

Post-Conviction 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-conviction services to crime victims. Following the sentencing of a defendant, this form must be completed as soon as possible by a victim who wishes to receive post-conviction notice when the...

Sentencing Result is Jail and/or Probation

As a victim of crime, you have the right, upon request, to receive notice of all post-conviction review/relief and appellate proceedings, all post-conviction release 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 convicted defendant's release from jail, escape or death.

Instructions For Requesting Post-Conviction 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) each form page as soon as possible to the responsible notifying agency whose address is printed at the bottom of each page; and,
4. retain (keep) the blue copy for your future reference.

IF YOU ARE NOT REQUESTING POST-CONVICTION 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-conviction relief proceeding* means a contested oral argument or evidentiary hearing that is held in open court and involves a request (by the defendant) for relief a conviction or sentence. A victim's request for notice of these proceedings must be sent to the Attorney General's Office (602) 542-4911 or 1-800-458-4911.

An *appellate proceeding* means contested oral argument held in open court 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 (602) 542-4911 or 1-800-458-4911.

A victim's request for notice on matters related to probation modification, termination or revocation must be sent to the County Probation Department.

Post-conviction release means probation, work furlough, home arrest, or any other permanent, conditional or temporary discharge from confinement in the custody of a sheriff or from confinement in a jail. A victim's request for notice must be sent to the County Sheriff.

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-CONVICTION NOTIFICATION REQUEST

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

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

CAUSE #: _____ SENTENCING DATE: _____ JUDGE: _____
Month / Day / Year

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

PLEA TRIAL JAIL/PROBATION TERM: _____

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

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-CONVICTION NOTIFICATION *****

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

Release or escape of the defendant from jail, re-arrest or death of the defendant.

RETURN THIS FORM TO:

AG-OVS Use Only:
County: _____