



ALASKA OFFICE OF VICTIMS' RIGHTS REQUEST FOR ASSISTANCE FORM

Today's date _____

First name, middle initial, and last name of the crime victim (if victim is deceased, list the name here, as well)

Victim's date of birth _____

First name, middle initial and last name of the person filling out this form (if different from the victim)

Your date of birth and your relationship to the victim _____

Complete mailing address _____

Phone number (s) and/or e-mail address Home: _____ Work: _____

Cell: _____ Email: _____

What is the nature of the crime? (Please choose the category that best fits).

Domestic Violence ____ Crime of Violence ____ Sexual Offense ____ Property ____ Drug Offense ____ Other ____

What is the approximate date of the crime? _____

What is the defendant's or suspect's name? [The person who committed the crime] (if known)

Please give a brief description of the crime _____

Is there an ongoing criminal case or investigation? YES ____ NO ____

If so, what is the case number if known? _____

Which criminal justice agency or agencies do you have concerns about? (i.e. police, prosecutor, court system)

Have you addressed this matter with the agency? [] YES [] NO

Name and phone number of person(s) you have been working with at that agency, if known

Have you sought help from any other office, attorney or victims' services agency? If so, please provide their name(s) and contact information (if known).

What would you like the Office of Victims' Rights to do to help you?

How did you learn about the Office of Victims' Rights? _____

The Office of Victims' Rights (OVR) will maintain confidentiality with respect to *all* matters, including your identity, and that of witnesses coming before the OVR except insofar as, in the judgment of the OVR, disclosures are authorized by law and/or as may be necessary in order to enable this office to carry out its duties and to support its recommendations. This means that in the course of processing this complaint – request for assistance form and/or providing services in this case, it may become necessary for the OVR to use your name and/or other information about your case that you have provided, or which was acquired by the OVR in the discharge of our official duties, as a result of submitting this complaint – request for assistance form to us. By signing below you are agreeing that, in the judgment of the OVR, we may use your name and discuss and/or disclose information and/or documents and/or the facts of this case with others, including but not limited to others within the executive, legislative, or judicial branches of government, private or public agencies or offices, in open court and/or to the general public, or others, in the formulation of our findings and recommendations and in the discharge of our duties. The services of the Office of Victims' Rights are free.

IF YOU AGREE SIGN HERE:

NOTE: Whether you are faxing this complaint or mailing it to us, please sign this form on the above line using your full name. Thank you.

D. Victor Kester, Director
The Alaska Office of Victims' Rights
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To learn about your rights as a crime victim in Alaska and how the Office of Victims' Rights can help you, visit our Web site:

<http://www.officeofvictimsrights.legis.state.ak.us/>