

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 Prison

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. 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 prison, escape or death, as well as the right to request not to receive inmate mail.

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 (remember to include a separate attachment, if applicable, with the form copy sent to the Dept. of Corrections); and,
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-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 of a conviction or sentence. A victim's request for notice of these proceedings must be sent to the Attorney General's Office.

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.

Post-conviction release means parole, work furlough, home arrest, community supervision or any other permanent, conditional or temporary discharge from confinement in the custody of the State Department of Corrections and/or Board of Executive Clemency. A victim's request for notice must be sent to the State Department of Corrections and the Board of Executive Clemency.

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

POST-CONVICTION NOTIFICATION REQUEST

SECTION A: To be completed by the agency providing form to victim.

(PLEASE PRINT OR TYPE)

DEFENDANT/INMATE 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 PROBATION REVOCATION PRISON TERM: _____

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 inmate is incarcerated in the AZ Dept. of Corrections, you have the right to request that the inmate not send you, members of your family, or members of the victim's household, mail. If the inmate sends you, your family, or household members of the victim mail after you have made this request, you, members of your family or the victim's household have the right to report the incident to the AZ Dept. of Corrections for sanctions against the inmate.
- I request not to receive mail from the inmate whose name appears above.
 - Other members of my family and/or household also request not to receive mail from the inmate.
- [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 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

E-Mail: _____

TELEPHONE (include area code): Home () _____ Cell of Other () _____ Work () _____

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

- All post-conviction relief proceedings and the results of such proceedings.

RETURN THIS FORM TO:

MARICOPA COUNTY ATTORNEY

Victim Services Division
301 W. Jefferson
Phoenix, AZ 85003
(602) 506-8526

Victim Services Division - South
222 E. Javelina, 2nd Floor
Mesa, AZ 85210
(480) 506-2488