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.
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 (East) Victim Services Division - Juvenile 540 W. Iron Ave. #110 Phoenix, AZ 85210 (480) 962-8002	**Maricopa County Attorney's Office (West)** Victim Services Division - Juvenile 3131 W. Durango Phoenix, AZ 85009 (602) 372-4000	**Maricopa County Juvenile Court** Victims' Rights Coordinator 3131 W. Durango Phoenix, AZ 85009 (602) 506-4471

POST-ADJUDICATION NOTIFICATION REQUEST FORM

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

- **By completing and returning this form to the MARICOPA 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 MARICOPA 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: M F DOB:**

CAUSE #: **LEA:** **SWID #:** **DR #:**

COUNTY: MARICOPA **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 #

   _____ **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)**