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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):

What is the nature of the crime(s)?	□ Assault	\Box Homicide	Sexual Offense	
	Theft/Property		Domestic Violence	
	□ Other:			
Defendant/suspect name(s) and date				
Approximate date the crime occurr	ed:			
Please give a brief description of the	e crime (incl	ude court case	number, if known):	:
Was the crime reported to law enfor	rcement? (P	olice departme	nt, AK State Troope	ers, etc.)
\Box No \Box Yes			(ag	gency name)
Did law enforcement provide any ne Rights to you?	otification/i □ Yes	nformation ab	out the Office of V	ïctims'
How did you learn about the Office	of Victims'	Rights?		
Do you have any concerns about an	y criminal j	ustice agencies	6? □ No	□ Yes
If yes, which one? □ Law enforcem	nent 🗆 Pro	secutor's office	□ Court system	□ Other
Please describe:				
Have you sought help from any othe		orney, or victi	ms' services agenc	y?
(provide names	, if known)			
Do you request any special accomm interpreter, etc.)?	odations (i.a □ Yes	e. for a disabili	ity, TTY telephone	, language
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.

\Box A timely conclusion of the case	$\hfill\square$ To be present and/or address the court at a		
□ The protection of my privacy right	sentencing hearing		
regarding personal information (medical	$\hfill\square$ To be treated with dignity, fairness, and		
counseling, mental health or substance abuse	respect		
treatment, or contents of computers or	□ Notice of trial and to be present at trial		
cellphones)	\Box A hearing for return of property seized by		
\square Speak with the prosecution about proposed	law enforcement		
plea offer before the offer is sent to the	□ Receive restitution from the defendant		
defense	□ Other:		
\Box Have portions of the pre-sentencing report,			
if prepared, in felony cases			

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 office.

IF YOU AGREE, SIGN HERE:

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