

Ohio Crime Victim's Rights Booklet



Victims of crime have constitutionally protected rights. This booklet provides important information about your rights as a victim of a criminal offense or delinquent act. You will be asked to complete and sign a form so that criminal justice officials know which rights you wish to exercise. The criminal justice official will provide you with a copy of the completed form upon your request. You or your victim's representative may request additional copies or make changes to the completed form at any time.

WHAT IS A VICTIM?

A victim is a person against whom the criminal offense or delinquent act is committed OR someone who has been directly and proximately harmed by the commission of a criminal offense/delinquent act.

A criminal offense means an alleged act or omission that is punishable by incarceration and is not eligible to be disposed of by the Traffic Violations Bureau. A delinquent act is a criminal offense committed by a person under the age of 18.

WHAT IS A VICTIM'S REPRESENTATIVE?

You can designate a victim's representative to exercise your rights as a victim for you or with you. A victim's representative can be anyone you choose other than the person who is alleged to have committed the criminal offense or delinquent act. If the victim is a minor, incapacitated, incompetent, or deceased, the victim's representative can be a member of the victim's family or a victim advocate.

You must tell law enforcement, the prosecutor, or the court if you are going to name a victim's representative. You can designate a victim's representative on this form now. You can also designate a victim's representative later or change or remove a victim's representative at any time by notifying law enforcement, the prosecutor, or the court.

WHAT IS A VICTIM ADVOCATE?

A victim advocate is a person who will support you and assist you with the court proceedings related to the criminal offense/delinquent act.

WHAT ARE MY RIGHTS AS A VICTIM?

You have rights as a victim. Some rights you are automatically entitled to and some rights you must request. You can choose to exercise all, some, or none of your rights, and you can change your selections at any time.

AUTOMATIC RIGHTS	RIGHTS THAT MUST BE REQUESTED
<p>You are automatically entitled to:</p> <ul style="list-style-type: none"> • Be informed of your rights; • Be treated with fairness 	<p>You must REQUEST the right to:</p> <ul style="list-style-type: none"> • Receive notice of the arrest, escape, or release of the offender;

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 unless ordered by the court;
- 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 victims' rights;
- Object to unreasonable delays; and
- Full and timely restitution from 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 your personal information;
- Appoint a Victim's Representative.

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Of the rights that must be requested, you will be asked to select which rights you want to exercise. If you cannot or do not decide when law enforcement first contacts you, then you will be treated as if you chose to exercise all of your rights. **You can change your mind at any time about which rights you choose to exercise.**

Once a prosecutor contacts you about the case, if you have not done so already, you will have to choose which of the rights that are not automatically granted that you want to exercise, or it will then be treated as if you chose not to exercise (waived) those rights. **You can change your mind at any time about which rights you choose to exercise.**

HOW DO I CHANGE THE RIGHTS I WANT TO EXERCISE?

If you did not choose to exercise some or all of your rights that are not automatically granted to you, you or your victim's representative can request those rights at any time. However, if you choose not to exercise some rights and then request them later, you may give up some rights that only apply during certain stages of the case.

To change the rights, you wish to exercise, you must complete a [new Victim's Rights Request Form](#) or make a request in writing and return it to the appropriate criminal justice official.

WHAT TO DO IF THERE ARE CHANGES TO MY CONTACT INFORMATION?

If you have changes to your contact information, you have a responsibility to inform the appropriate criminal justice official of these changes. You must complete a [new "Victim Contact Information" page of the Victim's Rights Request Form](#).

CAN I HIRE AN ATTORNEY?

You have the right to hire an attorney to represent you in court. Your attorney will receive notices about court hearings and meetings that involve your rights in order to represent you.

WHAT HAPPENS IF MY RIGHTS ARE DENIED?

If any of your rights are denied, you may ask the prosecutor to help, hire an attorney, request free legal assistance from Ohio Crime Victim Justice Center at www.ocvjc.org/request-for-assistance or (614) 848-8500, or represent yourself.

CAN I GET AN INTERPRETER?

Yes. If you are in need of a foreign language or American Sign Language (ASL) interpreter, you have the right to an interpreter at all court proceedings, meetings with the prosecutor, and all investigative proceedings at no cost to you. You can indicate on this form that you need one and ask the criminal justice official you are working with to help get the interpreter at any time.

CAN I KEEP MY PERSONAL INFORMATION PRIVATE?

Yes, you may register for the Ohio Secretary of State’s “Safe at Home” program to keep your home address private. Participants receive a “safe” mailing address to use official documents. Information is available at www.ohiosos.gov/secretary-office/office-initiatives/safe-at-home/survivors/ or (614) 995-2255.

To keep your identifying information private, you or your victim’s representative must make a written request for redaction to any law enforcement agency, prosecutor, or court that has your personal information as part of their official duties. For more information on how to do this, contact a victim advocate in your area or the Ohio Crime Victim Justice Center at www.ocvjc.org/request-for-assistance or (614) 848-8500. These requests should be made as soon as possible to keep your personal information private.

HOW CAN I ADDRESS SAFETY CONCERNS REGARDING THE DEFENDANT?

If you have concerns about your safety and keeping your information private, you have the following options:

- Seek a protection order if you are eligible. The investigating officer will provide resources in your area to assist with requesting a protection order.
- Receive texts, calls, or emails to receive notice of a defendant or offender’s release or escape from jail or prison. Register at: www.vinelink.com/#state-selection

**You do NOT have to talk to, provide information, or provide materials to the defendant, defendant’s attorney, or anyone else acting on behalf of the defendant unless it has been ordered by the court. You should contact the prosecutor immediately to let them know you have been contacted.

WHAT IS AN ARRAIGNMENT AND HOW IS IT IMPORTANT TO MY RIGHTS?

An arraignment is a hearing that can happen within a couple days after the defendant is charged with a crime. The judge will decide whether or not to release the defendant on bond, set any bond conditions, and whether or not to issue a protection order.

You have the right to attend the arraignment and tell the judge about any safety concerns and your opinion regarding the defendant’s release, bond conditions, and whether or not you would like a protection order.

Law enforcement will notify you of the defendant’s arrest and give you a phone number for the clerk of the court where you can get information on the date, time, and location of the arraignment proceeding.

CAN I BE COMPENSATED FOR MY LOSSES?

You have the right to reimbursement for certain financial losses relating to your victimization.

You may be eligible for financial assistance through the Crime Victim's Compensation Fund for expenses such as medical counseling bills, work loss, and funeral expenses even if the suspect has not been arrested or convicted. For more information and to apply, visit www.ohioattorneygeneral.gov/individuals-and-families/victims/apply-for-victims-compensation or (800) 582-2877.

If the defendant is convicted, you are eligible for restitution. This means the court orders the offender to pay you for certain financial losses relating to your victimization. It is important to keep a record of all expenses incurred as a result of the crime (receipts, invoices, estimates, etc.). The court will use this information to determine what costs are properly included in the amount of the restitution order. See separate Restitution Information Sheet.

FOR MORE INFORMATION

- Crime Victims' Rights, Ohio Attorney General's Office
<https://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Victims/Crime-Victims-Bill-of-Rights> or (614) 466-5610.
- Resources for crime victims: Ohio Attorney General's Office
www.ohioattorneygeneral.gov/individuals-and-families/victims

CRIME VICTIM RESTITUTION

Victims of a criminal offense have a constitutional right to receive full restitution from the person who committed the criminal offense or delinquent act against them. Victims may choose to seek restitution, but do not have to. Restitution may be awarded to the victim's estate if the victim is deceased. The form is designed to assist you in gathering information to present at a restitution hearing after the offender has been found guilty or adjudicated delinquent. Restitution does not necessarily cover every loss suffered by the victim. The victim retains the ability to seek damages from the offender in a civil action if necessary or if criminal charges were not filed.

WHAT IS RESTITUTION?

Restitution is compensation for "economic loss" due to the criminal offense. Victims can be reimbursed for "economic loss" they had or will have because of the crime, including but not limited to:

- Full or partial payment for the value of stolen or damaged property (the replacement cost of the property or the actual cost of repairing the property if repairs are possible);

- Medical expenses;
- Mental health counseling expenses;
- Wages or profits lost due to injury or harm, including lost commission income and base wages; and
- Expenses related to making a vehicle or residence accessible if the victim is permanently disabled as a result of the offense.

HOW DO I REQUEST RESTITUTION?

To receive restitution, you, your victim's representative, or your attorney should let the prosecutor assigned to your case know that you are requesting restitution. This request may be made any time before the defendant is sentenced or the court approves a plea agreement. Make sure the court has enough time to schedule a restitution hearing if one is necessary.

HOW IS THE AMOUNT OF RESTITUTION DETERMINED?

The court will determine how much the offender pays in restitution. A hearing may be held where you, your victim's representative, your attorney, if applicable, and the prosecutor provide information to show the amount of economic losses you have or will suffer. The court cannot give you more than your economic loss from the criminal offense, so the court will ask if you have received any insurance or governmental assistance. This amount will be subtracted from the court's restitution order. The offender may also provide information.

WHAT DO I NEED IN ORDER TO SHOW MY LOSSES?

You, your victim's representative, your attorney, or the survivor of the victim should keep records of all expenses that have been or will be incurred because of the crime to show the amount of your loss (documentation such as invoices, receipts, medical bills, etc.) This documentation is used by the court to determine the amount of restitution the offender is ordered to pay.

WHAT IF YOU OR THE OFFENDER DISAGREE WITH THE RESTITUTION AMOUNT?

You, your victim's representative, your attorney, the survivor of the victim, or the offender may dispute the amount of restitution ordered by the court. The court will then conduct a hearing to discuss the restitution amount and provide you with the opportunity to show why you disagree with the court's determination. You or your victim's representative may be asked to testify at the court hearing.

WHAT HAPPENS IF THE OFFENDER DOES NOT PAY?

The court ordering the restitution retains the authority to enforce the order until the amount is fully paid. If the offender is a juvenile, the juvenile court will enforce the order until the offender turns 21 years old. After that, the

restitution order turns into a civil judgment and can be enforced by the county or municipal court where the offender or victim resides.

DOES THE RESTITUTION ORDER EXPIRE?

No. The offender’s obligation to pay restitution lasts until the amount is fully paid, and the amount of restitution, once ordered, cannot be reduced or suspended if you or your attorney objects. If you request it, the court may allow you to accept a settlement amount that is less than the full restitution order, if the court determines that you were not coerced to agree to the lower amount.

RESTITUTION REQUEST FORM

This form is intended to assist you or a victim’s estate with gathering information necessary for determining the economic losses suffered for purposes of calculating restitution. You will be responsible for providing documentation verifying the amounts listed on this form.

This form should be given to the prosecutor assigned to your case or your attorney along with the necessary supporting documentation. Be sure to keep copies of your documentation for yourself.

Victim’s Name: _____ Case number:

Address: _____ City:

State: _____ Zip: _____

Email address:

Phone number: _____

If a VICTIM'S REPRESENTATIVE has been designated, please provide their name and contact information.

Name: _____ Phone #: _____

Address: _____ City: _____
State: _____ Zip: _____

Email address: _____

If the victim has an ATTORNEY, please provide their name and contact information.

Name: _____ Company name: _____

Address: _____ City: _____
State: _____ Zip: _____

Email address: _____ Phone #: _____

SECTION 2: STOLEN OR DAMAGED PROPERTY AS A RESULT OF THE CRIMINAL OFFENSE

The following property was stolen or damaged: _____

- c The property can be repaired.
Items to be repaired

Cost of repairs

Date repaired

- c The property must be replaced.
Items to be replaced

Costs of replacement

Dates replaced

RECOMMENDED DOCUMENTATION: You should provide receipts or other documentation that shows the amount paid for repairs, the date the item(s) was repaired, and who performed the repairs. For property that is replaced, provide invoices or receipts for the purchase of the new item(s). These are expenses that are not covered by any auto, homeowner, commercial property, or any other type of insurance or government program.

SECTION 3: MEDICAL EXPENSES AS A RESULT OF THE CRIMINAL OFFENSE

I have incurred the following medical expenses not covered by my insurance or government program:

Hospital-related expenses:

\$ _____

Doctor's office visits:

\$ _____

Medical equipment expenses:

\$ _____

Physical therapy costs:

\$ _____

Eyeglasses or Hearing aids:

\$ _____

Prescription medicine:

\$ _____

Other (specify):

\$ _____

RECOMMENDED DOCUMENTATION: You should provide receipts or other documentation showing the amount paid for hospital bills, doctor visit co-pays, medical or laboratory tests, medical equipment, physical therapy, prescription medicine, and other medically related expenses that are not covered by your health insurance or a government assistance program. You should also document dates of hospital stay and medical appointments. You may also need to show documentation of insurance coverage.

SECTION 4: MENTAL HEALTH COUNSELING AS A RESULT OF THE CRIMINAL OFFENSE

I have incurred the following mental health counseling expenses not covered by my insurance or government program:

Therapist's office visits:

\$ _____

Prescription medicine:

\$ _____

c Other (specify):

\$ _____

RECOMMENDED DOCUMENTATION: You should provide receipts or other documentation showing the amount paid for mental health counseling, such as therapist office visit co-pays, prescription medicine, and other related expenses that are not covered by your health insurance or a government assistance program. You should also document dates of counseling appointments. You may also need to show documentation of insurance coverage.

SECTION 5: LOST WAGES, PROFITS, COMMISSION AS A RESULT OF THE CRIMINAL OFFENSE

I have experienced a loss of income in wages, profits, or commission.

c I lost wages.

Amount of lost wages: _____ Dates: _____

_____ I returned or will return to work on _____

c I am unable to return to work.

The Dr. certifying time off work was:

_____ Dr.'s address

_____ Dr.'s phone

Did you receive (check all that apply): c Disability c Worker's Compensation c Union/fraternal plan benefits c Food stamps/cash grant c Crime Victim's Compensation c Other

c I lost profit.

Amount of profit lost: _____ Dates: _____

c I lost commission.

Amount of lost commission: _____ Date(s): _____

RECOMMENDED DOCUMENTATION: You should provide employer contact information, paycheck stubs, Internal Revenue Service W-2 forms, financial statements, tax returns, or other documentation showing the amount of income earned. You should also provide records of any money or reimbursement received as replacement income for your inability to work. For lost commission, documentation of income earned from the twelve-month period prior to the offense

date is required. *You are not entitled to lost wages for time voluntarily attending criminal court proceedings. [State v. Yerkey, 2022-Ohio-4298.]

SECTION 6: ACCESSIBILITY EXPENSES AS A RESULT OF THE CRIMINAL OFFENSE

I incurred expenses related to making my vehicle or home accessible due to my permanent disability.

- c Vehicle Modification
Cost of modifications:

Summary of modifications:

Dates:

- c Residence Modification
Cost of modifications:

Summary of modifications:

Dates:

RECOMMENDED DOCUMENTATION: You should provide receipts or other documentation that shows the amount paid for modifications made to your vehicle and residence, the date(s) the modifications were made, and who performed the repairs.

SECTION 7: SUMMARY OF ECONOMIC LOSSES SUFFERED AS A RESULT OF THE CRIMINAL OFFENSE

You are entitled to receive restitution for the amount of economic losses that you have or will suffer. This amount will be reduced by any insurance or governmental assistance you have received as a result of the economic losses suffered due to the criminal offense.

ECONOMIC LOSSES

Amount paid for repair/replacement of property \$ _____

- c I have supporting documentation.

Amount paid for medical expenses \$ _____

-
- c I have supporting documentation.

Amount paid for mental health counseling \$ _____

- c I have supporting documentation.

Amount of lost wages, profit, or commission \$ _____

- c I have supporting documentation.

Amount paid for vehicle/residence accessibility \$ _____

- c I have supporting documentation.

1. Total Economic Losses

\$ _____

REIMBURSEMENT OR COMPENSATION RECEIVED AS A RESULT OF THE CRIMINAL OFFENSE

Amount paid by automobile insurance \$ _____

I have supporting documentation.

Amount paid by homeowner's insurance \$ _____

I have supporting documentation.

Amount paid by commercial property insurance \$ _____

I have supporting documentation.

Amount paid by medical insurance
\$ _____

I have supporting documentation.

Amount paid by government assistance \$ _____

I have supporting documentation.

Other assistance received
\$ _____

I have supporting documentation.

Other (specify) _____

\$ _____

I have supporting documentation.

2. Total Compensation/Reimbursement

\$ _____

1. Total Economic Losses

\$ _____

Minus -

2. Total Compensation/Reimbursement

\$ _____

Equals =

Total Amount of Restitution

\$ _____

To be Requested

Ohio Victim Rights

This form is required to be given to a victim of a criminal offense or delinquent act by the law enforcement agency investigating the offense pursuant to R.C. 2930.04 and reviewed with the victim by the prosecutor within seven days of the beginning of the prosecution.

As a victim of a criminal offense or delinquent act, I understand the following:

- I am entitled to certain rights as a victim. Some rights are granted to me automatically and other rights I must request.
- I can change my mind at any time about the rights I wish to exercise that are not automatically granted to me.
- If I change my mind about which rights I wish to exercise, I must complete a Victim's Rights Form or make the request in writing and return it to the appropriate criminal justice official.
- I must notify the law enforcement agency, prosecutor, court, or custodial agency anytime my contact information changes.
- I am to receive a copy of these rights.

ELECTION OF YOUR VICTIM 'S 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.

As a victim, you may **REQUEST** to:

- Receive notice of the arrest, escape, or release of the offender; www.vinelink.com/#state-selection or call 1-866-277-7477 to sign up for text/call/email notices
- 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 your personal information;
- Appoint a Victim's Representative.

Athens County Victim Service Providers

Athens City Police Department Victim Advocate.....	740-592-3315
Athens County Sheriff's Office Victim Advocate.....	740-593-6633
Athens County Victim's Assistance Program.....	740-592-3206
My Sister's Place.....	1-800-443-3402
Ohio University Sexual Assault Program.....	740-597-7233
Sexual Assault Outreach Program.....	740-591-4266

Athens County Resources

Athens City Prosecutor's Office.....	740-592-3332
Athens County Children Services.....	740-592-3601
Athens County Common Pleas Court.....	740-592-3236
Athens County Domestic Relations Court.....	740-592-3240
Athens County Job & Family Services.....	740-797-2523
Athens County Municipal Court.....	740-592-3328
Athens County Prosecutor's Office.....	740-592-3208
Southeastern Ohio Legal Services.....	740-594-3558
Southeastern Ohio Regional Jail.....	740-753-4060

Statewide Resources

Ohio Crime Victim Justice Center.....	614-848-8500
www.ocvjc.org	
Ohio Dept. of Rehabilitation/Correction.....	1-888-842-8464
Victim Services Division	
www.drc.ohio.gov	
Ohio Safe at Home Program.....	1-877-767-6446
https://www.ohiosos.gov/secretary-office/office-initiatives/safe-at-home/	

NOTES:

Document case information, dates of incidents, witnesses, phone numbers, questions, etc.



To be completed by law enforcement :

Officer: _____ Phone: _____

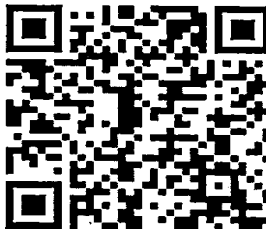
Report #: _____

Date/Time/Location of arraignment: _____

Athens Municipal Crt 8 E. Washington St. Athens, Ohio 740-592-3328

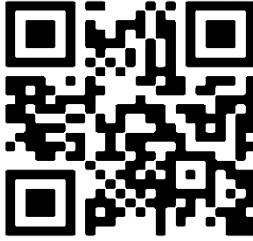
<https://eservices.ci.athens.oh.us/eservices/home.page.2>

You can attend the arraignment in person or by zoom. Use a QR scanner or app on your smartphone to scan the code below to join the zoom.



Athens Ohio Crime Victim’s Rights Booklet:

<https://www.ci.athens.oh.us/DocumentCenter/View/11896>



LE Agency _____

Case# _____

VICTIM CONTACT INFORMATION

A copy of this form will be provided to the court and the prosecutor's office and is not a public record under Ohio Revised Code 149.43.

WHO CAN SEE THIS INFORMATION?

- The victim, victim's representative, the court, and the prosecutor may receive un-redacted copies of this form.
- The defendant, alleged delinquent child, or their attorney may see the victim's name and completed form without the victim's and victim's representative's address, phone number, email, and other identifying information unless directed by the court. [R.C. 2930.07]

VICTIM INFORMATION (Required)

Victim Name: _____

Address*: _____

Email address: _____ Phone Number: _____
_____ Is it okay to text you? c Yes c No

Alt Contact Name: _____ Relationship to you: _____

Email address: _____ Phone Number: _____
_____ Is it okay to text them? c Yes c No

VICTIM'S REPRESENTATIVE INFORMATION (Optional)

I, _____, acknowledge I understand my rights as a crime victim and I received the Victim 's Rights Booklet or link. I also acknowledge I _____ did or _____ did not make an election as to which rights I wanted to exercise.

Victim / VR signature Date

LE Official signature

FOR LE USE ONLY : Victim was unable or refused to complete this form, therefore, all rights are considered requested and granted till otherwise modified.

LE Official signature Date

LE Agency

Modification of VICTIM'S RIGHTS REQUEST FORM

Automatic victim rights:

- Be informed of your rights;
- Be present at all public proceedings;
- 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;
- Have a support person with you during proceedings;
- Tell the court your opinion involving the case and your rights.
- Object to unreasonable delays; and
- Full and timely restitution from the offender.

Rights that must be requested - check all to be exercised:

- 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;
- I need an interpreter for: **ASL** **foreign language**
- Appoint a Victim's Representative:
 - o Name _____ Phone _____
 - o Address _____ Email _____

*******Acknowledgment of Rights**

I, _____, acknowledge I understand my rights as a crime victim and I received the Victim 's Rights Booklet or link. I also acknowledge I _____ did or _____ did not **MODIFY** which rights I wanted to exercise.

Victim / VR signature _____

Date _____

Prosecutor signature _____

FOR PROSECUTION USE ONLY : Victim was unable or refused to complete this form, therefore, all rights are considered **WAIVED** till otherwise modified.

Prosecutor signature _____

Date _____

Prosecutor's Office _____