



**Criminal Division**

PAUL CHRISTENSEN  
Prosecuting Attorney

JOY NATALE  
Prosecuting Attorney

COURTNEY CONNELL  
Prosecuting Attorney

**Civil Division**

DAVID L. THOMAS  
Chief Deputy

JAMI R. BRACKIN  
Deputy County Attorney

HELEN STRACHAN  
Deputy County Attorney

**DAVID R. BRICKEY  
COUNTY ATTORNEY**

Summit County Justice Center · 6300 North Silver Creek Drive · Park City, UT 84098  
Telephone (435) 615-3850 Facsimile (435) 615-3852  
email: scvap@co.summit.ut.us

Dear Client,

This office has filed criminal charges in the case which is described above. According to the information we have received, you are a victim of this crime. You, or your designated representative, are entitled by law to be given notice of all important criminal justice hearings related to this case. A list of those hearings is enclosed.

**If you want to receive notice of these hearings, please fill out the enclosed, Victim's Rights Notification Form, and send it back to us as soon as possible in the envelope provided:** If we do not receive the request form within 10 days, we will assume you have chosen not to be informed of these hearings.

Please be aware that if you are needed as a witness in this case, you will be notified separately by subpoena.

Thank you,

Victim Advocates

Enclosures:

**OFFICE OF THE SUMMIT COUNTY ATTORNEY  
VICTIM ASSISTANCE PROGRAM  
VICTIM'S RIGHTS NOTIFICATION FORM**

By law, a victim of a crime who is a natural person, has the right to request to receive the following from the Summit County Attorney's Office:

- Notification of court proceedings;
- To confer with the prosecutor prior to a plea, dismissal, or trial;

**Please print when completing page 3, and follow these steps:**

1. Determine who is to exercise your rights as a victim. You must check only **ONE** of the boxes and provide the name of the person if the person is someone different than the victim (see below).
2. Fill in the mailing address and other contact information for the person who is to receive notification.
3. Notification of important criminal justice hearings include:
  - **Preliminary Hearing** = Hearing before a judge to determine whether there is probable cause for a defendant to stand trial.
  - **Arraignment** = Where defendant enters plea of guilty or not guilty.
  - **Disposition of Charges** = Defendant pleads guilty or charges are dismissed.
  - **Condition of Release/Bail** = Under what conditions defendant will be released pending trial.
  - **Trial** = Trial of defendant by judge or jury.
  - **Sentencing** = Determination of punishment of defendant.
  - **Parole or Release of Confinement** = Conditions of probation, parole from prison, or release from jail.
4. Sign the form, print your name, and mail or fax it within 10 days upon receipt to:

**Summit County  
Victim Assistance Program  
6300 N. Silver Creek Dr. Box #5  
Park City, UT 84098 Fax: (435) 615-3852 E-mail: scvap@co.summit.ut.us  
OFFICE OF THE SUMMIT COUNTY ATTORNEY**

**VICTIM'S RIGHTS NOTIFICATION FORM**

STATE OF UTAH V. \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

**STEP #1 (CHECK ONLY ONE)**

- I am the victim. I am requesting to exercise my rights.
  
- The victim is incapacitated (severely disabled or deceased). I, \_\_\_\_\_ have been designated as the family member to exercise the victim's rights.
  
- The victim is a minor child. I, \_\_\_\_\_, am the parent/guardian of the child victim and I am requesting to exercise the rights on behalf of the child victim.
  
- I am the victim. I am designating \_\_\_\_\_, as my lawful representative. I understand that only my lawful representative will receive notification and confer with the Deputy County Attorney.

If you are the family member of Lawful Representative designated above, what is your relationship to the victim: \_\_\_\_\_

**STEP #2 MAILING ADDRESS (for the person designated above to receive notification)**

Number and Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact? \_\_\_\_\_

**STEP #3 I AM REQUESTING THE SUMMIT COUNTY ATTORNEY'S OFFICE**

- Notify me of all important court hearings and dispositions.
- Only notify me of the conviction and sentence.
- I do not wish to be notified of any court proceeding or disposition.
- Confer (talk) with Summit County Attorney.

**STEP #4**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_