POST-CONVICTION NOTIFICATION REQUEST FORM

SENTENCING RESULT:

JAIL AND/OR PROBATION

As a victim of crime, *you have the right, upon request, to receive post-conviction 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-CONVICTION 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.

Maricopa County Attorney's Office Victim Services Division 301 W. Jefferson Phoenix, AZ 85003 (602) 506-8522	**Maricopa County Sheriff's Office** Victim Notification Unit 201 S. 4th Ave. Phoenix, AZ 85003 (602) 876-8276
Maricopa County Adult Probation Victim Services Unit P.O. Box 3407 Phoenix, AZ 85030 (602) 372-8286 or (866) 372-8286	**Arizona Attorney General's Office** Office of Victim Services 1275 W. Washington Phoenix, AZ 85007 (602) 542-4911 or (866) 742-4911

POST-CONVICTION NOTIFICATION REQUEST FORM

Multiple agencies are responsible for notifying you of all post-conviction matters. You can request post-conviction notice from **all** responsible agencies, or you can request only specific notification services. Listed below are the various agencies and their specific post-conviction notification responsibilities:

- **By completing and returning this form to the MARICOPA COUNTY ATTORNEY'S OFFICE, you are requesting notice of the following:**
  - *Post-conviction relief proceedings and the results of such proceedings.*
- **By completing and returning this form to the MARICOPA COUNTY SHERIFF'S OFFICE, you are requesting notice of the following:**
  - *Release or escape of the defendant from jail; re-arrest or death of the defendant.*
- **By completing and returning this form to the MARICOPA COUNTY ADULT PROBATION OFFICE, you are requesting notice of the following:**
  - *Court proceedings related to modifying, revoking, or terminating the defendant's probation.*
  - *Proposed modification of the terms of probation or intensive probation, if the modification will substantially affect the probationer's contact with you or your safety or if the modification affects restitution or incarceration status.*
  - *The arrest of the probationer pursuant to a warrant issued for a probation violation.*
  - *Any memorandum provided to the supervising court, by a probation officer, advising of probationer delinquencies in court-ordered restitution payments (pursuant to Arizona Supreme Court Administrative Order 94-16).*
- **By completing and returning this form to the ARIZONA ATTORNEY GENERAL'S OFFICE, you are requesting notice of the following:**
  - *Appellate proceedings and the results of such proceedings.*

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-Conviction Relief Proceeding:** A contested oral argument or evidentiary hearing that is held in open court and involves a request (by the defendant) for relief of a conviction or sentence.
- **Appellate Proceeding:** A contested oral argument held in open court before the State Court of Appeals, the State Supreme Court, a Federal Court of Appeals, or the United States Supreme Court.
- **Probation Modification, Termination or Revocation:** Changes in probation status can occur for a variety of reasons.
- **Post-Conviction Release:** There are multiple types of post-conviction release from a county jail, including but not limited to: custody status, work release and work furlough. The county jail also notifies of the defendant's release to other custodial agencies such as Department of Corrections or Department of Homeland Security.

POST-CONVICTION NOTIFICATION REQUEST FORM

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

DEFENDANT NAME: **SEX: M F DOB:**

COUNTY: MARICOPA **CAUSE #:** **RESENTENCING? Yes No TYPE:**

COUNT(S)/TYPE(S)/DATE(S) OF OFFENSE(S):

SENTENCING DATE: **PROBATION TERM:** **JAIL TERM:**

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 #

   _____ **E-mail:**_____
   CITY, STATE AND ZIP CODE (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)**