

# Victims' Rights Request Form for Adult Cases

As a victim of crime in Oregon, you have legal rights. Many of these rights go into effect automatically and can be found in the "Victims' Rights Guide." However, you must request some rights before they go into effect. A victim, the victim's attorney or, if the victim requests, the district attorney at his or her discretion, may assert and enforce these rights on your behalf.

[Oregon Constitution Art. 1, Sec. 42(4)].

**Please check the box in front of any of the right(s) (listed below) you are requesting.**

Then return this form to:

Josephine County District Attorney, Victims' Assistance Program  
500 NW 6<sup>th</sup> Street, Dept. 16, Grants Pass OR 97526  
(541)474-5200 email: [victimassistance@co.josephine.or.us](mailto:victimassistance@co.josephine.or.us)

**Return this form or contact us at the above location immediately if you want to exercise any of these rights. The District Attorney's office will assume that you do not want to exercise these rights unless they hear from you.** If you change your mind later, and decide that you do want to exercise rights that you didn't yet request, please contact our office and we will work with you to exercise the rights, if that is still possible. The District Attorney's office may require your participation if your case goes to trial even if you do not wish to exercise your rights.

### You may request:

- 1)  **To be notified** in advance of any critical stage of the proceedings held in open court. [Or. Constitution Art.1, Sec. 42(1)(A)]
- 2)  In a violent felony case, that the district attorney consult with you before making a plea offer and before entering into a final plea agreement. [Or. Constitution Art. 1, Sec 42(1)(f)] [ORS 147.512(2)(a)]
- 3)  That your address and telephone number be withheld from the defendant. [ORS 135.970(1)]
- 4)  **To be notified in advance about release hearings.** [ORS 135.245(5)(b)(A)], 144.260(3)]
- 5)  **To be notified in advance about probation revocation hearings.** [ORS 137.545(11)(a)]
- 6)  If the crime involved the transmission of body fluids, testing of the defendant for HIV and other communicable diseases. (ORS 135.139)
- 7)  In a DUII automobile collision case, that information about the case given to the defendant is also shared with you. (ORS 135.857)
- 8)  **To limit copying or distribution of visual or audio recordings of sexual conduct by a child or invasion of personal privacy.** (ORS 135.873(5) & (6))
- 9)  **To allow no coverage of sex offense proceedings by media, photography or recording equipment.** (UTCRC 3.180)
- 10)  **To have as a special condition of probation, post-prison supervision, or parole that the person convicted in your case (for certain crimes) not live within three miles of your home if you were younger than 18 years old when the crime occurred (exceptions may apply).** [ORS 137.540(4)(a), 144.102(4)(c)(A), 144.270(4)(c)(A)]
- 11)  **For person crimes and burglary in the first degree only**, ongoing involvement in any court actions that happen **after a conviction** such as appeal, post-conviction or federal habeas proceedings including, but not limited to: *Reasonable, accurate and timely notice from the Department of Justice when an appeal post-conviction or federal habeas proceeding is started; to attend and be heard at certain public hearings related to the proceedings; to consult with the state and receive other details of the case and my participation by contacting the Department of Justice; and to be informed by the Department of Justice of the outcome of the proceedings. (For further information about all of these rights please see the Department of Justice, Crime Victims' Services Division information at: [www.doj.state.or.us/victims](http://www.doj.state.or.us/victims)).* (ORS 138.627, 144.750, 147.433, 147.438, 161.326, 419C.531)

A victim may request other rights that apply after a conviction. Please contact your local community corrections agency, the Board of Parole and Post-Prison Supervision or Psychiatric Security Review Board to request these rights. (See enclosed form for more information.) To request any of the above rights:

**PLEASE PRINT CLEARLY AND RETURN TO THE DISTRICT ATTORNEY'S OFFICE**

\_\_\_\_\_  
Name of victim

\_\_\_\_\_  
Name of Minor Victim's Parent/Guardian

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/zip

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Defendant

\_\_\_\_\_  
Court Case # (if known)

## **Victim Rights Information After Conviction (Adult)**

As a victim of crime in Oregon, you have legal rights. Many of these rights go into effect automatically. However, some of the rights need to be requested by you before they can go into effect. The following crime victims' rights would **apply after a criminal conviction**.

**To request certain rights immediately following a criminal conviction**, you must provide your contact information directly to the individual agency responsible for supervising the offender in your case.

- If the offender is supervised locally (on probation), contact Josephine County Community Corrections agency at (541) 474-5165
- If the offender is incarcerated in the state prison system, contact the Oregon Board of Parole and Post-Prison Supervision (503-945-0907), or
- If the offender is found Guilty Except for Insanity (GEI), contact the Oregon Psychiatric Security Review Board (503-229-5596) or the State Hospital Review Panel (503-945-2800).

To ensure **on-going** notification of custody information, you **must** also register with **VINE**.

**VINE (Victim Information Notification Everyday)**, a victim notification system, gives victims of crime 24-hour access to information about in-custody adult offenders in jail or state prison facilities, as well as youth offenders in Oregon Youth Authority youth correctional facilities. This custody information in **adult** cases includes:

- The location of custody
- Changes in parole or probation status
- Release information
- Transfer information
- Notification of escape(s)
- Notification of death

You can use the **VINE** service by calling 1-877-674-8463 or by going to [www.VINELINK.COM](http://www.VINELINK.COM).

Other useful contact information:

- To be notified when someone in the custody of the Department of Corrections is scheduled to be released, contact Victim Services for the Oregon Board of Parole and Post-Prison Supervision at 503-945-0907.
- To be notified 30 days in advance of Parole Board hearings, contact Victim Services for the Oregon Board of Parole and Post-Prison Supervision at 503-945-0907. (These hearings occur only in certain adult criminal cases.)
- If the defendant is under the authority of the Psychiatric Security Review Board (PSRB) or the State Hospital Review Panel (SHRP), you may be notified in advance of hearings or when the defendant is released, discharged or escapes by contacting the PSRB at 503-229-5596 or the SHRP at 503-945-2800. If you want to be notified as soon as possible of an escape, also notify the facility where the defendant is committed.
- You can request information about registered sex offenders by calling the Oregon State Police Sex Offender Information at 503-378-3725 x44429.
- After conviction, to confirm that you are signed up to receive Department of Justice Post-Conviction Program services for any ongoing legal actions contact 503-378-5348.
- If your rights are not honored, you can assert a claim of violation of crime victims' rights. There are time limits for this right. For more information see [www.doj.state.or.us/victims](http://www.doj.state.or.us/victims). DM# 2226488 v10, Rev. 2/2013

## Victim Impact Statement

Name: \_\_\_\_\_  
State of Oregon vs. \_\_\_\_\_ Case #(s): \_\_\_\_\_  
Co-Defendant(s): \_\_\_\_\_ Case #(s): \_\_\_\_\_  
Charges \_\_\_\_\_

Please return this form to: **Josephine County District Attorney's Office**  
**Victims' Assistance Program**  
**500 NW 6<sup>th</sup> Street, Dept. 16**  
**Grants Pass, OR 97526**  
**Phone: (541) 474-5200, Fax: (541) 474-5201**  
**E-mail: [victimassistance@co.josephine.or.us](mailto:victimassistance@co.josephine.or.us)**

If the defendant or alleged youth offender is convicted, you have the right, as a crime victim, to speak at sentencing. If you want to tell the court about the crime, the court will hear you at sentencing or juvenile disposition. You do not have to make a statement. If you want to make a statement, **you may use this form as a guide**. Feel free to use additional pages. You may ask to have your statement read in court or have it given to the judge. ***Your written or spoken statements may become a part of the official court record. The judge, the prosecutor, the defendant or alleged youth offender, the defense attorney and the probation officer have access to your statement.*** If you need help getting your statement ready, please contact *the Victims' Assistance Program*.

1. Please describe the impact this crime has had on you and your family. Include any physical or emotional harm you experienced from the crime.
2. What would be an appropriate sentence for the defendant or alleged youth offender in this case? (The court will make the final decision about the sentence based on Oregon law.)
3. Is there anything else the court should know about this crime and its consequences?

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

If the defendant or alleged youth offender is found guilty, you have a right to be present at the sentencing or disposition hearing and share your thoughts with the court. If you are not present at sentencing or juvenile disposition, this form may be used to help the court know your thoughts.

Would you like to make a statement at sentencing? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like a Victims' Assistance Specialist to accompany you to court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_

## Restitution Information Form

Victim Name: \_\_\_\_\_  
 State of Oregon vs. \_\_\_\_\_ Case #(s): \_\_\_\_\_  
 Co-Defendant(s) \_\_\_\_\_ Case #(s): \_\_\_\_\_  
 Charges: \_\_\_\_\_

Please return this form to: *Josephine County District Attorney's Office, 500 NW 6<sup>th</sup> Street, Dept 16, Grants Pass, OR 97526, Phone: (541) 474-5200, Fax: (541) 474-5201 E-Mail [victimassistance@co.josephine.or.us](mailto:victimassistance@co.josephine.or.us)*

***What are restitution and a Restitution Information Form?***

Restitution is money the court may order a defendant or alleged youth offender to pay to a victim for certain losses including stolen or damaged property, medical bills, counseling, or lost wages. Restitution is only allowed for losses directly related to the charge(s) against the defendant(s) or alleged youth offenders. The criminal court judge will not order restitution for pain and suffering.

The Restitution Information Form is a way for you to give us information about monetary losses you had as a result of this crime. Please fill out this form as completely as possible and feel free to attach additional pages if you need to. Since we need to give the court documentation of your loss, please give us copies of receipts, estimates, invoices, bills, etc. ***Please complete this form and return it within 10 days.*** If you have any questions about the form, please call our office at 541-474-5200.

**Property Loss:** Please list only items that have **not** been recovered or that were damaged before recovery. (Items may be held as evidence and can be recovered after the end of the case.)

Note: Replacement cost is based on the value of the property at the time of the loss.

Property Description:	Property Value:	Replacement Cost:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has any financial institution covered your loss?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did the defendant's or alleged youth offender's insurance company cover your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did your insurance cover your loss?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Insurance Company Information (Complete only if you have made or expect to make a claim.)

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Deductible amount: \_\_\_\_\_  
 Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Do you have an insurance claim pending? Yes  No   
 Amount your insurance company has already paid you: \_\_\_\_\_

**OVER**

**PERSONAL LOSS:** If you suffered injuries that required medical attention or mental health counseling as a result of this crime, please indicate your expenses:

Injury/Treatment:	Provider:	Account #:	Total Cost to Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did the defendant's or alleged youth offender's insurance company pay your medical expenses? Yes  No   
Did your insurance company pay your medical expenses? Yes  No

Medical Insurance Information (Complete only if you have made or expect to make a claim.)  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Deductible amount: \_\_\_\_\_  
Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**LOST EARNINGS:** You may be able to recover wages or income if you had to take time off from work because of the crime. Please provide information about and documentation of your lost earnings.

**Please provide a letter from your employer documenting the following information:**  
Employer's name: \_\_\_\_\_  
Employer's address and phone #: \_\_\_\_\_  
Your job title: \_\_\_\_\_  
Did you use sick leave?  Yes  No Did you use vacation leave?  Yes  No  
Number of hours/days taken off: \_\_\_\_\_ Amount of lost earnings: \$ \_\_\_\_\_

**OTHER CRIME-RELATED EXPENSES:** Please use this section to list any expenses you had because of this crime that you have not yet listed. For example, you may include the cost of changing the locks to your home or fees you paid to change a financial account.

Expense description:	Total Cost to Date:
_____	_____
_____	_____

If you are injured by a crime, or a family member was killed during a crime, you may be eligible for money from the Crime Victims' Compensation Program (CVCP). The CVCP does not pay for property crime expenses. If you want more information about the CVCP, please call 541-474-5200.  
Have you applied to the Crime Victims Compensation Program? Yes  No   
Status: \_\_\_\_\_ Claim #: \_\_\_\_\_

My signature below affirms that the information I have given on this form and any estimates or receipts I submit with it are true and correct to the best of my knowledge. I understand that my request for restitution must be directly related to the loss I experienced as a result of the crime. I understand that if I make a false restitution claim, I could be prosecuted for a crime under Oregon law.

_____	_____
Victim's Signature	Date

## Victim Contact Information Sheet

Please fill out the information below and return it to Josephine County District Attorney's Office, Victims' Assistance Program, with the other forms in the packet. It is very important that our office have accurate and current contact information for you so we can keep you informed of case events. Josephine County DA's Office Victims' Assistance Program will keep this information separate and confidential from restitution information sent to the defense attorney. If the court orders the defendant(s) or alleged youth offender(s) to pay you restitution, your contact information will be given only to the court's accounting office so that restitution payments can be sent to you.

**If you request any victim rights, it is very important to keep the Victims' Assistance Program informed of any changes to your contact information.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Physical Address: \_\_\_\_\_  
(If different) *Address* *City* *State* *Zip Code*

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Preferred Method of Contact:** Mail  Email  Phone  Text Message\*

\*If Text Message, please provide your carrier (e.g.: Verizon, Tracfone, AT&T, etc.): \_\_\_\_\_

**You must keep us updated with any contact information changes including cell phone #, e-mail address, cell phone carrier, phone #, or mailing address if you request ANY victim rights.**

Please give contact information for a family member or friend not living with you who will always know how to locate you:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Physical Address: \_\_\_\_\_  
(If different) *Address* *City* *State* *Zip Code*

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Please return this form to: Josephine County District Attorney's Office (541) 474-5200  
Victims' Assistance Program  
500 NW 6<sup>th</sup> Street, Dept 16  
Grants Pass, Or. 97526  
Email: [victimassistance@co.josephine.or.us](mailto:victimassistance@co.josephine.or.us)

**DEMOGRAPHIC/FEDERAL REPORTING DATA**  
**THANKYOU FOR RETURNING THIS FORM**

To be eligible to receive federal funds in Josephine County for purposes of serving crime victims, we are required to collect information about the victim's race, gender, national origin, age and any disability.

Please complete this form and return with other material in your Victim Packet. Completing this form is voluntary and will not affect any services that we provide.

**The information you provide will be kept confidential.**

**Victim Name:** \_\_\_\_\_

**Defendant Name:** \_\_\_\_\_ **DA File No.** \_\_\_\_\_

**Gender:**      Male      Female      Transgender      Other

**Disability:**      Yes      No      Unknown

**Your Age at Time of Crime:**

0-5                       5-12                       13-17                       18-24  
 25-44                       45-59                       60-64                       65+

**Ethnicity / Race:**

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black of African American (Not of Hispanic Origin): A person having origins in any of the black racial groups of Africa

Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: All persons having origins in any of the original peoples of Hawaii, or the Pacific Islands.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Multiracial (more than one ethnic origin)

Other or Not Specified \_\_\_\_\_

**Other Demographics:**

Live in Rural area                       Homeless and/or Living Below the Poverty Level  
 Limited English Proficiency                       Immigrant/Refugees/Asylum Seeker

## Victim Impact Statement

# JUST FOR KIDS

**Note to parents:** If your child is too young to read or is just learning to read, please help your child fill out the Victim Impact Statement. When helping, read the directions out loud to him/her, talk about his/her feelings (happy, sad, mad, scared, confused, or any other) and what your child may want to think about when they are drawing or writing on the statement. Please do not tell your child what to draw or write. This is your child's chance to tell the judge how he/she is feeling about what has happened. If your child would rather draw a picture of anything at all or write a story, that is fine too. If your child becomes uncomfortable while filling out this statement, reassure your child that he/she does not have to fill out the form unless he wants to.

Note that this is a Victim Impact Statement and as such, the defense attorney and youth offender have access to it.

What is your name? \_\_\_\_\_

(It's okay if your parent helps you write your name)

How old are you? \_\_\_\_\_

How do you feel about what happened to you?

(You can circle as many as you like)



Happy



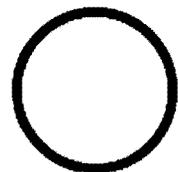
Sad



Mad



Scared



Other

Turn the page over now

If you were a judge, what would you want to do to \_\_\_\_\_?  
(Circle as many as you like)

A. Send to Jail

D. Nothing

B. Pay some money

E. Stay away from kids

C. Go to a doctor to get help

F. What else? Put your own idea below!!

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If you want to, you can use this page to draw a picture, write a poem, tell a story, or anything else you would like to do to tell the judge about how you are feeling about what has happened to you. If you don't want to write or draw anything, that's okay too!