## Washington County Post-Adjudication Victim Request Form Please return to: Washington County Probation department | 150 N First Ave Suite 200, Hillsboro, OR 97124

Cou	rt #:/DA#	Probation Officer:	
Defe	endant:	DOB:	
Victi (Leg	im Name: gal representative if a minor)		
Address:		Work Phone:	
		Home I home.	
Dest	owned Mathed of Contact. 4)	E-mail:	
	erred Method of Contact: 1)	2) Relation to you:	
	rigericy contact:	Thoric Relation to you	
	Have you ever registered with VINI	<sup>2</sup> □ Yes □ No	
	Have you signed up for the Addres	Confidentiality Program (ACP)? ☐ Yes ☐ No	
	Do you have an active (Check One	□ Restraining Order □ Stalking Order □ None	
wou	ld 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.		

