

# 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 Probation

As a victim of crime, you have the right, upon request, to receive notice of all post-adjudication review hearings, appellate proceedings, all post-adjudication release proceedings, including all probation revocation or termination proceedings, and certain probation 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 a secure facility, the juvenile's release from residential placement, the juvenile's escape or the juvenile's death.

### 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; and,
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.

A *post-adjudication review hearing* means a hearing held in open court that involves a request (by the juvenile) for review of a disposition. A victim's request for notice of these proceedings must be sent to the County Attorney's office.

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 release from probation, intensive probation, home detention, residential placement, or any other release from the jurisdiction of the County Juvenile Court. A victim's request for notice must be sent to the County Juvenile Court.

**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: \_\_\_\_\_  
Month / Day / Year

MINIMUM LENGTH OF PROBATION: \_\_\_\_\_

VICTIM/LAWFUL REPRESENTATIVE NAME: \_\_\_\_\_

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

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

Read the three statements below. 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 lawful representative 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.

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:**

- All hearings scheduled to consider modification of the terms of probation, if the modification will affect the juvenile's contact with you or your safety, or if the modification affects restitution or the juvenile's incarceration status.
- All release hearings scheduled to consider the juvenile's release from probation, intensive probation, home detention, or any other release from the jurisdiction of the County Juvenile Court, as well as the results of such hearings.
- The juvenile's release from custody of the Court related to the disposition for the offense(s) in which you were a victim.

**RETURN THIS FORM TO:**

\_\_\_\_\_

AG-OVS Use Only:

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