

Form Completed BY:

Law Enforcement Victim
 Prosecutor

OHIO VICTIMS' RIGHTS REQUEST FORM PD-22

Youngstown Police Department: 116 West Boardman Street, Youngstown Ohio 44503

Phone Number: 330-742-8926 Incident No: 24Y041527 Case No: _____

Reporting Officer: Esgleason Jr Badge No: 1181

Arrestment: Date 9-10-24 Time: 1716 Location: Yo. Muni. Court, 9 W. Front Street, Youngstown Ohio 44503

Contact Mahoning County Juvenile Center (330) 740-2244

AUTOMATIC RIGHTS — YOU DO NOT NEED TO REQUEST THESE RIGHTS

- The right to be informed of your rights.
- The right to be treated with fairness and respect for your safety, dignity and privacy.
- The right to reasonable protection from the accused or any person acting on behalf of the accused.
- The right to information about the status of the case.
- The right to refuse a defense interview, deposition, or other discovery request.
- The right to object to defense requests for access to your confidential information, including medical, counseling, school or employment records, access to your personal devices or on-line accounts, or other personal information.
- The right to be present at all public proceedings.
- The right to have a support person with you during proceedings.
- The right to tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole and any other hearing that involves victims' rights.
- The right to object to unreasonable delays.
- The right to full and timely restitution from the offender.

VICTIMS' RIGHTS THAT MUST BE REQUESTED

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- I WANT my name, address, and identifying information to be redacted (removed from):
_____ Law Enforcement Records _____ Prosecutor Records _____ Court 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 confer with the prosecutor in the case, including pretrial before pretrial diversion is granted, before the prosecutor amends or dismisses an indictment, information, or complaint, before the prosecutor agrees to negotiated plea, and before a trial or adjudicatory hearing.
- I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information.
- I WANT to appoint a Victim's Representative (if so list that person's contact information below).
- I WANT interpretation services during contacts with criminal justice system officials.
_____ Foreign Language Interpreter in _____ language or _____ American Sign Language Interpreter

**As a victim, you must keep law enforcement agencies, prosecutors, courts, and custodial agencies your up to date contact information. **

LAW ENFORCEMENT USE ONLY

Victim of violation of protection order, offense of violence or sexually oriented offense did not complete form and is opted in to all rights until contacted by the prosecutor.

Victim's Name: Alex Wharry Address: 116 W. Boardman 40/04

Email: _____ Phone No: (330) 742-8950

Ohio Victim's Rights Request form provided to me by Law Enforcement _____ Prosecutor's Office on _____ (date).

Preferred method of contact (check all that apply). _____ Mail _____ Phone _____ Email

I can be reached between _____ and _____ at _____ (best method of contact). DATE: _____

_____ Please provide my name and contact information, and that of my representative, if applicable, to the custodial agency, if any.

If requested by the victim:

Victim's Representatives Name: _____

Address: _____ Phone: _____

Date: _____ Email: _____

_____ As the victim, I do not wish to receive notices about the case. Please provide notices to my representative.

FOR BUSINESS VICTIM USE ONLY

As the representative of _____ (insert business name) by checking this box, I hereby OPT OUT of the business's victims' rights in this case and future cases unless I notify law enforcement, the prosecutor, or the court otherwise. (version 8/24/23)

OHIO VICTIMS' RIGHTS REQUEST FORM PD-22

Form Completed BY:

Law Enforcement Victim

Prosecutor

Youngstown Police Department: 116 West Boardman Street, Youngstown Ohio 44503
 Phone Number: 330-742-8926 Incident No: 244041527 Case No: _____
 Reporting Officer: Esleston Jr Badge No: 1184

Arraignment: Date 9-10-24 Time: 12:16 Location: Yb. Muni. Court, 9 W. Front Street, Youngstown Ohio 44503
 Contact Mahoning County Juvenile Center (330) 740-2244

AUTOMATIC RIGHTS -- YOU DO NOT NEED TO REQUEST THESE RIGHTS

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- The right to object to defense requests for access to your confidential information, including medical, counseling, school or employment records, access to your personal devices or on-line accounts, or other personal information.
- The right to be present at all public proceedings.
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- The right to tell the court your opinion in public proceedings involving release, plea, sentencing, disposition, parole and any other hearing that involves victims' rights.
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- The right to full and timely restitution from the offender.

VICTIMS' RIGHTS THAT MUST BE REQUESTED

Yes	No	
✓		I WANT my name, address, and identifying information to be redacted (removed from): _____ Law Enforcement Records _____ Prosecutor Records _____ Court 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 confer with the prosecutor in the case, including pretrial before pretrial diversion is granted, before the prosecutor amends or dismisses an indictment, information, or complaint, before the prosecutor agrees to negotiated plea, and before a trial or adjudicatory hearing.
✓		I WANT to be notified of subpoenas, motions, or other requests to access any of my personal information.
✓		I WANT to appoint a Victim's Representative (if so list that person's contact information below).
	✓	I WANT interpretation services during contacts with criminal justice system officials, _____ Foreign Language Interpreter in _____ language or _____ American Sign Language Interpreter

As a victim, you must keep law enforcement agencies, prosecutors, courts, and custodial agencies your up to date contact information.

LAW ENFORCEMENT USE ONLY

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Victim's Name: Dillon Bell Address: 116 W. Boardman 4010 H
 Email: _____ Phone No: (330) 242-8950

Ohio Victim's Rights Request form provided to me by _____ Law Enforcement _____ Prosecutor's Office on _____ (date).

Preferred method of contact (check all that apply). _____ Mail _____ Phone _____ Email

I can be reached between _____ and _____ at _____ (best method of contact). DATE: _____

_____ Please provide my name and contact information, and that of my representative, if applicable, to the custodial agency, if any.

If requested by the victim:

Victim's Representatives Name: _____

Address: _____ Phone: _____

Date: _____ Email: _____

_____ As the victim, I do not wish to receive notices about the case. Please provide notices to my representative.

FOR BUSINESS VICTIM USE ONLY

As the representative of _____ (insert business name) by checking this box, I hereby OPT OUT of the business' victims' rights in this case and future cases unless I notify law enforcement, the prosecutor, or the court otherwise. (version 8/24/23)