## CUI (when filled in)

## VICTIM ELECTION OF POST-TRIAL AND APPELLATE RIGHTS

#### PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Ch. 47, "Uniform Code of Military Justice"; 10 U.S.C. §136, "Under Secretary of Defense for Personnel and Readiness"; and DoD Instruction 1030.02, "Victim and Witness Assistance."

PRINCIPAL PURPOSES: To inform victims of their post-trial and appellate rights and record their elections regarding each right. These rights include whether an eligible victim desires to submit matters for the convening authority's consideration on the findings or sentence, receive a copy of the record of trial, or be notified of any further appellate proceedings in the case.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be provided to the Department of Justice for annual statistical data analysis. Additional routine uses are listed in the applicable System of Records Notice: A0027-10a DAJA, "Military Justice Files"; A0027-10b DAJA, "Courts-Martial Records and Reviews"; A0027-10c DAJA, "Witness Appearance Files"; F051 AFJA I, "Military Justice and Magistrate Court Records"; N05810-2, "Military Justice Correspondence and Information File"; and, MJA00009, "Marine Corps Command Legal Files" published at https://dpcld.defense.gov/Privacy/SORNs/.

DISCLOSURE: Voluntary; however, failure to provide identifying information will prevent the appropriate entity from assisting the victim in the exercise of their post-trial rights.

## **SECTION 1 - ADMINISTRATIVE INFORMATION**

| 1. UNITED STATES v.  |                      |                            |                |                                     |  |                             |                     |     |  |
|--|----------------------|----------------------------|----------------|-------------------------------------|--|-----------------------------|---------------------|-----|--|
|  |                      | •                          |                | •                                   | ïrst, Middle Initial)                  | )                           |                     |     |  |
| SECTION 2 - VICTIM CONTACT INFORMATION   |                      |                            |                |                                     |  |                             |                     |     |  |
| 3. VICTIM NAME (Last, First, Middle Initial)   | 4. TELEPHONE NUMBER( |                            | <b>(S)</b> (II | S) (Indicate type)                  |  | 5. ADDRESS(ES)              |                     |     |  |
| 6. MILITARY AFFILIATION 7. RANK  | 8. EMAIL ADDRESS(ES) |                            |                |                                     |  |                             |                     |     |  |
|  | a. Primary Email     |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
| 9. SPECIAL STATUS (Select)   | b. Secondary E-mail  |                            |                |                                     |  |                             |                     |     |  |
| SECTION 3 - VICTIM COUNSEL CONTACT INFORMATION   |                      |                            |                |                                     |  |                             |                     |     |  |
| 10. NAME AND RANK  |                      | 11. BRANCH                 |                | 12. TELEPHONE NUMBER(S) 13. ADDRESS |  |                             |                     |     |  |
|  |                      |                            |                | Work Num                            | nber                                   |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
| 14. EMAIL ADDRESS  |                      |                            |                | b. Secondary Number(s)              |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
| SECTION 4 - PARENT/LEGAL   | GUARDI               | AN/PERSONAL                | REF            | PRESENT                             | TATIVE CONTA                           | CT INFOR                    | MATION              |     |  |
| 15. NAME (Last, First, Middle Initial)   |                      | 16. TELEPHONE<br>NUMBER(S) |                | 17. EMAIL ADDRESS                   |  | 18. ADDR                    | ESS                 |     |  |
|  |                      | cate type)                 |                |                                     |  |                             |                     |     |  |
| 19. RELATIONSHIP TO VICTIM (Select)  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
| SECTION 5 - VICT   |                      | TION OF POST               | -TRI           |                                     | APPELLATE R                            | IGHTS                       |                     |     |  |
| <ol> <li>I understand I have the right to receive a copy of<br/>the record of trial (ROT), after the record has<br/>been authenticated, if I testified.</li> </ol> |                      | I wish to receive a        |                |                                     |  |                             |                     |     |  |
|  |                      | copy of the RC             | т.             | Victim                              | copy of the ROT                        |                             | Counsel             | N/A |  |
|  |                      | Initials                   |                |                                     |  |                             | Initials            |     |  |
|  |                      | Serve copy on: Me Victim   |                |                                     |  |                             |                     |     |  |
| <b>21.</b> I understand my right to submit matters   |                      | I wish to submit           |                |                                     | I do not wish to                       | not wish to submit          |                     |     |  |
| for the Convening Authority's consideration.   | Victim               | matters.                   | L              | Victim                              | matters.                               | Subinit                     | Counsel             | N/A |  |
|  |                      | nitials                    |                | Initials                            |  |                             | Initials            |     |  |
| <b>22.</b> I understand my right to be notified of post-trial motions, filings, or hearings that may address the finding or sentence of a court-martial with       |                      | I wish to be notifie       |                |                                     | l do not wish to                       | to not wish to be notified, |                     | N/A |  |
|  |                      |                            |                |                                     | but understand my right to             |                             |                     |     |  |
| respect to the accused, unseal privileged or<br>private information of the victim, or result in the  |                      |                            |                |                                     | request appellat<br>notifications at a |                             |                     | N/A |  |
| release of the accused.  | Victim<br>Initials   |                            |                | Victim<br>Initials                  | notinoutions at a                      | later time.                 | Counsel<br>Initials |     |  |
| SECTION 6 - POINTS OF CONTACT  |                      |                            |                |                                     |  |                             |                     |     |  |
| 23. FOR RECORD OF TRIAL  |                      |                            |                |                                     | 25. FOR A                              | PPELLATE F                  | PROCEED             | NGS |  |
|  | MATTERS              |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     |  |                             |                     |     |  |
|  |                      |                            |                |                                     | Controlled by: 0                       |                             |                     |     |  |
| DD FORM 2704-1. MAR 2023   |                      | CIII (when fi              |                | in)                                 | Controlled by: C                       |                             | ,                   |     |  |

CUI (when filled in)

LDC: FEDCON POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil

## CUI (when filled in)

### **SECTION 7 - CERTIFICATION**

| It is vitally important that the military justice representative be able to contact you following the conclusion of your case. Otherwise, the designated     |
|--|
| officials will not be able to assist you in exercising your post-trial rights and appellate rights. These include, but are not limited to, the submission of |
| matters for the convening authority's consideration in clemency, information regarding the progress of any appellate case, and receipt of the record of      |
| trial. If your contact information changes, you should call your assigned counsel. If you do not have an assigned counsel, you should contact the            |
| appropriate point of contact in Section 6.   |
| Durant classifiers below the state of the sum and of the form on described share and the increase of information the   |

By my signature below, I certify that I understand the purpose of this form as described above and I understand the importance of informing the military justice representative of any changes to my contact information. I understand that if the military is not able to contact me, I may lose the ability to exercise some or all of my post-trial rights and appellate rights. I also certify that the elections above accurately reflect my preferences regarding my post-trial rights and appellate rights. I also certify that the elections above accurately reflect my preferences regarding with my victim's counsel (VC), if I have one, the Victim and Witness Assistance Program (VWAP) coordinator/liaison, or Trial counsel, prior to signing this form.

|                         |                          | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|-------------------------|--------------------------|---------------------------------------|--|--|--|--|
| 26. SIGNATURE OF VICTIM |                          | 27. OTHER SIGNATURE (If applicable)   |  |  |  |  |
|                         |                          |                                       |  |  |  |  |
| 28. DATE (Select)       | 29. RANK (If applicable) | 30. TITLE (If applicable)             |  |  |  |  |
|                         |                          |                                       |  |  |  |  |
| 32. COMMENTS            |                          |                                       |  |  |  |  |

#### INSTRUCTIONS

APPLICABILITY: Complete this form for every victim in a case.

#### SECTION 1 - ADMINISTRATIVE INFORMATION.

1. UNITED STATES v.: Add the offender's name in the requested format.

# SECTIONS 2, 3, and 4 - VICTIM, VICTIM COUNSEL, AND PARENT/LEGAL GUARDIAN/PERSONAL REPRESENTATIVE CONTACT INFORMATION.

Enter the requested information as best as possible to maximize the ability to contact the victim in the future about any of his/her post-trial rights and appellate rights. If the victim is not represented by counsel, then skip Section 3. If the victim does not have a guardian or representative, then skip Section 4. If the victim does not have certain contact information or refuses to provide it, enter "N/A," "Not Applicable," or "Declined to Submit" in the appropriate fields.

**Telephone:** Multiple telephone numbers can be added for each individual in these sections. For each number, indicate whether it is a "W" (i.e., work phone), "H" (i.e., home phone), "C" (i.e., cell phone), or use another similar notation for other types of phones.

**Special Status:** Select the reason there is a guardian in this case from the drop-down box. For example, if a judge appointed a guardian because the victim was incompetent, then "incompetent" should be selected.

**Date of Birth:** Enter the victim's date of birth in the requested format; this will help identify when a victim is no longer a minor in the applicable case. **Guardian:** This term refers to anyone designated to represent the victim's legal rights because the victim is incompetent, incapacitated, less than 18 years old, or deceased.

**Relationship to Victim:** This box should identify if the guardian is a spouse, parent, other family member, friend, court-appointed guardian, or some other relationship. In the event the contact information is outdated, the relationship block may help with locating the correct contact information.

#### SECTION 5 - VICTIM ELECTION OF POST-TRIAL AND APPELLATE RIGHTS.

Every victim should, per DoDI 1030.02, receive a copy of the DD Form 2703, Post-Trial Information for Victims and Witnesses of Crime. A victim may consult with counsel, if applicable, to answer questions about any of these rights.

The right to receive a copy of the record of trial: A victim's counsel, trial counsel, or a person designated by Service regulations, may initial on behalf of a victim. See DoDI 1030.02 and R.C.M. 1112.

The right to submit matters: This applies to victims of any crime, as defined by DoDI 1030.02. A victim's counsel, trial counsel, or a person designated by Service regulations, may initial on behalf of a victim. A written waiver may not be revoked. Initialing this form can satisfy the waiver requirement in R.C.M. 1106A(f)(2). See Art. 60a(e) of the UCMJ.

The right to notification of appellate proceedings and decisions: This applies to victims of any crime, as defined by DoDI 1030.02. See Art. 6b of the UCMJ.

**NOTE:** If a victim refuses to make an election, refuses to cooperate with the prosecution, or cannot be contacted despite reasonable efforts, trial counsel or a person designated by Service regulations may initial the "N/A" box, and complete the appropriate "other" blocks in Section 7, including an explanation for why there is no actual election by the victim.

#### SECTION 6 - POINTS OF CONTACT.

This section must identify the office, including appropriate contact information, for victims to contact in order to change any of his/her post-trial elections in Section 5, or to inquire about the status of compliance, where applicable.

#### **SECTION 7 - CERTIFICATION.**

A victim's signature is the preferable means of recording his or her post-trial elections, particularly if any rights are being waived. Alternatively, a victim's counsel, trial counsel, or person designated by Service regulations, may initial a victim's elections on the victim's behalf by completing the appropriate blocks in this section. Explanations for unique circumstances, such as a victim's refusal to cooperate or make post-trial elections, should be annotated in this section. If a victim's counsel or guardian signs on behalf of the victim, he/she only needs to complete the "other signature," "date," and "rank/title" blocks because his/her contact information is already available on page 1.

**NOTE:** Prevent victim and witness personal information from being released to other victim(s) and witness(es). This form **may** be included in a record of trial or provided to an offender **with appropriate redactions**. An offender **SHOULD NOT**, however receive the contact information for any victims or their guardians. This form (when filled in) is FOIA and PA exempt from release under DoD 5400.7R and 5 U.S.C. 552.