## IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR \_\_\_\_\_\_ COUNTY

In	the Matter of:	) Case No		
	A Youth / Youth Offender.	) CLAIM OF VIOLATION OF CRIME ) VICTIM'S RIGHT(S) UNDER ARTICLE ) I, SECTION 42(1)(a) TO (g) OR 43, OF THE ) OREGON CONSTITUTION ) (For use in a juvenile delinquency case)		
1.	I,	, am		
	listed juvenile delinquency case.  ☐ A private attorney representing a victim, juvenile delinquency case.	ency case.  f a victim,, in the above, in the above-listed en, recognized as a victim, in the above-listed juvenile		
2.	contact information be sealed and not made	tact information on a separate form. I request that my e part of the public record in this case. e included service information with this claim form.		
3.	The violation occurred on the day of – attach a separate sheet if you need more spa	, 20, when (describe events ace):		

	the Oregon Constitution:					
5.	prodet Up and To per To Up To To To To up To	tention hearings on request, to o d future release refuse an intervence prompt have a copy of the informed of be reasonably have decisions on the principle	n open court when and disposition. btain information a from physical cust view, deposition, or ehalf of the youth/restitution from the a transcript of any e consulted regard the above-listed rigorotected from the by the court regard	e adjudicated youth who caused the victim's loss or injury. court proceeding held in open court, if one is otherwise prepared. ding plea negotiations involving any violent felony. ghts as soon as practicable. youth/youth offender throughout the juvenile justice process. ding the preadjudication release of a youth/youth offender based ection of the victim and the public, as well as the likelihood that the		
6.		ordance with the lowing remedy:	e rights provided in	Article I, sections 42 and 43, of the Oregon Constitution, I request		
7.	I hereby request that the court grant an appropriate remedy or schedule a hearing to determine whether the victim's right(s) was violated.					
	Submi	tted this	day of	, 20		
				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) Zip Code City State 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.