

**VICTIM REQUEST FOR DETERMINATION OF ALLEGED OFFENDER'S
QUALIFICATION FOR PRE-TRIAL DOMESTIC VIOLENCE PROGRAM**

I, the undersigned, victim, acknowledge I have received and reviewed the Coshocton County, Ohio Municipal Court Pre-Trial Domestic Violence Program Information Sheet and Criteria, and hereby request that a determination be made regarding whether the alleged offender will qualify as a candidate for the Pre-Trial Domestic Violence Diversion Program.

Date

Victim

Alleged Offender: _____

Date of Incident: _____