

POST-ADJUDICATION NOTIFICATION REQUEST FORM

DISPOSITION RESULT:

COMMITMENT TO THE ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS

As a victim of crime, you have the right, upon request, to receive post-adjudication notice. Please see the next page for more detailed information. To request notice, copies should be distributed to the agencies indicated below.

**IF YOU DO NOT WISH TO RECEIVE POST-ADJUDICATION NOTICES,
YOU DO NOT NEED TO COMPLETE OR RETURN THIS FORM.**

INSTRUCTIONS

Multiple agencies are responsible for providing you with notice.

To request notice, you or the victim's lawful representative must:

1. Complete **Section B** of the attached form on Page 3.
NOTE: A separate form should be completed and returned for each victim (and their lawful representative, if applicable). Do not list multiple victims on one form.
2. Mail or return a copy of the completed form to each agency listed below **as soon as possible.**
3. Keep Pages 1 and 2, along with a copy of Page 3, for your records.
4. Maintain your current contact information with EACH office listed below. To ensure that you continue to receive all requested notifications, it is your responsibility to keep your address updated.
5. If the court has ordered that the defendant pay you restitution, you must also keep your name, address and phone number current with the Clerk of the Superior Court in the county in which restitution was ordered.

Pinal County Attorney's Office

Victim Services Division

P.O. Box 1010

Florence, AZ 85132

(520) 866-6813 or

(800) 208-6897 Ext. 6813

pcavictimservices@pinalcountyyaz.gov

Arizona Department Of Juvenile Corrections

Office for Restorative Justice

1624 W. Adams St.

Phoenix, AZ 85007

(602) 364-3513 or (800) 387-3062

Pinal County Juvenile Court

Juvenile Victims' Rights

P.O. Box 1009

Florence, AZ 85132

(520) 866-7088

POST-ADJUDICATION NOTIFICATION REQUEST FORM

AGENCY RESPONSIBILITIES

- By completing and returning this form to the PINAL COUNTY ATTORNEY'S OFFICE, you are requesting notice of the following:
 - *All appellate proceedings and the results of such proceedings.*
- By completing and returning this form to the ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS, you are requesting notice of the following:
 - *Modifications to the terms of conditional liberty if affect the juvenile's contact with you, your safety, restitution, or secure care status.*
 - *Hearings regarding release from confinement in the custody of the Department of Juvenile Corrections, including conditional liberty revocation or termination hearings, and the results of such hearings.*
 - *Release from secure confinement related to the disposition for the offense(s) in which you were a victim.*
- By completing and returning this form to the PINAL COUNTY JUVENILE COURT, you are requesting notice of the following:
 - *Hearings scheduled to consider the juvenile's release from probation, intensive probation, home detention, or other release from the jurisdiction of the County Juvenile Court, and the results of such hearings.*

FORM DEFINITIONS

- **Lawful Representative:** 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.
- **Appellate Proceeding:** A review of a lower court's decision (ruling) before the State Court of Appeals, the State Supreme Court, a Federal Court of Appeals, or the United States Supreme Court.
- **Post-Adjudication Release:** Refers to placement on conditional liberty/parole, work furlough, community supervision, or any other type of discharge (completion of commitment) from the Arizona Department of Juvenile Corrections.

POST-ADJUDICATION NOTIFICATION REQUEST FORM

SECTION A: To be completed by the agency providing form to victim. ALL FIELDS ARE REQUIRED

JUVENILE NAME:		SEX:	DOB:
CAUSE #:	Law Enforcement Agency:	SWID #:	DR #:
COUNTY: PINAL	DISPOSITION DATE:		PETITION DATE:
COUNT(S)/TYPE(S)/DATE(S) OF ADJUDICATED OFFENSE(S):			
COURT-ORDERED MINIMUM CONFINEMENT:			
ADDITIONAL INFORMATION (IF NEEDED):			
VICTIM/LAWFUL REPRESENTATIVE NAME:			

SECTION B: To be completed by the victim/lawful representative. Please print or type clearly and sign at the bottom. ALL APPLICABLE FIELDS ARE REQUIRED

1. VICTIM NAME: _____ SEX: _____ DATE OF BIRTH: _____

LAST
FIRST
M.I.
M/F
Month/Day/Year

2. Read the statements below. If one is true or applicable to you, mark the corresponding box AND complete your name, sex and relationship to the victim in the "Lawful Rep" space below.

****If none of the statements below are true, skip to item #3 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).
- The victim is deceased.

LAWFUL REP: _____ SEX: _____ RELATIONSHIP: _____

LAST
FIRST
M.I.
M/F
(Ex: Parent, Guardian, Sibling, etc.)

3. MAILING ADDRESS: _____ Apt./Unit#: _____

NUMBER & STREET OR P.O. BOX #

CITY, STATE AND ZIP CODE
E-mail: _____ (EX: YOURNAME@YOURMAIL.COM)

4. TELEPHONE (w/area code): Primary Phone _____ Alternate/Message Phone _____

5. If the juvenile is incarcerated in the Arizona Department of Juvenile Corrections, you have the right to request that the juvenile not send mail to you, members of your family, or members of the victim's household. Please mark any applicable request(s):

- I request not to receive mail from the juvenile whose name appears above.
- Other members of my family and/or household request not to receive mail from the juvenile whose name appears above
 - **NOTE:** Please put the name(s) and address(es) of the family/household member(s) on a separate sheet of paper. Attach the information to a completed copy of this form and mail **ONLY to the Arizona Department of Juvenile Corrections.**
 - **IT IS YOUR RESPONSIBILITY TO KEEP YOUR ADDRESS AND PHONE NUMBER CURRENT WITH EACH AGENCY FROM WHOM YOU REQUEST NOTICE. FAILURE TO DO SO MEANS THAT YOU WAIVE YOUR RIGHT TO NOTICE.**
 - IT IS RECOMMENDED THAT YOU KEEP A COPY OF ALL THREE PAGES FOR YOUR RECORDS.
 - **PLEASE RETURN ONLY THIS PAGE TO THE AGENCIES LISTED ON PAGE 1.**

SIGNATURE: _____

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