

CONFIDENTIAL
REQUEST FOR VICTIM NOTIFICATION

(PLEASE PRINT)

The New York State Department of Corrections and Community Supervision



Complete this form IF you would like to request notification from DOCCS that an inmate from a state correctional facility has been released, **OR** if you would like DOCCS to inform you of an inmate's upcoming parole interview date, thereby giving you the option of submitting a victim impact statement. Completed forms may be mailed to: *NYS Department of Corrections and Community Supervision, Office of Victim Assistance, 1220 Washington Ave, Bldg. 2, Albany, NY 12226-2050.* You may also register ON-LINE at doccs.ny.gov. If you have questions, you may contact the **Office of Victim Assistance** at 1-800-783-6059 or 518-445-6161.

INMATE INFORMATION

(Please work with your district attorney's office to provide as much information as possible)

First Name MI Last Name
Date of Birth Month Day Year County of Conviction
Sentence Date Month Day Year Indictment #
DIN (7 characters) NYSID (9 characters)

PERSON REQUESTING INFORMATION

("Person Requesting Information" refers to an adult party who is capable of receiving communication. DO NOT complete this form with the name of a deceased person, minor, or otherwise, compromised person.)

Title: Ms. Mrs. Mr. Other Phone Numbers (With Area Code)
First Name MI Last Name Home
Address/ Work
PO Box Cell
City State Zip Code
I prefer notification in:
 English Spanish

Applicant's Relationship to Victim:

Name of Victim Myself Partner/Spouse or Ex Parents Son/ Daughter
Is the victim a minor (under 18 years of age)? Yes No Legal Representative I am not a victim; I was a witness to a crime Other

I understand that any information I give to the NYS DOCCS and the NYS Parole Board will be kept strictly confidential. I understand that it is **my responsibility to notify DOCCS** of any changes in the contact information I provided above, OR any changes in my request for information, by completing and submitting a **new "REQUEST FOR VICTIM NOTIFICATION"** registration form.

Signed By _____ Date