

# 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.

**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.**

**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 County Attorney'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.

**Favor de ver el reverso de este pagina para información en Español.**

# SOLICITUD DE NOTIFICACION POS AUDIENCIA DE CAUSA

Este formulario es designado para uso de las oficinas en el Estado y Condado en Arizona, los cuales tienen la responsabilidad bajo la constitución del Estado de Arizona y la ley, de proveer servicios pos condenatorios a víctimas de crímenes. Seguido a la sentencia del acusado, este formulario debe ser completado lo mas pronto posible por la víctima que desee recibir notificación pos audiencia de causa cuando el...

## RESULTADO DE LA AUDIENCIA DE IMPOSICION DE SANCIONES ES RECLUSION AL DEPARTAMENTO DE CORRECCIONALES PARA MENORES DEL ESTADO DE ARIZONA

Como víctima de un crimen, usted tiene el derecho, bajo solicitud, de recibir notificación de apelar a los procedimientos, todos los derechos de reforma pos audiencia de causa, incluyendo todos los procedimientos para libertad condicional, y ciertos procedimientos de modificación de libertad condicional. Usted tiene el derecho de recibir la notificación de las decisiones que resulten en estos procedimientos y usted tiene el derecho de ser informado(a) de la liberación del infractor de su reclusión, fuga o fallecimiento del infractor, así como el derecho a no recibir correo del infractor recluido.

### Instrucciones para solicitar Notificación Pos Audiencia de la Causa

No hay una agencia en particular con la responsabilidad de notificar a las víctimas de todos los asuntos pos audiencia de causa. Por el contrario, diferentes agencias son responsables de notificaciones a su solicitud.

Para solicitar notificaciones, usted o su representante legal:

1. Deberá completar la sección **B** del formulario adjunto
2. Separar las paginas una de la otra
3. Regresar por correo cada formato (hoja de color) a la agencia responsable de notificarle, cuyas direcciones se encuentran impresas al final de cada pagina (recuerde de incluir una copia adjunta, si aplica, del formato enviado al Departamento de Correccionales para Menores, y
4. Retenga (quedarse) la copia azul para su futura referencia.

**PARA ASEGURAR QUE USTED RECIBA TODAS LAS NOTIFICACIONES SOLICITADAS ANTES DE QUE EL EVENTO O PROCEDIMIENTOS OCURRAN, DEBERA COMPLETAR Y REGRESAR ESTE FORMULARIO A TODAS LAS AGENCIAS NOTIFICADORAS TAN PRONTO POSIBLE.**

**SI USTED NO DESEA NOTIFICACION POS AUDIENCIA DE LA CAUSA, NO NECESITA ENVIAR ESTE FORMATO**

### Definiciones

Un **representante legal** es la persona quien es asignada por la víctima o es señalada por la corte para actuar en el mejor interés de la víctima. Solo una persona, la víctima o su representante legal, puede recibir notificaciones objeto de esta solicitud.

El **proceso de apelación** significa la revisión de una resolución del Tribunal de Primera Instancia ante el Tribunal Estatal de Apelación, Tribunal Supremo del Estado, Tribunal Federal de Apelación o Tribunal Supremo de los Estados Unidos. La solicitud de la víctima para recibir notificaciones deberá ser enviada a la Oficina del Procurador General de Justicia.

**Libertad pos audiencia de la causa** significa poner en libertad condicional/preparatoria, detención abierta, supervisión comunitaria, o cualquier otro tipo de libertad (al completar la reclusión) del Departamento de Correccionales para Menores del Estado. La solicitud para notificación deberá ser enviada al Departamento de Correccionales para Menores del Estado.

# 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 statements to the right. If one is **true** or applicable, check that 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 ( ) \_\_\_\_\_

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

- All appellate proceedings and the results of such proceedings.

**RETURN THIS FORM TO:**

**MARICOPA COUNTY ATTORNEY**

Victim Services Division-Juvenile East 540 W Iron Ave Ste 100 Mesa, AZ 85210 (480) 962-8008	Victim Services Division-Juvenile West 3131 W Durango St Phoenix, AZ 85009 (602) 372-4000
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