

REQUEST FOR NO CONTACT BY DEFENDANT, DEFENDANT’S ATTORNEY OR AGENTS

Under the Constitution, every person charged with a crime has the right to be represented by counsel. As a victim, or the parent of an underage victim, you have certain rights, too. You have the right to refuse to submit to an interview by the accused, the accused's attorney or any agent acting on behalf of the accused, such as an investigator, but it is equally your right to consent to an interview if you so choose. O.C.G.A. §17-17-8.1.

If you do choose to be interviewed, you may set conditions for such interview, such as the time, date and place of the interview. You may also choose to have other persons present, such as the prosecuting attorney or someone from our office. You may wish to have security arrangements for the interview. You may also agree, or not, to a recording of the interview. Furthermore, if you consent to an interview, you may stop the interview at any time and refuse to answer any question during the interview.

If you do choose to be interviewed, you may request a copy of any statement or recording you make, and, if you so choose, you may show it to the prosecuting attorney.

Please understand that this office has a duty to make you aware of these rights, but in no way does this office intend to suggest or recommend to you what decision you should make. The final decision, as to any and all of these things, is entirely up to you and no one else. No one in the District Attorney's Office may give you any advice other than what is contained in this written form.

If your decision is to exercise your right to have no contact, directly or indirectly, by the accused, the accused’s attorney or an agent of the accused, we will convey that decision to the appropriate person. At that point, the law prohibits contact with you by the accused, the accused’s attorney or an agent of the accused. Without a clear expression of a desire not to be interviewed, the accused, the accused’s attorney or an agent of the accused may contact you in a reasonable manner for the purpose of interviewing you.

EXERCISE OF RIGHTS

AS A VICTIM OR PARENT OF A MINOR VICTIM IN THIS CASE, I REQUEST THAT NO CONTACT BE MADE WITH ME OR MY FAMILY. ANY CONTACT MAY BE MADE THROUGH THE DISTRICT ATTORNEY’S OFFICE. I DO NOT WISH TO BE CONTACTED BY THE DEFENDANT, THE DEFENDANT’S ATTORNEY OR ANY AGENT OR ANYONE ACTING ON BEHALF OF THE DEFENDANT IN THIS MATTER. I UNDERSTAND I CAN WITHDRAW THIS DECISION AT ANY TIME. I FURTHER STATE THAT NO COMMENTS, WORDS OR ACTIONS BY ANYONE IN THE DISTRICT ATTORNEY'S OFFICE HAS LED ME TO MAKE THIS DECISION.

DEFENDANT(S): _____ CASE #: _____

VICTIM NAME:
(Please Print) _____

VICTIM SIGNATURE: _____ DATE: _____

Original Signature Required