FACE 4 SCREEN 10%

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XXXXXXX

VICTIM REQUEST FOR, OR WAIVER OF, PRE-CONVICTION AND / OR PRE-ADJUDICATION RIGHTS

This form opts you in as a victim because there is probable cause that a crime has been committed against you.

Please keep this form for future reference regarding your case.

1 <<FORM USE>>

☐ Initial Contact ☐ By Phone/Mail DATE: _____

☐ Victim-Initiated Change(s) ☐ In Person

2 <<CASE IDENTIFYING INFORMATION>>

REPORTING AGENCY: _____ Phone #: _____

Reporting Officer(s): _____ Complaint/Report/Citation #: _____

Location: _____ Report/Citation Date/Time: _____

Offense/Type of Crime: _____

☐ Felony ☐ Misdemeanor ☐ Domestic Violence Issue

3 <<ARREST / DETENTION STATUS>>

☐ **SUSPECT NOT IN CUSTODY**

☐ UNKNOWN ☐ KNOWN

_____ ADULT

_____ JUVENILE

SUSPECT #1 _____

SUSPECT #2 _____

If an arrest/detention in this case is made, you will be notified at the earliest opportunity. If you are not notified of an arrest/detention within 30 days, you may obtain case status information by calling the law enforcement agency indicated in Box 2 above.

☐ **SUSPECT CITED AND RELEASED / REFERRED**

ADULT_____ JUVENILE_____

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

If a citation is issued, the accused may appear at any time prior to the date and time shown.

☐ **SUSPECT IN CUSTODY - ADULT**

INITIAL APPEARANCE:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

CUSTODIAL AGENCY: _____

The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

☐ **SUSPECT IN CUSTODY - JUVENILE**

DETENTION HEARING:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

DETENTION CENTER: _____

The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.

4 <<VICTIM OR VICTIM'S LAWFUL REPRESENTATIVE>>

A. Who was the crime or offense committed against?

Name: _____ Birth Date: _____

B. Are you the victim or lawful representative? (CHECK BOX THAT APPLIES)

☐ The crime was committed against me. I am the **Victim.**

☐ One of the following applies to me. I am the victim's **Lawful Representative. (CHECK ONE)**

☐ The victim has designated me as his/her lawful representative

☐ The victim is a legal entity (corporation, partnership or business).

☐ The victim is a vulnerable adult & I am the legal guardian.

☐ The victim is incapacitated or deceased and I am an immediate family member

☐ The victim is minor child and I am a parent, an immediate family member or legal guardian

Name: _____ DOB: _____ Relationship to victim _____

Victim's Lawful Representative

C. How can you be contacted?

Name: _____

Mailing Address: _____ Apt: _____

Home Address (if different): _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ Email: _____

D. ☐ **I REQUEST my rights in this case.** **OR** ☐ **I WAIVE (DECLINE) my rights in this case.**

I understand that I must keep my mailing address and phone number current with the agency or court responsible for providing my rights. Failure to do so can mean that my right are waived. I also understand in order to make any changes to the information supplied on this form, I must contact the appropriate agency or court.

Victim or Lawful Representative Signature / Date:

☒ _____

(FOR REPORTING AGENCY USE ONLY)

☐ **REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)**

NOTES / COMMENTS:

VICTIM COPY - WHITE

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☐ Victim-Initiated Change(s) ☐ In Person

DATE: _____

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Offense/Type of Crime: _____

☐ Felony ☐ Misdemeanor ☐ Domestic Violence Issue

3 <<ARREST / DETENTION STATUS>>

☐ **SUSPECT NOT IN CUSTODY**

☐ UNKNOWN ☐ KNOWN

_____ ADULT

_____ JUVENILE

SUSPECT #1 _____

SUSPECT #2 _____

If an arrest/detention in this case is made, you will be notified at the earliest opportunity. If you are not notified of an arrest/detention within 30 days, you may obtain case status information by calling the law enforcement agency indicated in Box 2 above.

☐ **SUSPECT CITED AND RELEASED / REFERRED**

ADULT_____ **JUVENILE**_____

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

If a citation is issued, the accused may appear at any time prior to the date and time shown.

☐ **SUSPECT IN CUSTODY - ADULT**

INITIAL APPEARANCE:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

CUSTODIAL AGENCY: _____

The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

☐ **SUSPECT IN CUSTODY - JUVENILE**

DETENTION HEARING:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

DETENTION CENTER: _____

The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.

4 <<VICTIM OR VICTIM'S LAWFUL REPRESENTATIVE>>

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☐ The victim is a vulnerable adult & I am the legal guardian.

☐ The victim is incapacitated or deceased and I am an immediate family member

☐ The victim is minor child and I am a parent, an immediate family member or legal guardian

Name: _____ DOB: _____ Relationship to victim _____

Victim's Lawful Representative

C. How can you be contacted?

Name: _____

Mailing Address: _____ Apt: _____

Home Address (if different): _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ Email: _____

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Victim or Lawful Representative Signature / Date:

☒ _____

(FOR REPORTING AGENCY USE ONLY)

☐ **REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)**

NOTES / COMMENTS:

POST-VICTIM-CONTACT ARREST NOTIFICATION: ☐ **PHONE** _____ **DATES / TIMES** ☐ **MAIL** _____ **DATE / TIME** **INITIALS** _____

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Location: _____ Report/Citation Date/Time: _____

Offense/Type of Crime: _____

☐ Felony ☐ Misdemeanor ☐ Domestic Violence Issue

3 <<ARREST / DETENTION STATUS>>

☐ **SUSPECT NOT IN CUSTODY**

☐ UNKNOWN ☐ KNOWN

_____ ADULT

_____ JUVENILE

SUSPECT #1 _____

SUSPECT #2 _____

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☐ **SUSPECT CITED AND RELEASED / REFERRED**

ADULT_____ **JUVENILE**_____

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

If a citation is issued, the accused may appear at any time prior to the date and time shown.

☐ **SUSPECT IN CUSTODY - ADULT**

INITIAL APPEARANCE:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

CUSTODIAL AGENCY: _____

The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

☐ **SUSPECT IN CUSTODY - JUVENILE**

DETENTION HEARING:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

DETENTION CENTER: _____

The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.

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☐ The victim is minor child and I am a parent, an immediate family member or legal guardian

Name: _____ DOB: _____ Relationship to victim _____

Victim's Lawful Representative

C. How can you be contacted?

Name: _____

Mailing Address: _____ Apt: _____

Home Address (if different): _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ Email: _____

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Victim or Lawful Representative Signature / Date:

☒ _____

(FOR REPORTING AGENCY USE ONLY)

☐ **REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)**

NOTES / COMMENTS:

DATE RECEIVED _____

RELEASE NOTIFICATION: ☐ **PHONE** _____ **DATE / TIME** ☐ **MAIL** _____ **DATE/TIME**

NAME OF PERSON WHO PROVIDED INFORMATION: _____

CUSTODIAL COPY - PINK

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☐ Felony ☐ Misdemeanor ☐ Domestic Violence Issue

3 <<ARREST / DETENTION STATUS>>

☐ **SUSPECT NOT IN CUSTODY**

☐ UNKNOWN ☐ KNOWN

_____ ADULT

_____ JUVENILE

SUSPECT #1 _____

SUSPECT #2 _____

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☐ **SUSPECT CITED AND RELEASED / REFERRED**

ADULT_____ **JUVENILE**_____

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

If a citation is issued, the accused may appear at any time prior to the date and time shown.

☐ **SUSPECT IN CUSTODY - ADULT**

INITIAL APPEARANCE:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

CUSTODIAL AGENCY: _____

The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

☐ **SUSPECT IN CUSTODY - JUVENILE**

DETENTION HEARING:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

DETENTION CENTER: _____

The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.

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City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ Email: _____

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Victim or Lawful Representative Signature / Date:

☒ _____

(FOR REPORTING AGENCY USE ONLY)

☐ **REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)**

NOTES / COMMENTS:

DATE RECEIVED _____

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☐ UNKNOWN ☐ KNOWN

_____ ADULT

_____ JUVENILE

SUSPECT #1 _____

SUSPECT #2 _____

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☐ **SUSPECT CITED AND RELEASED / REFERRED**

ADULT_____ **JUVENILE**_____

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

If a citation is issued, the accused may appear at any time prior to the date and time shown.

☐ **SUSPECT IN CUSTODY - ADULT**

INITIAL APPEARANCE:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

COURT _____

DATE: _____

TIME: _____

CUSTODIAL AGENCY: _____

The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

☐ **SUSPECT IN CUSTODY - JUVENILE**

DETENTION HEARING:

SUSPECT #1 _____

DOB _____

SUSPECT #2 _____

DOB _____

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Victim or Lawful Representative Signature / Date:

☒ _____

(FOR REPORTING AGENCY USE ONLY)

☐ **REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)**

NOTES / COMMENTS:

DATE RECEIVED _____

NOTIFICATION UNIT/VICTIM WITNESS COPY - WHITE

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