

POST-CONVICTION NOTIFICATION REQUEST

This form is designed for state and county offices in Arizona which have the responsibility to provide post-conviction services to crime victims under state constitution and law. Following the sentencing of a defendant, this form must be completed by a victim who wishes to receive post-conviction notice when the:

SENTENCING RESULT IS PRISON

As a victim of crime, you have the right, upon request, to receive notice of certain post-conviction proceedings, as well as the decisions arising from these proceedings (outcome). Please see the next page for more detailed information regarding post-conviction notification information.

INSTRUCTIONS FOR REQUESTING POST-CONVICTION NOTICE

Multiple agencies are responsible for providing you with notice upon your request.

To request notice, you or your lawful representative must complete the following steps:

- 1. Complete *Section B* of the attached form on *Page 3*;**
- 2. Make copies of the form for the separate agencies;**
- 3. Return (mail) a copy of the form to the notifying agency's address listed below as soon as possible;**
- 4. Retain (keep) a copy for your future references.**

TO ENSURE THAT YOU RECEIVE ALL REQUESTED NOTIFICATIONS BEFORE AN EVENT OR PROCEEDING OCCURS, YOU MUST COMPLETE AND RETURN A COPY OF THIS FORM TO ALL NOTIFYING AGENCIES AS SOON AS POSSIBLE AND MAINTAIN YOUR CURRENT CONTACT INFORMATION WITH EACH OFFICE.

IF YOU DO NOT WISH TO RECEIVE POST-CONVICTION NOTICES, YOU DO NOT NEED TO RETURN THIS FORM.

MARICOPA COUNTY ATTORNEY'S OFFICE	ARIZONA DEPARTMENT OF CORRECTIONS Office of Victim Services	MARICOPA COUNTY ADULT PROBATION DEPARTMENT Victim Services Unit	ARIZONA ATTORNEY GENERAL'S OFFICE Office of Victim Services	ARIZONA BOARD OF EXECUTIVE CLEMENCY
Victim Services Division 301 W. Jefferson Phoenix, AZ 85003 (602) 506-8526	1645 W. Jefferson Phoenix, AZ 85007 (602) 542-1853 1 (866) 787-7233	P.O. Box 3407 Phoenix, AZ 85030 (602) 372-8286 1 (866) 372-8286	1275 W. Washington Phoenix, AZ 85007 (602) 542-4911 1 (866) 742-4911	1645 W. Jefferson Suite 101 Phoenix, AZ 85007 (602) 542-5656

Please see the following pages for more information.

POST-CONVICTION NOTIFICATION REQUEST

In the State of Arizona, multiple agencies are responsible for notifying victims of all post-conviction matters. Listed below are the various agencies and their specific post-conviction notification responsibilities. If you are requesting a specific notification service, **you must complete the attached form and return a copy to the responsible notifying agency.**

MARICOPA COUNTY ATTORNEY'S OFFICE

By completing and returning this form to the County Attorney's Office, you are requesting notice of the following:

- *All post-conviction relief proceedings and the results of such proceedings.*

ARIZONA DEPARTMENT OF CORRECTIONS

By completing and returning this form to the Department of Corrections, you are requesting notice of the following:

- *The inmate's release from confinement (or escape and subsequent re-arrest) related to the sentence for the crime(s) in which you were a victim.*

★ **Note:** If applicable, please include a separate attachment with the completed form sent to the Department of Corrections, as indicated on page 3.

MARICOPA COUNTY ADULT PROBATION

By completing and returning this form to the County Adult Probation Department, 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).*

ARIZONA ATTORNEY GENERAL'S OFFICE

By completing and returning this form to the Attorney General's Office, you are requesting notice of the following:

- *All appellate proceedings and the results of such proceedings.*

ARIZONA BOARD OF EXECUTIVE CLEMENCY

By completing and returning this form to the Board of Executive Clemency, you are requesting notice of the following:

- *All release hearings and executive clemency hearings, as well as the results of such hearings.*

DEFINITIONS

- **Lawful Representative:** 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. A victim's request for notice of these proceedings must be sent to the Prosecuting Agency.
- **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. A victim's request for notice must be sent to the Attorney General's Office.
- A victim's request for notice on matters related to **probation modification, termination, or revocation** must be sent to the County Probation Department.
- **Post-Conviction Release:** parole, work furlough, home arrest, community supervision, or any other permanent, conditional or temporary discharge from confinement in the custody of the Department of Corrections and/or Board of Executive Clemency. A victim's request for notice must be sent to the Department of Corrections and the Board of Executive Clemency.

POST-CONVICTION NOTIFICATION REQUEST

SECTION A: To be completed by the agency providing form to victim.

DEFENDANT NAME: _____ DOB: _____
CAUSE#: _____ JUDGE: _____
COUNTY: _____ SENTENCING DATE: _____ RESENTENCING: _____
INTERPRETER NEEDED FOR: _____ RESTITUTION: _____
COUNT(S)/TYPE(S)/DATE(S) OF OFFENSE(S): _____

TYPE: _____ PRISON TERM: _____ PROBATION TERM: _____
VICTIM/LAWFUL REPRESENTATIVE NAME: _____

SECTION B: To be completed by the victim/lawful representative.

VICTIM NAME: Mr./Ms./Mrs. _____ DATE OF BIRTH: _____
LAST FIRST M.I. Month/Day/Year

Read the statements below. If one is true or applicable, **check** that corresponding box AND print your name and relationship to the victim on the line below (this is how agencies that receive this form know you are the lawful-representative of the victim). If none of the statements are true, skip the lawful representative line below 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: Mr./Ms./Mrs. _____ RELATIONSHIP TO VICTIM: _____
LAST FIRST M.I.

If the defendant is incarcerated in the Arizona Department of Corrections, you have the right to request that the inmate not send mail to you, members of your family, or members of the victim's household. If the inmate sends mail after you have made this request, you, members of your family, or the victim's household have the right to report the incident to the Arizona Department of Corrections for sanctions against the inmate.

- I request not to receive mail from the inmate whose name appears above.
- Other members of my family and/or household also request not to receive mail from the inmate.

★ **Note:** Please put the name(s) and address(es) of the family/household member(s) on a separate sheet of paper. Enclose this information with a completed copy of this form and mail to the Arizona Department of Corrections.

MAILING ADDRESS: _____ APT.#: _____
NUMBER & STREET OR P.O. BOX #

CITY, STATE AND ZIP CODE

E-MAIL: _____

TELEPHONE (include area code): Home () _____ Cell () _____ Work () _____

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

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. 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 THE RESTITUTION WAS ORDERED.

Please see Page 1 for agency contact information.