

Washington County Post-Adjudication Victim Request Form

Please return to: Washington County Probation department | 150 N First Ave Suite 200, Hillsboro, OR 97124

Court #: _____ /DA# _____

Probation Officer: _____

Defendant: _____

DOB: _____

Victim Name: _____
(Legal representative if a minor)

Cell Phone: _____

Work Phone: _____

Address: _____

Home Phone: _____

E-mail: _____

Preferred Method of Contact: 1) _____

2) _____

Emergency Contact: _____

Phone: _____

Relation to you: _____

Have you ever registered with VINE? Yes No

Have you signed up for the Address Confidentiality Program (ACP)? Yes No

Do you have an active (Check One): Restraining Order Stalking Order None

I would like notification for the following:

- Contact from a Victim Assistance Specialist to provide support, safety planning, and information about available resources.
- Contact from the Probation/Post-Prison Supervision Officer to explain conditions of supervision.
- Contact from Community Corrections in situations when the Probation Officer has specific safety concerns for the victim and/or the victim's family.
- Notification of defendant's granted transfer of supervision to another jurisdiction.
- Notification of earned discharge of probation.
- Notification of defendant on abscond status (whereabouts unknown).
- Notification of defendant's death.
- If your case involves the receipt of health-related test results from the defendant, please provide your preferred physicians contact information to receive these results.

Name of Physician

Phone Number

I do not have a physician. (Someone from Victim's Services will call you to help facilitate receiving these results.)

I do not request to be notified of any of these circumstances.

Signature

Date

You must keep your information current to receive notifications.
To change your contact information, please call Counseling and Victim Services at 503-846-3020.