

City of Tempe
P. O. Box 5002
140 East Fifth Street, Suite 303
Tempe, AZ 85280
480-350-8280
www.tempe.gov



City Prosecutor's Office

REQUEST TO INVOKE VICTIM'S RIGHTS

If you wish to invoke your rights, please return this form to the Tempe Prosecutors Office 140 E 5th St, Suite 303, Tempe AZ 85281, (480)350-8285. If you do not return this form, this office will consider that you do not want to be notified of any judicial proceedings.

[] I WAIVE "UPON REQUEST" MY RIGHTS IN THIS CASE.

[] I CHOOSE "UPON REQUEST" MY RIGHTS IN THIS CASE AND WISH TO BE NOTIFIED OF THE FOLLOWING ACTIONS: (CHECK ALL THAT APPLY).

[] I wish to be notified of the date, time and location of all criminal proceedings.

[] I wish to confer with the prosecuting attorney about the disposition of this case and discuss my view as to all aspects of the case, including plea negotiations, pretrial diversion, possible dismissal or proceeding with prosecution.

[] I wish to keep my address, phone number, place of employment or other confidential information, that could be used to locate me, from the defense attorney and defendant. (THIS ONLY APPLIES IF THE DEFENDANT DOES NOT ALREADY KNOW THIS INFORMATION, OR YOU HAVE MOVED OR ARE PLANNING TO MOVE).

Restitution Request - eligible requests through the Criminal Court are limited to victim's **DOCUMENTED OUT OF POCKET EXPENSES**. This does not include amounts reimbursed to you or paid on your behalf by insurance. Please complete the following and include **supporting documentation**. **All documents submitted are subject to verification.**

Property damage	\$ _____ (List of items with receipts) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
Vehicle damage	\$ _____ (Two estimates needed) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
Medical bills	\$ _____ (Copies of bills & future treatment) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
Funeral expenses	\$ _____ (Copies of bills) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
Lost wages	\$ _____ (Written statement from employer on letterhead) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
Counseling	\$ _____ (Copies of bills & explanation) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE
TOTAL	\$ _____ YOU MUST PROVIDE WRITTEN DOCUMENTATION FOR ALL AMOUNTS REQUESTED. DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE

IF YOU ARE REIMBURSED FOR ANY AMOUNTS LISTED ABOVE, YOU MUST NOTIFY THE TEMPE PROSECUTORS' OFFICE

SIGNED: _____

STATE VS. _____ DOCKET NO. _____

<<< VICTIM OR LAWFUL REPRESENTATIVE MAILING ADDRESS/PHONE >>>

NAME: _____

ADDRESS _____

PHONE: Home () _____ Work () _____

EMAIL ADDRESS _____

FAILURE TO KEEP YOUR ADDRESS AND PHONE NUMBER CURRENT IS CONSIDERED A WAIVER OF YOUR RIGHTS.

Please return to:

Victim Services Paralegal
Tempe City Prosecutor's Office
140 East 5th Street, Suite 303
Tempe, Arizona 85281