

Post-Adjudication Notification Request

This form is designed for use by state and county offices in Arizona which have responsibility under state Constitution and law to provide post-adjudication services to crime victims. Following the disposition of a juvenile, this form must be completed as soon as possible by a victim who wishes to receive post-adjudication notice when the...

Disposition Result is Commitment to the AZ Dept. of Juvenile Corrections

As a victim of crime, you have the right, upon request, to receive notice of all appellate proceedings, all post-adjudication release proceedings, including all conditional liberty proceedings and certain conditional liberty modification proceedings. You have the right to receive notice of the decisions arising out of these proceedings (outcome), and you have the right to be informed of the juvenile's release from confinement, the juvenile's escape or the juvenile's death, as well as the right to request not to receive mail from the confined juvenile.

Instructions For Requesting Post-Adjudication Notice

There is no single agency with responsibility for notifying victims of all post-conviction matters. Rather, different agencies are responsible for providing you with notice upon your request.

To request notice, you or your lawful representative:

1. must complete Section B of the attached form;
2. separate the form pages from one another;
3. return (mail) the forms to each responsible notifying agency which is indicated at the bottom of each page (remember to include a separate attachment, if applicable, with the form copy sent to the Dept. of Juvenile Corrections);
4. retain (keep) the blue copy for your future reference.

IF YOU ARE NOT REQUESTING POST-ADJUDICATION NOTICE, YOU DO NOT NEED TO RETURN THIS FORM.

Definitions

A *lawful representative* is a person who is designated by the victim or is appointed by the court to act in the best interest of the victim. Only one person, a victim or his/her lawful representative, may receive the notifications subject to this request.

An *appellate proceeding* means a review of a lower court's decision (ruling) before the State Court of Appeals, the State Supreme Court, a Federal Court of Appeals or the United States Supreme Court. A victim's request for notice must be sent to the Attorney General's office.

Post-adjudication release means placement on conditional liberty/parole, work furlough, community supervision, or any other type of discharge (completion of commitment) from the State Department of Juvenile Corrections. A victim's request for notice must be sent to the State Department of Juvenile Corrections.

TO ENSURE THAT YOU RECEIVE ALL REQUESTED NOTIFICATIONS BEFORE AN EVENT OR PROCEEDING OCCURS, YOU MUST COMPLETE AND RETURN THIS FORM TO ALL NOTIFYING AGENCIES AS SOON AS POSSIBLE.

POST-ADJUDICATION NOTIFICATION REQUEST

SECTION A: To be completed by the agency providing form to victim. (PLEASE PRINT OR TYPE)

JUVENILE NAME: _____ DOB: _____
LAST FIRST M.I. Month / Day / Year

JOLTS FILE #: _____ J #: _____ PETITION DATE: _____
Month / Day / Year

COUNT(S)/TYPE(S)/DATE(S) OF OFFENSE(S): _____

DISPOSITION DATE: _____ VIOLATION OF PROBATION? (check if yes)
Month / Day / Year

COURT-ORDERED MINIMUM CONFINEMENT: _____

VICTIM/LAWFUL REPRESENTATIVE NAME: _____

SECTION B: To be completed by the victim / lawful representative. (PLEASE PRINT OR TYPE)

① VICTIM NAME: _____ Date of Birth: _____
MR. / MS. LAST FIRST M.I. Month / Day / Year

② Read the three statements to the right. If one of the statements is **true** or applicable, check the corresponding box and print your name and relationship to victim on the line below (this is how agencies that receive this form know you are the lawful-representative victim). If none of the statements are true, skip the line below and complete the rest of the form.

The victim has designated me as the lawful representative.
 The victim is a minor child and I am a parent, an immediate family member, or a legal guardian.
 The victim is incapacitated (severely disabled) or deceased.

LAWFUL REP.: _____ Relationship to Victim: _____
MR. / MS. LAST FIRST M.I.

③ If the juvenile is incarcerated in the AZ Dept. of Juvenile Corrections, you have the right to request that the juvenile not send you, members of your family, or members of the victim's household, mail. If the juvenile sends you or your family or household members mail after you have made this request, you or the members of your family or household have the right to report the incident to the AZ Dept. of Juvenile Corrections for sanctions against the juvenile.

I request not to receive mail from the juvenile whose name appears above.
 Other members of my family and/or household also request not to receive mail from the juvenile
 [Note names/addresses of these family/household members on a separate sheet of paper and enclose it when you mail the completed pink form copy to the AZ Dept. of Juvenile Corrections.]

④ SIGNATURE: _____ DATE (Month / Day / Year) _____
VICTIM / LAWFUL REPRESENTATIVE SIGNATURE

MAILING ADDRESS: _____ APT. #: _____
NUMBER & STREET OR P.O. BOX #

CITY, STATE AND ZIP CODE

TELEPHONE (include area code): Home () _____ Message () _____ Work () _____

***** NOTE: ONLY ONE PERSON MAY RECEIVE POST-ADJUDICATION NOTIFICATION *****

By completing and returning this form to the below listed address, you are requesting notice of the following:

- Modifications to the terms of conditional liberty, if the modification will affect the juvenile's contact with you or your safety, or if the modification affects restitution or the juvenile's secure care status.
- Hearings scheduled to consider the juvenile's release from confinement in the custody of the Dept. of Juvenile Corrections, including all conditional liberty revocation or termination hearings, as well as the results of such hearings.
- The juvenile's release from secure confinement related to the disposition for the offense(s) in which you were a victim.

RETURN THIS FORM TO:

_____ Dept. of Juv. Corrections Use Only: _____	AZ DEPT. OF JUVENILE CORRECTIONS Attn: Victims' Rights Coordinator 1624 W. Adams Phoenix, AZ 85007 (602) 255-1098 / 1-800-387-3062	_____ AG-OVS Use Only: _____
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