

VICTIM'S RIGHTS REQUEST/WAIVER FORM

FORM USE **DATE:** _____

- Initial (LEO First Contact)
- Victim Initiated changes to Initial VRR Form
- Business Opt-Out Waiver

Reporting Agency:

- Van Wert County Sheriff's Office
- Van Wert City Police Department
- Delphos Police Department

Reporting Officer: _____

Badge/Unit# _____

Prosecutor Agency Handling the Case:

- Van Wert County Prosecutor's Office
- Law Director: Van Wert City Law Director

Law Enforcement Only (check mark below)

- The Victim did not make an election as to which rights they wanted to exercise.
- The Victim was unable to complete the Victim's Rights Request Form
- The Business Representative Opted-Out of Victim Rights that must be requested

Report/Incident #: _____ **County:** Van Wert

Court Case #: _____

Suspect: **Adult** **Juvenile**

Date of Arraignment: _____

Time of Arraignment _____ **am/pm**

Location of Arraignment:

- Van Wert Municipal Court
- Van Wert Common Pleas Court
- Van Wert Juvenile Court

VICTIM SECTION BELOW

1. 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.
- I do not wish to designate a victim's representative at this time.
- I would like to designate the following individual as my victim's representative.

Name of Victim's Representative: _____ / Relationship: _____

2. At this time, I wish to exercise the rights noted 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.

- 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 be notified of subpoenas, motions, or other requests to access any of my personal information.
- I WANT to confer with the prosecutor in the case in addition to the times listed above.
- I WANT to appoint a Victim's Representative. (if you check this, please fill out the information above)

3. Request for Interpreter:

- A foreign language interpreter in _____ language
- An American Sign Language (ASL) Interpreter
- I do not need an interpreter

Victim Contact Info REQUIRED below-The Victim personal identifying information is not a public record under the Public Records Law

Victim Name: _____ **Phone Number:** _____

Address*: _____ **City** _____ **/State** _____ **/Zip:** _____

Email address: _____ **Is it okay to text you?** **Yes** **No**

Alternate Contact Name: _____ **Relationship to you:** _____

Email address: _____ **Phone Number:** _____

Victim Signature: _____ **Date:** _____

(Optional) Victim Representative Name: _____ **Phone Number:** _____

Address*: _____ **City** _____ **/State** _____ **/Zip:** _____

Email address: _____ **Is it okay to text them?** **Yes** **No**

Victim Representative Signature: _____ **Date:** _____

ACKNOWLEDGEMENT OF COMPLETED FORM

A copy of the completed form shall be given to the victim or the victim's representative.

Officials Signature: _____ **Date:** _____

Victim/Representative/Business: Signature: _____ **Date:** _____

Prosecutor Signature: _____ **Date:** _____