



*Office of the
Law Director and City Prosecutor's Office*

P.O. Box 1008
Lancaster, Ohio 43130
740-687-6616

REQUEST FOR CHARGES

Section 1 Your information:

Your Name or the Person that is Requesting Charges	
Form Completed by	

Information needed regarding the person requesting charges	
Social Security No.	
Date of Birth	
Street Address	
City, State, and Zip Code	
Home Phone Number	
Work Phone Number	
Cell Phone or Pager Number	

Please complete the below information about yourself:

<p><u>Race:</u> (Please check one)</p> <p>American Indian & Alaska Native <input type="checkbox"/></p> <p>Asian <input type="checkbox"/></p> <p>Black or African American <input type="checkbox"/></p> <p>Hispanic or Latino <input type="checkbox"/></p> <p>Native Hawaiian or other Pacific Islander <input type="checkbox"/></p> <p>White <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>	<p><u>Age:</u> (Please check one)</p> <p>0-12 <input type="checkbox"/></p> <p>13-17 <input type="checkbox"/></p> <p>18-24 <input type="checkbox"/></p> <p>25-59 <input type="checkbox"/></p> <p>60+ <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>
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<p><u>Gender:</u> (Please check one)</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>	<p><u>Other:</u> (Please check yes or no)</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">I have disabilities</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>I have limited English proficiency</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I am an immigrant/refugee/asylum seeker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I live in rural areas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	I have disabilities	Yes	No	I have limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>	I am an immigrant/refugee/asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	I live in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
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I live in rural areas	<input type="checkbox"/>	<input type="checkbox"/>											

<p><u>Offense:</u> (Please check one)</p> <p>I am a victim of sexual assault</p> <p>I am a victim of DV/dating violence</p> <p>I am a victim of stalking</p> <p>I am a victim of assault, menacing, etc.</p> <p>Other</p>	<p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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- Victim/Survivor Relationship to Offender: (Please check one)
- The offender is my current or former spouse or intimate partner
- The offender is other family or household member
- The offender is a dating relationship
- The offender is an acquaintance (neighbor, employee, coworker, student, schoolmate, etc)
- The offender is a stranger
- Relationship unknown

Section 2 Information about the person(s) you are requesting charges on:

Name	
Address	
Phone Number	
Relationship to Complainant	
Social Security No. (If Known)	
Date of Birth (If Known)	

Section 3 Procedure for Filing Charges

1. Fill out the attached Intake Form and attach the following:
 - a. A copy of your police report.
 - b. Any witness statements.
 - c. Medical Bills (if applicable).
 - d. Estimates for Damages (if applicable).

2. When you fill out this Intake:
 - a. Be concise, but specific.
 - b. Be truthful. Filing a false report is a criminal offense.

3. A Prosecutor will review the Intake and notify you by mail whether or not there is enough evidence for filing a criminal charge.
 - a. In some cases, there is insufficient evidence to prove beyond a reasonable doubt that the party is guilty of an offense.
 - b. If the Prosecutor determines there is insufficient evidence to file, he or she may:
 - i. Ask for additional evidence.
 - ii. Refer to Mediation Program offered through the Lancaster Municipal Court.
 - iii. Decline charges.
 - c. If the Prosecutor declines charges, you may take the following steps:
 - i. Contact a private attorney about filing a civil suit
 - ii. File in small claims court for claims occurring in Fairfield County for \$15,000 or less

Non Discrimination Policy:

The Lancaster Law Director's Office and its Family Violence Unit does not discriminate based on race, color, national origin, religion, sex, age, or disability.

Section 5 Checklist

	YES	NO	
Do you have a relationship to the accused?			What?
Was a 911 call made?			By Whom?
Did you suffer any injuries?			What?
Did you receive medical treatment?			Where?
Was there property damage?			What was damaged? Who does it belong to? Please attach estimate.
Were photos taken?			By Whom?
Were weapons involved?			By Whom?
Were alcohol/drugs involved in this incident?			By Whom?
Were children present?			Name and Age
Do you have children with the accused?			Please List:
Are there any pending domestic relations/ custody cases pending between you and the accused?			List attorney's involved: Case Numbers (if known)
Has the accused ever been charged/convicted of a crime?			What?
Have you ever been charged/convicted of a crime?			What?
Are there prior incidents between you and the accused?			When?

Section 6 Witness List

Witness #1	
Address	
Phone No.	
Relationship to Complainant	

Describe in detail what Witness #1 can testify to:

Witness #2	
Address	
Phone No.	
Relationship to Complainant	

Describe in detail what Witness #2 can testify to:

Section 7 Sworn Signature

I Swear the Facts contained in this statement are true and correct to the best of my knowledge.

Signature

Date