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From:	General Secretariat of the Council
To:	Delegations
No. prev. doc.:	6480/24
Subject:	Proposal for a Regulation of the European Parliament and of the Council on the transfer of proceedings in criminal matters <ul style="list-style-type: none">- Forms mentioned in Article 6(2a), Article 15a(1a) and (2a) and Article 15b(1a) of the text of the Council general approach- Texts as agreed by the COPEN Working Party

At the meeting of the Working Party on Judicial Cooperation in Criminal Matters (COPEN) on 15 February 2024, Member States reached full agreement on the texts of the additional forms mentioned in Article 6(2a), Article 15a(1a) and (2a), and Article 15b(1a) of the Council general approach (16881/23).

The texts as agreed are set out in the Annex.

ANNEX II

Form referred to in Article 6(2a) of Regulation (EU) 2024/...⁺

The purpose of this form is to seek your assistance to provide information to and seek the opinion of the suspect/accused person on the intended request for transfer of criminal proceedings. Please, return the form when completed.

I. Competent authorities

Requesting State:

Requesting authority:

Case number in the requesting State:

Requested State:

Requested authority:

Information on corresponding/parallel criminal proceedings in the requested State, if available:
.....

Authority in the requested State that has been consulted prior to the receipt of this request for assistance (if applicable):
.....

II. Identity of the suspect/accused person(s)

(i) In case of natural person(s):

Last name:

First name(s):

Other relevant name(s), if applicable:

Aliases, if applicable:

Sex:

Nationality:

Identity number or social security number, if available:

Type and number of the identity document(s) (ID card, passport), if available:
.....

Date of birth:

Place of birth:

⁺ OJ: Please insert in the text the number of this Regulation.

Residence and/or known address; if address not known, state the last known address:

.....

Workplace (including contact details), if available:

Other contact details (email, phone No), if available:

Language(s) that the person understands, if available.....

Other relevant information, if available:

(ii) *In case of a legal representative* (if applicable; where it is considered necessary in view of the age, physical or mental condition of the suspect or accused person):

Last name:

First name(s):

Other relevant name(s), if applicable:

Nationality:

Identity number or social security number, if available:

Type and number of the identity document(s) (ID card, passport), if available:

Date of birth:

Place of birth:

Residence and/or known address; if address not known, state the last known address:

.....

Contact details (email, phone No), if available:

Language(s) that the person understands, if available:

Other relevant information, if available:

(iii) *In case of legal person(s):*

Name:

Form of legal person:

Shortened name, commonly used name or trading name, if applicable:

.....

Registered seat/office:.....

Registration number:.....

Address of the legal person:.....

Other contact details (email, phone No), if available:

Name of the legal person's representative:

Other relevant information, if available:

Form for the provision of information to and seeking the opinion of the suspect/accused person on the intended request for transfer of criminal proceedings ¹

A) Information to be provided to the suspect/accused person (to be completed by the requesting authority)

The[requesting authority] of [requesting State] ² hereby informs you, [suspect/accused person], of the intention to issue a request for transfer of criminal proceedings initiated against you, with reference number....., to[requested State], in accordance with Article 6 of Regulation (EU) 2024/...⁺ of the European Parliament and of the Council on the transfer of proceedings in criminal matters.

Information on the criminal proceedings to be transferred

Description of the conduct and facts underlying the criminal offence(s) for which it is intended to issue the request for transfer of criminal proceedings and their legal classification:

.....
.....
.....
.....

¹ To be provided to the suspect/accused person in a language which the person understands.
² A drop-down menu allowing for the selection of the relevant Member State could be envisaged in the electronic form.
⁺ OJ: Please insert in the text the number of this Regulation.

B) Opinion of the suspect/accused person on the intended request for transfer of criminal proceedings (to be completed by the requested authority)

1. You are hereby invited, if you so wish, to present your opinion on the intention of the[requesting authority] of.....[requesting State] ³ to issue a request to for transfer of criminal proceedings initiated against you to[requested State] ⁴.

My opinion on the transfer of the criminal proceedings is:

☐ **Positive**

☐ **Negative**

Add reasons, if you so wish:

.....
.....

2. If applicable: The information on the intended request for transfer of criminal proceedings and the opinion of the suspect/accused person may also be provided orally and noted in accordance with the recording procedure of the national law of the requested State.

☐ The suspect/accused person provided his/her opinion orally. The transcript of the recording is attached and forwarded to the requesting authority together with this form.

Your opinion will be taken into consideration by.....(requesting authority) when deciding on whether to request the transfer.

³ A drop-down menu allowing for the selection of the relevant Member State could be envisaged in the electronic form.

⁴ Idem.

ANNEX III**Form referred to in Article 15a(1a) and (2a) of Regulation (EU) 2024/...⁺**

The purpose of this form is to seek your assistance to provide information to the suspect/accused person after a decision on the request for transfer of criminal proceedings has been taken. Please, return the form when completed.

I. Competent authorities

Requesting State:

Requesting authority:

Case number in the requesting State:

Requested State:

Requested authority:

Case number in the requested State, if available:

II. Identity of the suspect/accused person(s)*(i) In case of natural person(s)*

Last name:

First name(s):

Other relevant name(s), if applicable:

Aliases, if applicable:

Sex:

Nationality:

Identity number or social security number, if available:

Type and number of the identity document(s) (ID card, passport), if available:
.....

Date of birth:

Place of birth:

Residence and/or known address; if address not known, state the last known address:
.....

Workplace (including contact details), if available:

Other contact details (email, phone No), if available:

⁺ OJ: Please insert in the text the number of this Regulation.

Language(s) that the person understands), if available:
Other relevant information, if available:

(ii) *In case of legal person(s):*

Name:
Form of legal person:
Shortened name, commonly used name or trading name, if applicable:
.....
Registered seat/office:
Registration number:
Address of the legal person:
Other contact details (email, phone No), if available:
Name of the legal person's representative:
Other relevant information), if available:

Form for the provision of information to the suspect/accused person after a decision on the request for transfer of criminal proceedings has been taken⁵

Information about the issuing of a request for transfer of criminal proceedings

1. In accordance with Article 15a of Regulation (EU) 2024/...⁺ of the European Parliament and of the Council on the transfer of proceedings in criminal matters, the
[requesting/requested authority] of [requesting/requested State] ⁶ hereby informs you, [suspect/accused person], that a request for the transfer of criminal proceedings initiated against you, with reference number, to [requested State]⁷ was issued on.....[date].

Information on the criminal proceedings to be transferred

2. Description of the conduct and facts underlying the criminal offence(s) for which the request for transfer of criminal proceedings was issued and their legal classification:

.....
.....

Information about the acceptance/refusal of the transfer of criminal proceedings

3. You are hereby informed that, in accordance with Article 12 of Regulation (EU) 2024/...⁺ of the European Parliament and of the Council on the transfer of proceedings in criminal matters, the..... [requested authority] of [requested State] ⁸ on.....[date] has:

☐ **accepted** such a transfer of criminal proceedings by way of the reasoned decision attached to this form;

☐ **refused** such a transfer of criminal proceedings.

You are hereby also informed that, in case of acceptance of the transfer of criminal proceedings, you have the right to an effective legal remedy in..... [requested State] ⁹ against that decision. You can exercise this right within..... [number of] days from receipt of the reasoned decision to accept the transfer of criminal proceedings attached to this form, by applying for a legal remedy before..... [competent authority in the requested State].

⁵ To be provided to the suspect/accused person in a language which the person understands.
⁺ OJ: Please insert in the text the number of this Regulation.

⁶ A drop-down menu allowing for the selection of the relevant Member State could be envisaged in the electronic form.

⁷ Idem.

⁸ Idem.

⁹ Idem.

Details of the competent authority in the requested State where you can apply for a legal remedy to challenge the decision to accept the transfer of criminal proceedings:

Name of the authority:

File No:

Address:

Tel. No: (country code) (area/city code)

E-mail address:

ANNEX IV

Form referred to in Article 15b(1a) of Regulation (EU) 2024/...⁺

The purpose of this form is to seek your assistance to provide information to the victim(s) after a decision on the request for transfer of criminal proceedings has been taken. Please return the form when completed.

I. Competent authorities

Requesting State:
Requesting authority:
Case number in the requesting State:
Requested State:
Requested authority:
Case number in the requested State, if available:

II. Identity of the victim(s)

(i) In case of natural person(s)

Last name:
First name(s):
Other relevant name(s), if applicable:
Sex:
Nationality:
Identity number or social security number, if available:
Type and number of the identity document(s) (ID card, passport), if available:
.....
Date of birth:
Place of birth:
Residence and/or known address; if address not known, state the last known address:
.....
Other contact details (email, phone No), if available:
.....

⁺ OJ: Please insert in the text the number of this Regulation.

Language(s) that the person understands, if available:
Other relevant information, if available:

(ii) In case of legal person(s):

Name:
Form of legal person:
Shortened name, commonly used name or trading name, if applicable:
.....
Registered seat/office:
Registration number:
Address of the legal person:
Other contact details (email, phone No), if available:
Name of the legal person's representative:
Other relevant information, if available:

Form for the provision of information to the victim(s) after a decision on the request for transfer of criminal proceedings has been taken ¹⁰

Information about the issuing of a request for transfer of criminal proceedings

1. In accordance with Article 15b of Regulation (EU) 2024/...⁺ of the European Parliament and of the Council on the transfer of proceedings in criminal matters, the[requesting/requested authority] of [requesting/requested State] ¹¹ hereby informs you, [victim(s)] about the issuing of a request for the transfer of criminal proceedings with reference number against.....[suspect/accused person] to[requested State] ¹² on.....[date].

Information on the criminal proceedings to be transferred

2. Description of the conduct and facts underlying the criminal offence(s) for which the request for transfer of criminal proceedings was issued and their legal classification:

.....
.....

Information about the acceptance/refusal of the transfer of criminal proceedings

3. You are hereby informed that, in accordance with Article 12 of Regulation (EU) 2024/...⁺ of the European Parliament and of the Council on the transfer of proceedings in criminal matters, the.....[requested authority] of[requested State] ¹³ on.....[date] has:

☐ **accepted** such a transfer of criminal proceedings, by way of the reasoned decision attached to this form;

☐ **refused** such a transfer of criminal proceedings.

You are hereby also informed that, in cases of acceptance of the transfer of criminal proceedings, you have the right to an effective legal remedy in..... [requested State] ¹⁴ against that decision. You can exercise this right within..... [number of] days from receipt of the reasoned decision to accept the transfer of criminal proceedings attached to this form, by applying for a legal remedy before..... [competent authority in the requested State].

¹⁰ To be provided to the victim(s) in a language which the person understands.

⁺ OJ: Please insert in the text the number of this Regulation.

¹¹ A drop-down menu allowing for the selection of the relevant Member State could be envisaged in the electronic form.

¹² Idem.

¹³ Idem.

¹⁴ Idem.

Details of the competent authority in the requested State where you can apply for a legal remedy to challenge the decision to accept the transfer of criminal proceedings:

Name of the authority:
File No:
Address:
Tel. No: (country code) (area/city code)
E-mail address:
