

THE RIGHTS OF CRIME VICTIMS IN COLORADO

In 1992, Colorado passed a state constitutional amendment that provides crime victims with certain rights. The Colorado State Constitution (Article II, Section 16a) provides that:

ANY PERSON WHO IS A VICTIM OF A CRIMINAL ACT OR SUCH PERSON'S DESIGNEE, LEGAL GUARDIAN, OR SURVIVING IMMEDIATE FAMILY MEMBERS IF SUCH PERSON IS DECEASED, SHALL HAVE THE RIGHT TO BE HEARD WHEN RELEVANT, INFORMED AND PRESENT AT ALL CRITICAL STAGES OF THE CRIMINAL JUSTICE PROCESS. ALL TERMINOLOGY, INCLUDING THE TERM "CRITICAL STAGES", SHALL BE DEFINED BY THE GENERAL ASSEMBLY.

Filing a Written Request for the Enforcement of Compliance:

Colorado state law [24-4.1-303 (17) CRS] provides that affected persons may enforce compliance with the provisions of the Constitutional Amendment by notifying the Crime Victim Services Advisory Board in the Department of Public Safety.

If you decide to file a written Request for the Enforcement of Compliance, the Victim Rights Subcommittee (a subcommittee of the Crime Victim Services Advisory Board) will gather the information necessary to resolve the concerns in your request and determine whether your rights under the Victim Rights Act have been violated. **If the Subcommittee determined that your rights have been violated and is unable to resolve any issues of non-compliance, the Crime Victim Services Advisory Board may refer the matter to the Governor who shall request that the Attorney General file suit to enforce compliance.** Please note:

1. It is recommended, but not required, that you first attempt to resolve your concerns at the local level. The following are some examples of how you might attempt to address your concerns:
 - Contact the person you feel has not provided you with your rights and discuss your concerns with them;
 - Seek assistance from your victim advocate, or another supportive person such as a counselor;
 - Seek assistance from the elected official or head of the agency that you feel is not providing you with your rights.

It can be helpful to keep accurate records of your efforts to resolve your concerns at the local level. Documentation of your efforts may be helpful to the Crime Victim Services Advisory Board in resolving your concerns and determining whether your rights have been violated.

2. You will be advised of efforts to resolve this matter and may be asked to appear before the Crime Victim Services Advisory Board or one of its Subcommittees.

Request for Enforcement of Compliance with the Requirements of the Crime Victims Constitutional Amendment

SECTION 1 - VICTIM INFORMATION (Applicants must complete this section.)

Victim's Name	Street Address/City/State/Zip
Home Telephone	Work Telephone Cell Phone
Date of Birth	Is the Victim Deceased? YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address	Is the Victim Under the Age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Victim Unable to Complete this Application due to a Mental or Physical Disability? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of the Person Completing the Application on Behalf of the Victim:	
Street Address	City/State/Zip
Home Telephone	Work Telephone
Cell Phone	
Relationship to Victim	Email Address

SECTION 2 – INFORMATION ABOUT THE CRIME

Type of Crime (please check all that apply)

- Murder - 1st and 2nd degree
- Manslaughter
- Criminally negligent homicide & vehicular homicide
- Assault - 1st, 2nd, 3rd degree, vehicular
- Menacing
- Kidnapping - 1st and 2nd degree
- Sexual Assault - 1st, 2nd, 3rd degree, on a child, on a child by one in a position of trust, on a client by a psychotherapist
- Robbery - aggravated, aggravated of a controlled substance
- Incest - aggravated incest
- Child abuse
- Sexual exploitation of children
- Crimes against at-risk adults or at-risk juveniles
- Crimes for which the underlying foundation has been determined to be domestic violence
- Careless driving that results in the death of another person
- Failure to stop at the scene of an accident that results in the death of another person
- Harassment by stalking
- A bias motivated crime
- Indecent exposure
- Intimidation of a victim/witness and aggravated intimidation of a victim/witness
- Tampering with a victim/witness
- Violation of an 18-1-1001 criminal protection order issued against a defendant charged with sexual assault
- Any criminal attempt, conspiracy, criminal solicitation, or accessory involving any of the crimes specified above.

Offender/Suspect's Name:	Offender/Suspect's Date of Birth:	What is your relationship with the defendant (husband, girlfriend, stranger, friend, etc.)?
Law Enforcement Agency Crime Reported to:	Date of the Crime:	Police Report Number:
County in which the Crime Occurred:	City in which the Crime Occurred:	Court Case Number:

SECTION 3 - INFORMATION ABOUT YOUR CONCERNS

Which agency do you believe has violated your rights (please check all that apply)?

- Law Enforcement Agency Name(s) of Agency _____
- District Attorney's Office
- The Court
- The Probation Department
- The Department of Corrections
- Community Corrections
- The Division of Youth Corrections
- State Hospital
- Juvenile Parole Board

Please check the box(es) that describes your concerns:

- I did not receive information about my rights as a victim
- I did not receive information about victim compensation and other available resources
- I was not updated about the status of the case by law enforcement and/or the district attorney's office
- I was not consulted by the Deputy District Attorney about the resolution of the case
- I was not notified of court dates
- I was notified of court dates, but the notice I received came after the court date had already occurred
- I was not provided the opportunity to submit a written Victim Impact Statement to the Court
- I was not provided with the opportunity to be heard by the Court at the following stages:
 - The modification/reduction of the defendant's bond
 - The defendant's acceptance of the plea
 - The defendant's sentencing or the modification of the defendant's sentence
- I was not informed of the defendant's probation revocation hearing
- I was not informed of the defendants' termination from probation
- I was not provided with the opportunity to provide a victim impact statement to the Community Corrections Board or the Parole Board
- I was not informed of the defendant's release from a facility (such as the jail, the prison)
- I was not provided with information about how to file a complaint concerning my rights as a victim
- I was not provided with information about the defendant's release on a furlough or work release
- I was not provided information about the defendant's escape from a facility
- I feel that I was treated disrespectfully
- I was not provided information about how to request my victim rights after the defendant was sentenced

Please provide additional information about the concerns that you checked above. For example, if you were not notified of court dates, please list the court dates for which you did not receive notification. If you state that your calls were not returned by agency staff, please estimate the number of times that you placed calls that were not returned and the dates you placed the calls, if known.

In addition, I understand and give my permission for the information I submit to be shared with the agencies that I list in this complaint and with other agencies as deemed appropriate by the Crime Victim Services Advisory Board, the Victim Rights Act Subcommittee and the Division of Criminal Justice.

Signature of Victim or Parent/Guardian
if victim is under the age of 18

*Signature of designated
representative (if applicable)

Relationship to Victim

Relationship to Victim

Date

Date

***If a designee is being authorized (other than a parent/guardian for a victim under the age of 18) the following section must be completed.**

I authorize _____ to act as my designated representative (Designated Representative)	
for the purpose of pursuing this request for compliance.	
_____ Victim or Parent/Guardian if victim is under the age of 18	_____ Date