

OFFICE OF THE CITY SOLICITOR
ASHTABULA, OHIO

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CRIME VICTIM RIGHTS INFORMATION

As a victim, you have certain rights guaranteed to you under the Constitution of the State of Ohio. A complete explanation of your rights can be found on the Ohio Supreme Court website at

<https://www.supremecourt.ohio.gov/docs/JCS/courtSvcs/MarsysLaw/SCO-CSD-0001.pdf>.

Briefly, you are automatically entitled to:

1. Be informed of your rights as a victim
2. Be treated with fairness and respect for your safety, dignity and privacy
3. Reasonable protection from the defendant or anyone acting on their behalf
4. Receive information about the status of the case
5. Refuse a defense interview, deposition or other discovery request,
6. Object to defense requests to access to your confidential information, including medical, counseling, school or employment records, access to your personal devices, online accounts or other personal information
7. Be present at all public proceedings
8. Have a support person with you during proceedings
9. Tell the Court your opinion on release of the defendant, pleas, sentencing, parole or any hearing that involves your rights
10. Object to unreasonable delays
11. Full and timely restitution from the Defendant.

There are other rights that you have to affirmatively exercise. They are:

1. The right to receive notice of the arrest, escape, or release of the defendant
2. The right to reasonable and timely notice of all public court proceedings
3. The right to confer with the prosecutor assigned the case
4. The right to be notified of requests for your personal information
5. The right to appoint a representative to act on your behalf.

Attached to this letter is a form for you to fill out. The form tells us whether you want to exercise your rights as a victim, and how we can get in touch with you. You can also find this form in the City Solicitor section of the City of Ashtabula website.

If you have any questions, or change your mind about any of your choices on this form, please call us. We are here to help you through this process.

A handwritten signature in blue ink that reads "Cecilia M. Cooper".

Cecilia M. Cooper
Ashtabula City Solicitor
solicitor@cityofashtabula.com

VICTIM RIGHTS REQUEST FORM

VICTIM STATUS – I acknowledge that I am a victim because I am:

_____ A person against whom a criminal offense was committed; or

_____ A person directly or proximately harmed by the commission of a criminal offense

DESIGNATION OF VICTIM REPRESENTATIVE

_____ I do not wish to designate a victim’s representative

_____ I wish to designate _____ as my representative.

RIGHTS

_____ I NOT WISH TO EXERCISE ANY OF MY RIGHT AS A VICTIM; OR

_____ I WISH TO EXERCISE ALL OF MY RIGHTS AS A VICTIM; OR

_____ I WISH TO EXERCISE MY AUTOMATIC RIGHTS AND THE MARKED OPTIONAL RIGHTS;

___ The right to receive notice of the arrest, escape, or release of the defendant

___ The right to reasonable and timely notice of all public court proceedings

___ The right to confer with the prosecutor assigned the case

___ The right to be notified of requests for your personal information

___ The right to appoint a representative to act on your behalf.

INTERPRETER

___ Please provide me an interpreter who speaks _____.

Signature of victim

Signature of witness

Printed name of victim

Printed name of witness

YOU CAN FOLLOW YOUR CASE ON THE ASHTABULA MUNICIPAL COURT

WEBSITE. YOUR CASE NUMBER IS _____

PROVIDE COMPLETED VICTIM’S RIGHSTS REQUEST FORM AND VICTIM CONTACT INFORMATION FORM TO THE CITY SOLICITOR.

VICTIM CONTACT 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.

WHO CAN SEE THIS INFORMATION?

- 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]

VICTIM INFORMATION *(Required)*

Victim Name: _____

Address*: _____

City/State/Zip: _____

Email address: _____

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

Alternate Contact Name: _____ Relationship to you: _____

Email address: _____

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

Victim's Signature

Date

VICTIM'S REPRESENTATIVE INFORMATION *(Optional)*

Victim's Representative Name: _____

Address*: _____

City/State/Zip: _____

Email address: _____

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

Victim's Representative Signature

Date

() 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.*

