



Angela Garay, Executive Director
1007 West Third Avenue, Suite 205
Anchorage, AK 99501-1936

Phone: (907) 754-3460
Toll-free: (844) 754-3460
Email: ovr@akleg.gov
Website: ovr.akleg.gov

**ALASKA OFFICE OF VICTIMS' RIGHTS
APPLICATION FOR SERVICES**

Date: _____

Victim information (if victim is deceased, put their information here):

Name: _____ **Date of birth:** _____

Pronoun Preference (optional): _____

Information of person filling out form: (if different than above)

Name: _____ **Date of birth:** _____

Relationship to the victim: _____

Pronoun Preference (optional): _____

Mailing address: _____

Cell: _____ **Home:** _____

Message Number: _____ **Email:** _____

Preferred contact method: ☐ Phone ☐ E-mail ☐ Mail

Preferred Language (if other than English): _____

If yes, please describe:

CRIME VICTIMS' RIGHTS*

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

- | | |
|---|---|
| <input type="checkbox"/> A timely conclusion of the case | <input type="checkbox"/> To be present and/or address the court at a sentencing hearing |
| <input type="checkbox"/> 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 be treated with dignity, fairness, and respect |
| <input type="checkbox"/> Speak with the prosecution about proposed plea offer before the offer is sent to the defense | <input type="checkbox"/> Notice of trial and to be present at trial |
| <input type="checkbox"/> Have portions of the pre-sentencing report, if prepared, in felony cases | <input type="checkbox"/> A hearing for return of property seized by law enforcement |
| | <input type="checkbox"/> 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 OVR except insofar as, in the judgment of 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 and/or providing services in this case, it may become necessary for OVR to use your name and/or other information about your case that you have provided, or which was acquired by OVR in the discharge of our official duties, as a result of submitting this complaint to us. By signing below, you are agreeing that, in the judgment of 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 have questions, please call our office.

IF YOU AGREE, SIGN HERE:

NOTE: the application must be signed before OVR can accept it.