

# MISDEMEANOR POST-CONVICTION NOTIFICATION REQUEST FORM

## **SENTENCING RESULT:** **UNSUPERVISED PROBATION AND/OR JAIL**

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 of the form on page 3 need to 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 [Insert Agency Name], the [Insert County] County Sheriff's Office, and the justice court at which your case was handled **as soon as possible**. The contact information for these agencies is listed below and continues onto the next page.
3. Keep copies of the completed forms and pages 1 and 2 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 and telephone number updated. **FAILURE TO DO SO MEANS THAT YOU WAIVE YOUR RIGHT TO NOTICE.**
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 justice court in which restitution was ordered.

**[Insert County/City] Attorney's Office**  
Victim Services Division  
[Insert Address]  
([Insert Phone])  
[Insert email]

**[Insert County] County Sheriff's Office**  
Victim Notification Unit  
[Insert Address]  
([Insert Phone])  
[Insert email]

**Justice Court**  
[Insert Address]  
([Insert Phone])  
[Insert email]

# POST-CONVICTION NOTIFICATION REQUEST FORM

## AGENCY RESPONSIBILITIES

- By completing and returning this form to the [Insert City/County] ATTORNEY'S OFFICE, you are requesting notice of the following:
  - *Post-conviction relief proceedings and the results of such proceedings.*
  - *Post-conviction set aside requests.*
- By completing and returning this form to the [Insert County] 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 while in jail.*
- By completing and returning this form to the JUSTICE COURT, you are requesting notice of the following:
  - *Court proceedings related to modifying, revoking, or terminating the defendant's probation, and your right to be heard at these proceedings.*
  - *Proposed modification of the terms of 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.*

## 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 Superior Court, 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, such as: adjusting the terms of probation, early end to probation, or any violation that results in a petition to cancel probation and may include jail time.
- **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.
- **Unsupervised Probation:** For cases concluded in limited jurisdiction courts. The offender is not required to report to a probation officer; however, there may be certain terms the offender has to adhere to, such as: paying fines, taking classes and not committing any crimes.

## POST-CONVICTION NOTIFICATION REQUEST FORM

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

DEFENDANT NAME: \_\_\_\_\_

SEX: \_\_\_\_\_

DOB: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CAUSE #: \_\_\_\_\_ RESENTENCING: Yes ☐ No ☐ TYPE: \_\_\_\_\_

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

SENTENCING DATE: \_\_\_\_\_ PROBATION TERM: \_\_\_\_\_ JAIL TERM: \_\_\_\_\_

ADDITIONAL INFORMATION (IF NEEDED): \_\_\_\_\_

JUSTICE COURT NAME: \_\_\_\_\_

VICTIM/LAWFUL REPRESENTATIVE NAME: \_\_\_\_\_

### SECTION B: To be completed by the **victim/lawful representative**. Please **print or type clearly** and sign at the bottom.

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
- ☐ The victim is deceased

LAWFUL REP: \_\_\_\_\_ SEX: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
LAST FIRST M/F (Ex: Parent, Guardian, Sibling, etc.)

3. MAILING ADDRESS: \_\_\_\_\_ APT/UNIT#: \_\_\_\_\_  
NUMBER & STREET OR P.O. BOX #

CITY, STATE AND ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Ex: youname@youremail.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) \_\_\_\_\_