

VICTIM INFORMATION SHEET (VIS)

County Attorney Case Number: 0132109296

STATE v. LAURA MICHELLE OWENS

Defendant's Address: Summons

DEFENDANT'S DESCRIPTION:

Race: W Sex: F Hair: XXX Eyes: XXX Wgt: Hgt: ' DOB:
FBI#: UNK SID#: UNK Booking#: UNK Soc Sec#:

CHARGES FILED:

COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, A CLASS 2 FELONY
COUNT 2: FORGERY, A CLASS 4 FELONY
COUNT 3: PERJURY, A CLASS 4 FELONY
COUNT 4: PERJURY, A CLASS 4 FELONY
COUNT 5: PERJURY, A CLASS 4 FELONY
COUNT 6: PERJURY, A CLASS 4 FELONY
COUNT 7: TAMPERING WITH PHYSICAL EVIDENCE, A CLASS 6 FELONY

<u>Count</u>	<u>ARS Literal</u>	<u>Date of Crime</u>	<u>PCN</u>
1	13-2310A	5/17/2023	
2	13-2002A1	6/27/2023	
3	13-2702A1	10/25/2023	
4	13-2702A1	3/1/2024	
5	13-2702A1	3/1/2024	
6	13-2702A1	6/10/2024	
7	13-2809A1	10/24/2023	

DEPARTMENTAL REPORTS:

DR 2024031 - Maricopa County Attorney's Office

FILING STATUS:☒ Grand Jury Indictment

Court #: _

Date Filed: _____

Grand Jury #: 896 GJ 480

Date Indictment Filed: May 1, 2025

ATTORNEY: Edward Leiter

BAR ID: 025593

LOCATION: Downtown**VICTIM:**

CT 1, and 2

Victim
Age: 32

Clayton Ray Echard

SUBPOENA LIST

Detective Terje Boe

Badge: 808

Maricopa County Attorney's Office

Please Review 2024031 - Maricopa County Attorney's Office

EXTRADITE: Arizona Only

☐ Sentencing recommendation will be expressed to the court at the time of sentence.

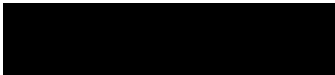


Maricopa County Attorney

RACHEL H. MITCHELL

May 12, 2025

CLAYTON RAY ECHARD



CA No.: 2109296
Court No.: CR2025-006831-001
Report No.: 2024031,
Maricopa County Attorney's Office

Re: State vs. Laura Michelle Owens

The next scheduled court dates regarding the above-named defendant are as follows:

Original Arraignment Hearing - Not Guilty Arraignment on May 29, 2025, at 9:00 AM,
before Judge/Commissioner Ashley Rahaman
at: 175 W Madison, Courtroom 3B , Phoenix, AZ 85003

Initial Pretrial Conference - Undesignated on July 11, 2025, at 8:15 AM,
before Judge/Commissioner Monica S Garfinkel
at: 201 W Jefferson St Courtroom 402, Phoenix, AZ 85003

Comprehensive Pretrial Conference on August 11, 2025, at 8:31 AM,
before Judge/Commissioner Jeffrey A Rueter
at: 175 W Madison St Courtroom 8A, Phoenix, AZ 85003

Pre-Trial Conference - Final Trial Management Conference on October 16, 2025, at 8:30 AM,
before Judge/Commissioner Jeffrey A Rueter
at: 175 W Madison St Courtroom 8A, Phoenix, AZ 85003

Trial - Assignment on October 23, 2025, at 9:00 AM,
before Judge/Commissioner Ashley Rahaman
at: 175 W. Madison, Courtroom 5B , Phoenix, AZ 85003

As a victim, you have the right to be present and heard at this hearing. However, unless you receive a subpoena, or are court ordered, you are not required to attend the hearing. There is the possibility that the court date listed above will be postponed and the judge may grant a continuance. If the defendant was offered a plea agreement, he or she may enter a guilty plea at this or any future court hearing. You have the right to be heard on a change of plea. Please let me know if you are planning to attend the hearing.

If you have any questions or plan to attend any of the court hearings, please contact Victim Services. Our office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. When calling our office, you may be asked to provide the case number(s) listed above to ensure that we are immediately able to reference your case and route your call properly.

Sincerely,

A handwritten signature in dark ink, appearing to be "RR" or similar initials.

Victim Services Division
Reina Rivas
Advocate

(602) 372-0203
rivasr@mcao.maricopa.gov

cg

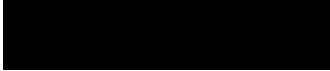


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CA No.: 2109296
Court No.: CR2025-006831-001
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Maricopa County Attorney's Office

State vs. Laura Michelle Owens

The Maricopa County Attorney's Office has filed criminal charges against the defendant listed above. The defendant is charged with: Count 1: Fraudulent Schemes and Artifices, a class 2 Felony, Count 2: Forgery, a class 4 Felony, Count 3: Perjury, a class 4 Felony, Count 4: Perjury, a class 4 Felony, Count 5: Perjury, a class 4 Felony, Count 6: Perjury, a class 4 Felony, Count 7: Tampering With Physical Evidence, a class 6 Felony. You are listed as a victim on one or more of these charges.

I am the assigned advocate and I am here to assist you. I will be working with the prosecutor assigned to handle this case. Part of my role as an advocate is to keep you informed of the status of your case and to assist you throughout the criminal justice process. As this case progresses through the justice system, I will be sending you notification of court dates. Because you are a victim in this case, it is possible that you may be subpoenaed to testify at a court proceeding. If you receive a subpoena, please call the phone number listed on the subpoena prior to coming to court to determine if your appearance is still necessary.

Enclosed is a brochure detailing Victims' Rights and an overview of the criminal justice system. If you wish to exercise your right to attend court proceedings, your employer may be required by law to allow you to do so (see A.R.S. 13-4439). If the defendant is in custody, you have the right to be informed of his/her release. If you wish to be informed of this you must contact Maricopa County Sheriff's Office Jail Notification Line at (602) 876-8276 as soon as possible. You are also entitled to a copy of the terms and conditions of release upon request. As a victim in this case, you have the right to let the judge know your opinion on the defendant's conditions of release (see A.R.S. 13-4432). Initially, these conditions are set at the Initial Appearance and/or the Arraignment, which is/are the first hearings in a case. If you feel strongly about any conditions of release, please contact us as soon as possible.

You also have the right to provide input into any plea negotiations and to confer with the assigned prosecutor before trial and any disposition of the case. It is possible for a defendant to enter a change of plea at any court appearance. If the defendant unexpectedly enters a change of plea at a court appearance, the prosecutor will ask the court to defer acceptance of the plea until you are given the opportunity to be heard regarding the plea, the sentence, the impact of the offense, or any other matter of right. Please contact me if you would like to speak directly with the prosecutor or to provide input regarding plea negotiations.

If the case goes to trial, the prosecutor and defense attorney may want to interview you before trial or other court proceeding. If the defense attorney or agent of the defense wishes to interview you, they must reach out to the state and request a defense interview. When our office receives a request for a defense interview, we will reach out to you to advise of the request and your victims' rights pertaining to defense interviews. Victims do not have to agree to be interviewed by the defense attorney or by an agent of the defense attorney (investigator). Should you, as a victim, agree to be interviewed by the defense, you have the right to impose conditions on the interview. The prosecuting attorney would like to be present at any such interview. You should insist that anyone contacting you about the case is able to identify him/herself as representing either the prosecution or the defense. Please report contacts with the representatives of the defense to me immediately. In addition, a minor child may not be interviewed by the defense attorney or any agent of the defense, even if the child's lawful representative initiates

the contact with the defense, unless the prosecutor has actual notice at least 5 days in advance and the minor child is informed that the prosecutor may be present at the interview.

If you suffered economic loss as a result of the crime committed by the defendant, the court may require the defendant to reimburse you. In order for the prosecutor to make a request on your behalf, documentation must be provided prior to sentencing.

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Victim Services Division
Reina Rivas
Advocate
(602) 372-0203
rivasr@mcao.maricopa.gov

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**MARICOPA COUNTY ATTORNEY'S OFFICE
VICTIM INFORMATION FORM**

Victim Name: _____ Case Number: CR2025-006831-001
Defendant Name: Laura Michelle Owens Advocate Name: Reina Rivas

CONTACT INFORMATION

(Please fill in all applicable blanks.)

Sometimes things happen quickly in a case. In an effort to contact you as soon as possible, we are requesting you to provide the following information. This contact information will not be disclosed to the defendant.

MAILING ADDRESS (For the person or business designated above to receive notification)

Do you want to opt in to receive Victims' Rights? ☐ **Yes** ☐ **No**

Number and Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone numbers Home: _____ Cell: _____ Work: _____

(Note: This office will attempt to notify you by telephone during business hours of court proceedings set on short notice.)

Notification Preference: ☐ **Email** (recommended) ☐ Standard Mail

If you are the family member or Lawful Representative, type your name and list your relationship to the victim: _____

☐ The victim is a business. I, _____, am the lawful representative of the business victim and am requesting to exercise the rights on behalf of the business.

Have you hired an attorney to help you exercise your victim's rights in this matter? If so, provide his/her name and telephone number: _____

PRIVILEGED INFORMATION WAIVER

☐ I understand that my communications with my victim advocate may be privileged according to ARS 13-4430, which is printed below. I waive my right to privileged communication and give permission to the Advocate to share information on my behalf to the assigned Deputy County Attorney, and to other professionals and administrative support staff that the advocate works with for the purpose of assisting in providing services to me. I only waive this privilege with respect to Deputy County Attorneys and others within the Maricopa County Attorney's Office. I understand that I may revoke this waiver of privileged communication at any time.

Signature or Digital Signature

Date

Digital Signature Option To sign, type your name and the date. Entering my name and the date above is the same as a hand signed document for the purpose of authenticity of information.*

For more information on Victims' Rights and the Criminal Trial Process please refer to:

Arizona Constitution Victims' bill of rights, Article 2 Section 2.1 - Victims' bill of rights

https://www.azleg.gov/const/2/2_1.htm

Title 13, Criminal Code; Chapter 40, Crime Victims' Rights. 13-4401 – Definitions

<https://www.azleg.gov/ars/13/04401.htm>

13-4430. Consultation between crime victim advocate and victim; privileged information; exception

<https://www.azleg.gov/ars/13/04430.htm>

Return form to:

Maricopa County Attorney's Office, 225 W Madison St, 5th Floor, Phoenix, AZ 85003 or fax to (602) 506-4321



Maricopa County Attorney

RACHEL H. MITCHELL

May 12, 2025

CLAYTON RAY ECHARD



CA No.: 2109296
Court No.: CR2025-006831-001
Report No.: 2024031,
Maricopa County Attorney's Office

State vs. Laura Michelle Owens

As a victim in a case being prosecuted by Maricopa County Attorney's Office you have the right to attend any hearing in which the defendant is also present. Pursuant to A.R.S. §13-4439, employers may be required by law to allow the employee to exercise their right to be present at court proceedings. This letter is for informational purposes only.

A.R.S. §13-4439. Right to leave work; scheduled proceedings; counseling; employment rights; nondiscrimination; confidentiality; definition

A. An employer who has fifty or more employees for each working day in each of twenty or more calendar weeks in the current or preceding calendar year, and any agent of that employer, shall allow an employee who is a victim of a crime to leave work to:

1. Exercise the employee's right to be present at a proceeding pursuant to sections:

13-4414: Post conviction relief from confinement

13-4420: Criminal proceedings where the defendant has a right to be present

13-4421: Initial appearance

13-4422: Post-arrest release

13-4423: Plea negotiations

13-4426: Sentencing

13-4427: Probation Modification or Revocation

and 13-4436: Setting aside post-conviction release

2. Obtain or attempt to obtain an order of protection, an injunction against harassment or any other injunctive relief to help ensure the health, safety or welfare of the victim or the victim's child.

B. An employer may not dismiss an employee who is a victim of a crime because the employee exercises the right to leave work pursuant to subsection A of this section.

C. An employer is not required to compensate an employee who is a victim of a crime when the employee leaves work pursuant to subsection A of this section.

D. If employee leaves work pursuant to subsection A of this section, the employee may elect to use or an employer may require the employee to use the employee's accrued paid vacation, personal leave or sick leave.

E. An employee who is a victim of a crime shall not lose seniority or precedence while absent from employment pursuant to subsection A of this section.

F. Before an employee may leave work pursuant to subsection A of this section, the employee shall do all of the following:

1. Provide the employer with a copy of the form provided to the employee by the law enforcement agency pursuant to section 13-4405, subsection A, the information the law enforcement agency provides to the employee pursuant to section 13-4405, subsection E, a court order the employee is subject to or any other proper documentation.

2. If applicable, give the employer a copy of the notice of each scheduled proceeding that is provided to the victim by the agency that is responsible for providing notice to the victim.



Maricopa County Attorney

RACHEL H. MITCHELL

G. It is unlawful for an employer or an employer's agent to refuse to hire or employ, to bar or to discharge from employment or to discriminate against an individual in compensation or other terms, conditions or privileges of employment because the individual exercises the right to leave work pursuant to subsection A of this section.

H. Employers shall keep confidential records regarding the employee's leave pursuant to this section.

I. An employer may limit the leave provided under this section if the employee's leave creates an undue hardship to the employer's business.

J. The prosecutor shall inform the victim of the victim's rights pursuant to this section. A victim may notify the prosecutor if exercising the victim's right to leave under this section would create an undue hardship for the victim's employer. The prosecutor shall communicate the notice to the court during the scheduling of proceedings where the victim has the right to be present. The court shall continue to take the victim's schedule into consideration when scheduling a proceeding pursuant to subsection A of this section.

K. For the purposes of this section, 'undue hardship' means a significant difficulty and expense to a business and includes the consideration of the size of the employer's business and the employer's critical need of the employee.

Upon request, I can provide a letter of attendance prior to or on the day of a scheduled hearing. Please contact me if you need additional assistance and/or information, Monday through Friday, 8:00 a.m. - 5:00 p.m.

Sincerely,

A handwritten signature in dark ink, appearing to read "RR" or "Reina Rivas".

Victim Services Division
Reina Rivas
Advocate
(602) 372-0203
rivasr@mcao.maricopa.gov

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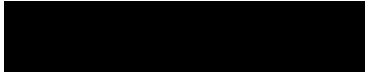


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The role of the Victim Services Division is to assist you with information and services during the prosecution of the case. We will make our best efforts to ensure you are provided the rights and services in which you are entitled to, upon request.

For your convenience, please see the below link to access our Victim Services Portal to fill out the Victim Information form. This form will need to be filled out so we can better serve you. To continue to receive notice, it is important that you *opt in* to exercise this right.

Victim Rights include requesting to be notified of when court hearings are scheduled and to be notified about sentencing so you can make a statement to the court. This portal can be accessed at any time, and it will allow you to retrieve notices for court related events.

First time users will need to register for an account using the user identification (ID) provided below and your email address on file with our office. This ID is assigned to only you. Please do not share your ID number or account login information with anyone.

If you do not have an email address on file with our office, please call us to have your profile updated or if you need assistance or for more information, please call our office and request to talk to a victim advocate, at 602-506-8522.

<https://mcaovictimservices.azurewebsites.us>

ID Number: 3057229

Please retain this number as it will be needed for access to the website in the future.

Sincerely,

Victim Services Division
Reina Rivas
Advocate
(602) 372-0203
rivasr@mcao.maricopa.gov
cg

RESTITUTION REQUEST FORM

May 12, 2025

CLAYTON RAY ECHARD

CA No.: 2109296
Court No.: CR2025-006831-001
State vs. Laura Michelle Owens
Report No.: 2024031,
Maricopa County Attorney's Office

If you suffered a financial loss as a result of this case, a Court may require the defendant to pay restitution to you. In order for a prosecutor to make a request on your behalf, documentation must be provided prior to sentencing. This documentation needs to support the amount you are requesting for restitution. Some examples of supporting information include: Copies of any bills for losses from the crime, receipts or estimates for replacement or repair of property, pay stubs or tax forms supporting wage loss, travel related to attending court for your case and itemized statements for counseling or medical services related to the crime. ***Please be aware that the defendant and their attorney may request a copy of any supporting documents you submit to our office. For this reason, do not include medical records, treatment notes or other sensitive materials.***

REMEMBER: Sending this form without any supporting documentation is not sufficient to submit a claim for restitution. Not supplying the supporting information in a timely manner could delay the processing of the restitution request or result in a partial or denial of the restitution order by the Court.

Please follow instructions below:

- ☐ Gather documents for each expense you are requesting reimbursement for
- ☐ **MAKE COPIES – DO NOT SEND ORIGINAL DOCUMENTS**
- ☐ Provide amounts for expenses per the categories below
- ☐ Calculate the grand total you are seeking for restitution
- ☐ Attach copies of the supporting documentation to this form and mail/fax as directed
- ☐ Update any changes to personal information

A. EXPENSES: Provide total expenses for each category

Medical/Dental/Mental Health: _____
Property Loss/Damage: _____
Vehicle Loss/Damage: _____
Funeral: _____
Wage Loss: _____
Travel for criminal court hearings: _____
Other Losses (Please explain): _____

Grand Total: _____

B. FOR ANY OF THE EXPENSES LISTED ABOVE

1. Did you have medical/dental insurance? Yes ☐ No ☐

a. If Yes, please provide the insurer and claim number: _____

b. Please indicate total paid by insurance below:

Total Medical expenses _____

Total Dental expenses _____

Total Mental Health expenses _____

c. Please indicate total paid by you, including copayments and deductibles below

Total Medical expenses paid _____

Total Dental expenses paid _____

Total Mental Health expenses paid _____

d. Is treatment/services ongoing for any of the above categories? Yes ☐ No ☐

*If so, please briefly explain _____

*If there are ongoing expenses, that related to the crime against you, continue to document them with receipts. The prosecutor may ask the court to keep the restitution matter open until all ongoing treatment/services are completed and resolved.

2. Did you have auto insurance? Yes ☐ No ☐

a. If yes, please provide the insurer and claim number(s): _____

b. If your insurance reimbursed you for any losses, please indicate what insurance paid you: _____

c. If you paid for any losses, including deductibles, please indicate the amount(s) paid below:

Total deductible paid _____

Total uncovered expenses paid _____

Explanation of uncovered expenses _____

3. Did you have any other collateral source(s) pay any of the expenses related to this case (i.e. life insurance, homeowners insurance, civil settlement, fundraising, Workman's Compensation, etc...)? Yes ☐ No ☐

a. If Yes, please provide below the name of the collateral source(s) and the amount(s):

Source/amount _____

Source/amount _____

Source/amount _____

b. If the collateral source was from a crowd funding platform such as Gofundme or other fundraising platform(s), please provide the link(s):

C. UPDATE PERSONAL INFORMATION

Address: _____

Email Address: _____

Provide Daytime Phone: _____ Mobile: _____

MAIL OR FAX INFO TO:

Maricopa County Attorney's Office
Victim Services Division
225 W Madison St, 5th Floor
Phoenix, AZ 85003
FAX: (602) 506-4321

If you have any questions, please contact our office at (602) 506-8522.