

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.

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

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.

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

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

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

PLEA TRIAL PROBATION REVOCATION TERM: JAIL: _____ PROBATION: _____

VICTIM/LAWFUL REPRESENTATIVE NAME: _____

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

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

Read the statements below. 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 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.: _____ MR. / MS. LAST _____ FIRST _____ M.I. _____ Relationship to Victim: _____

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

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

_____ CITY, STATE AND ZIP CODE _____

E-Mail: _____

TELEPHONE (include area code): Home () _____ Cell or 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
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