



ALASKA OFFICE OF VICTIMS' RIGHTS
REQUEST FOR HELP FORM

Date:* _____

Name:* First, middle, last name of the crime victim (if victim is deceased, list the name here):

Victim's date of birth:* _____

Name of the person filling out form (if different from the victim listed above):

Your date of birth & relationship to the victim: _____ / _____

Complete mailing address:* _____

Phone number(s)* & Email address:

Cell: _____

Home: _____

Work: _____

Email: _____

What is the nature of the crime? * Assault Sexual Offense Theft/Property Domestic Violence
 Other: _____

Approximate Crime Date:* _____

Defendant's/suspect's name and date of birth? (The person who committed the crime)

Please give a brief description of the crime*: _____

Was the crime reported to law enforcement (Police Dept., AK. State Troopers, etc.)? * Yes No

If yes, what is the name of the law enforcement agency? * _____

Did law enforcement provide any notification/information about the Office of Victims' Rights to you? * Yes No

How did you learn about the Office of Victims' Rights? * _____

Do you have any concerns about any criminal justice agencies? Yes No

If Yes, which one? law enforcement prosecutor's office court system
 other: _____

Have you addressed this matter with the agency? Yes No

Name and phone number of the person(s) you have been working with at that agency:

Have you sought help from any other office, attorney, or victims' services agency? Yes No
If so, please provide their name(s) and contact information.

CRIME VICTIMS' RIGHTS*

Please select all that apply if you as a crime victim believe your rights have been violated, believe your rights will be violated, or have any concerns your victim rights may be violated.

- | | |
|--|--|
| <input type="checkbox"/> To be treated with dignity, fairness, and respect | <input type="checkbox"/> To have portions of the pre-sentencing report, if prepared, in felony cases |
| <input type="checkbox"/> To a timely conclusion of the case | <input type="checkbox"/> To be present and/or address the court at a sentencing hearing |
| <input type="checkbox"/> To the protection of my privacy right regarding personal information (medical counseling, mental health or substance abuse treatment, or contents of computers or cellphones) | <input type="checkbox"/> To the notice of trial and to be present at trial |
| | <input type="checkbox"/> To a hearing for return of my property seized law enforcement |
| <input type="checkbox"/> To speak with prosecutor about proposed plea offer before acceptance in DV or felony cases | <input type="checkbox"/> To receive restitution from the defendant |
| | <input type="checkbox"/> Other: _____
_____ |

The Office of Victims' Rights (OVR) will maintain confidentiality with respect to *all* matters, including your identity, and that of witnesses coming before the OVR except insofar as, in the judgment of the OVR, disclosures are authorized by law and/or as may be necessary in order to enable this office to carry out its duties and to support its recommendations. This means that in the course of processing this complaint – request for assistance form and/or providing services in this case, it may become necessary for the OVR to use your name and/or other information about you case that you have provided, or which was acquired by the OVR in the discharge of our official duties, as a result of submitting this complaint – request for assistance form to us. By signing below, you are agreeing that, in the judgment of the OVR, we may use your name and discuss and/or disclose information and/or documents and/or the facts of this case with others, including but not limited to others within the executive, legislative, or judicial branches of government, private or public agencies or offices, in open court and/or to the general public, or others, in the formulation of our findings and recommendations and in the discharge of our duties. The services of the Office of Victims' Rights are free.

IF YOU AGREE, SIGN HERE: _____

NOTE: Whether you are faxing this complaint or mailing it to us, please sign this form on the above line using your full name. Thank you.

Taylor Winston, Director
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