

**VICTIM NOTIFICATION REQUEST FORM**

If you wish to request reasonable and timely notification of all public proceedings of your case such as pretrial hearings, bond hearings, trial and sentencing dates, please provide the information requested below:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Defendant's Name (if known): \_\_\_\_\_

Case Number (if known): \_\_\_\_\_

This information provided above will **not** be shared with the public. This information will be used exclusively by Columbus City Attorneys Office personnel for the purpose of assisting you in the exercise of your rights under Article I, Section 10a of the Ohio Constitution. In addition to notification for the above case events, you will be notified of the results of the case.