



# Ohio Victim's Rights Request Form

## Attorney General's Medicaid Fraud Control Unit

Pursuant to Ohio Revised Code 2930.04, this form is made accessible to a victim of a criminal offense or delinquent act.

**IMPORTANT:** The information below can be completed by **the victim or the victim's representative (if one has been designated)**. Any acknowledgment, election of rights, or affirmative statement made by the victim's representative shall be treated as if the victim made the statement.

### VICTIM'S STATUS & INFORMATION

I acknowledge that I am a victim because I am:

A person against whom a criminal offense or delinquent act was committed.

A person directly or proximately harmed by the commission of a criminal offense or delinquent act.

I would like to request an interpreter who speaks:  
 \_\_\_\_\_ (specify language).

American Sign Language (ASL).

Victim's name: \_\_\_\_\_

Address\*: \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is it OK to text the victim?            Yes    No

Is victim incapacitated, incompetent, or deceased?

Yes    No (If yes, please find a representative.)

*\*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*

### VICTIM'S RIGHTS EXPLAINED

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

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 new Victim's Rights Request Form or put the request in writing and forward it to the appropriate criminal justice official.
- I must notify the law enforcement agency, prosecutor, court, or custodial agency anytime my contact information changes.
- If the defendant is arrested or incarcerated, I can track the defendant and receive notifications by registering at [www.vinelink.com](http://www.vinelink.com) or call (800) 770-0192.
- I am due to receive a copy of this form.

### VICTIM'S AUTOMATIC 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 – or 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.
- Full and timely restitution from the offender.

## VICTIM'S REQUESTABLE RIGHTS

Below are rights that you must request in order to exercise.

**You may choose some, none, or all of them.**

I choose to not exercise any rights at this time.

**OR**

I choose to exercise the rights I have selected below:

To redact my name, address, and identifying information from:

Medicaid Fraud Control Unit records.  
Court records.

To receive notice of the arrest, escape, or release of the offender.

To reasonable and timely notice of all public court proceedings.

To be present at all public hearings.

To be heard at all public hearings.

To confer with the prosecutor assigned to the case.

To be notified of subpoenas, motions, or other requests to access any of my personal information.

*You, or your victim representative, may change these rights at any time by completing a new Victim's Rights Request Form and forwarding it to the appropriate criminal justice official.*

## DESIGNATION OF A REPRESENTATIVE

You may designate a victim's representative to exercise your rights for you or with you. You may choose, change, or remove your representative at any time. You must complete a new Victim's Rights Request Form or make a request in writing and forward it to the appropriate official, based on the stage of your case.

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:

Representative's name: \_\_\_\_\_

*(The fields below are optional.)*

Address\*: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is it OK to text the representative?      Yes      No

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## WHO CAN SEE THIS INFORMATION?

Personal identifying information listed on this form shall be filed with the court on a separate page and is not a public record under Ohio Revised Code 149.43.

- The victim, victim's representative, and the prosecutor may receive unredacted 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]

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## FORM COMPLETION

*This form was completed by:*

### A. LAW ENFORCEMENT

The victim did not make an election as to which rights he/she wanted to exercise; a Victim's Rights Request Form was left with the victim.

The victim was unable to complete the requested form; a form was left with the victim.

Law enforcement completed the form with the victim or victim representative present.

Reporting agency: Attorney General's Medicaid Fraud Control Unit

Date: \_\_\_\_\_

Agency's phone number: (614) 466-0722

Case number: \_\_\_\_\_

Special agent: \_\_\_\_\_

Badge number: \_\_\_\_\_

Prosecutor (if known): \_\_\_\_\_

Prosecutor's phone number: \_\_\_\_\_

### B. VICTIM OR VICTIM REPRESENTATIVE

The victim or victim representative as identified above completed this form.

## ACKNOWLEDGMENT OF COMPLETED FORM

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

This form was completed on \_\_\_\_\_, and a copy of this form was given to the:

Victim: \_\_\_\_\_

Victim's representative.