



4. I believe this conduct violated the following right(s) granted by Article I, sections 42(1)(a) to (g) and 43, of the Oregon Constitution:

- † To be present at and, upon specific request, to be informed in advance of any critical stage of the proceedings held in open court when the defendant is present, and to be heard at the pretrial release hearing and the sentencing.
- † Upon request, to obtain information about the conviction, sentence, imprisonment, criminal history, and future release from physical custody of the criminal defendant or convicted criminal.
- † To refuse an interview, deposition, or other discovery request by the criminal defendant or other person acting on behalf of the criminal defendant.
- † To receive prompt restitution from the convicted criminal who caused the victim's loss or injury.
- † To have a copy of a transcript of any court proceeding held in open court, if one is otherwise prepared.
- † Upon request, to be consulted regarding plea negotiations involving any violent felony.
- † To be informed of the above-listed rights as soon as practicable.
- † To be reasonably protected from the criminal defendant or the convicted criminal throughout the criminal justice process.
- † To have decisions by the court regarding the pretrial release of a criminal defendant based upon the principle of reasonable protection of the victim and the public, as well as the likelihood that the criminal defendant will appear for trial.

5. In accordance with the rights provided in Article I, sections 42 and 43, of the Oregon Constitution, I request the following remedy:

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6. I hereby request that the court grant an appropriate remedy or schedule a hearing to determine whether the victim's right(s) was violated.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Victim, Prosecuting Attorney or Private Attorney  
OSB No. \_\_\_\_\_

**Note: You must file this claim with the court clerk's office.**

Supplemental Form – Victim Contact Information

Case Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Please list your residential address or an alternate contact address at which you would like to receive information from the court regarding court hearings and court decisions. Until your claim is resolved, you must provide updated contact information to the court if your contact information changes. If you fail to keep the court informed, the court may dismiss your claim.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address or PO Box (Contact address may be used)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

Note: You must provide this page to the court and the prosecuting attorney; you do not need to provide this page to the defendant.

THIS INFORMATION MUST BE KEPT UNDER SEAL BY THE COURT.