**Trial Counsel Victim Rights Checklist**

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| **Case Identification** |  | | |
| **Victim / Witness** |  | | |
| **Action** | **Authority** | **Who Took Action** | **Date & Time** |
| Notification of Right to Special Victims’ Counsel for victims of an alleged sex-related offense. | NDAA FY 16 Section 534, codified in 10 U.S.C. § 1044e(f)(1) and (2). |  |  |
| Member requested SVC: Yes ¤ ͏ No ͏¤  If SVC already detailed, name of SVC:  Gov. Counsel Signature: Date: | | | |
| Provide basic crime victim rights and, as applicable, contact info for SVC, SARC, VA. Utilize Initial Information for Victims and Witnesses of Crime and provide filled out form to victim/witness (DD Form 2701)(rev. Mar 2016). | Article 6b, UCMJ |  |  |
| Notify of right to express preference for military or civilian prosecution.  Jurisdictional Preference:  Civilian Court ¤ ͏ Court-Martial ͏¤ | MJM Subsection 11.C.1. |  |  |
| If case proceeds to trial provide and complete information on Court-Martial Information for Victims and Witnesses of Crime and provide filled out form to victim/witness.  (DD Form 2702)(rev. Mar 2016). | MJM Subsection 16.B.8. |  |  |
| Provide Crime Victim Access to Documents | MJM Section 16.B. |  |  |
| If case results in a conviction provide and complete Post-Trial Information for Victims and Witnesses of Crime and provide filled out form to victim/witness. (DD Form 2703)(rev. Mar 2016). | MJM Subsection 16.B.10. |  |  |
| If Accused is convicted and confined provide and complete Victim/Witness Certification and Election Concerning Prisoner Status. Include email address of victim in column 2. Include name and email address of SVC if applicable.  (DD Form 2704)(rev. Mar 2016). | MJM Subsection  16.B.10. |  |  |

This checklist must be returned to CG LMJ with the ROT or within 15 days of alternative disposition.