

# POST-ADJUDICATION NOTIFICATION REQUEST FORM

## DISPOSITION RESULT:

### PROBATION

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@pinalcountyaz.gov

#### **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.*
  - *Post-adjudication review hearings and the results of such hearings.*
- **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.*
  - *Release hearings scheduled regarding release from probation, intensive probation, home detention, or any other release from the jurisdiction of the County Juvenile Court, and the results of such hearings.*
  - *Release from custody of the Court related to the disposition for the offense(s) in which you were a victim*

## 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.
- **Post-Adjudication Review Hearing:** A hearing held in open court that involves a request (by the juvenile) for review of a disposition.
- **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 release from probation, intensive probation, home detention, residential placement, or any other release from the jurisdiction of the County Juvenile Court.

# 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):			
MINIMUM LENGTH OF PROBATION:			
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 \_\_\_\_\_

- 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)