Yes  No

*\*If you participate in the Secretary of State's Address Confidentiality Program "Safe at Home", please use the post office box address given to you. For more information call (877) 767-6446.*

**DESIGNATION OF VICTIM'S REPRESENTATIVE**

You have the right to designate a victim representative who can receive information and exercise your rights *for you, or, in addition to you*. A victim representative can be anyone you choose, other than the person who is alleged to have committed the criminal offense or delinquent act. While you have the right to designate a victim representative, you are not *required* to do so.

**VICTIM'S REPRESENTATIVE INFORMATION (Optional)**

Victim's Representative Name: \_\_\_\_\_  
Relationship to victim (attorney, family member/friend): \_\_\_\_\_  
Address\*: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Is it okay to text them?  Yes  No  
Victim's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-- OR --

You may use this link to email the completed form as an attachment to [victimrights@franklincountyohio.gov](mailto:victimrights@franklincountyohio.gov)

