Victims' Rights Request Form

As a victim of crime in Oregon, you have legal rights. Many of these rights go into effect automatically. However, you must request some of them before they go into effect. Please check the box in front of any of the right(s) (listed below) you are requesting. Then return the form to: Polk County Victim Assistance Program @ 850 Main St. Dallas, OR. 97338

Return this form immediately if you want to exercise any of these rights. The victim's assistance office or juvenile department will assume that you do not want to exercise these rights unless they hear from you. If you ever change your mind and decide that you do want to exercise rights that you didn't yet request, please contact the appropriate office and they will work with you to exercise the rights if that is still possible. The District Attorney's office or juvenile department may require your participation if your case goes to trial even if you do not wish to receive additional information about the rights or to exercise them. You may request:

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		To be notified in advance of any critical stage of the case heard in open court.
	□ is mad	In a violent felony case, to talk with the district attorney or juvenile department before a plea agreement le.
		To be notified in advance about release hearings.
		To limit distribution of information about and recordings of sexual conduct.
		If the crime involved the transmission of body fluids, to request HIV testing.
	□ defend	In a DUII automobile collision case, to request that information about the case that is given to the dant is also shared with you.
		To be notified in advance about probation revocation hearings.
	□ equipr	To allow no coverage of sex offense proceedings by media television, photography or recording nent.
	□ within may a	To have as a special condition of post-prison supervision that the person convicted in your case not live three miles of your home if you were younger than 18 years old when the crime occurred (exceptions apply).
	□ post-c	To request ongoing involvement in any court actions that happen after the conviction such as appeal, conviction or federal habeas proceedings including, but not limited to:
	0	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.)
	ie depa	im may request other rights that apply after a conviction or juvenile disposition. Please contact the artment, Board of Parole and Post-Prison Supervision or Psychiatric Security Review Board to request (See the other side of this form for more information.)
Name	and A	ddress (Please Print)
Daytii	ne Pho	one Number E-Mail Address
Name	of the	Defendant or Alleged Youth Offender Court case number./SID number