

PROSECUTOR MICHAEL T. GMOSE
BUTLER COUNTY PROSECUTOR'S OFFICE

Victim/Witness Division
Juvenile Court
280 N. Fair Avenue
Hamilton, OH 45011

Phone: (513) 887-5599 Fax: (513) 887-5589

VICTIM NOTIFICATION FORM

Please check ONE of the following:

YES, I would like to be informed of any rights I may possess due to being a victim of a crime. I REQUEST NOTIFICATION (verbal or written) of any hearings, trial, sentencing, or other change in status regarding the below referenced case. I agree to notify the Prosecutor's Office of any changes in my mailing address or phone numbers, so not to hinder or cause delay of notifications and I will review the enclosed information and ask the victim advocate to address any concerns I may have. I will also be responsible for requesting further information or explanation if I am in need of such.

I voluntarily DECLINE to exercise any rights I might have as a victim of crime and DO NOT wish to receive any notifications or information regarding my rights as a victim of crime.

I UNDERSTAND THAT A FAILURE TO COMPLETE THIS FORM AND RETURN IT TIMELY TO THE PROSECUTOR'S OFFICE WILL MEAN THAT I WILL NOT RECEIVE NOTIFICATION OF HEARINGS, ETC., AND THAT I WILL NOT BE INFORMED OF ANY RIGHTS I MAY POSSESS.

IF REQUESTING SERVICES, please complete the following:

PLEASE DESIGNATE:

Victim Victim Representative Juvenile Victim Victim's Parent Family Member of Victim

Name: _____ Relationship to Victim (IF APPLICABLE): _____

Address: _____
(House Number) (Street) (City) (ST) (Zip)

HM Phone: _____ WK Phone: _____ Cell/Pager: _____

Age: _____ DOB: _____ Sex: _____ Race: _____ SSN: _____

Best time to reach me, between : _____ (AM/PM) and _____ (AM/PM) @ _____
(PHONE NUMBER)

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

If you wish to speak with a victim/witness advocate prior to the pretrial hearing, please call Dee Jackson at (513)887-5599