



REQUEST FOR VICTIM NOTIFICATION

Complete this form if you would like to receive notifications from the New York State Department of Corrections and Community Supervision Office of Victim Assistance (DOCCS OVA) on an incarcerated individual currently housed in a state prison facility. Notifications include release from custody, change in release status, upcoming parole interview dates and victim impact statement options. NOTE: Notification is not available for youthful offenders.

Completed forms may be mailed to: NYS Department of Corrections and Community Supervision, Office of Victim Assistance, 1220 Washington Ave, Bldg. 4, 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.

PERSON REQUESTING INFORMATION

(NOTE: "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: _____ Telephone Numbers
First Name: _____ MI: ____ Last Name: _____ Home: (____)____ - _____
Address: _____ Work: (____)____ - _____
P.O. Box: _____ Cell: (____)____ - _____
City: _____ State: _____ ZIP: _____ I prefer notifications in:
Email Address: _____ [] English [] Spanish
Name of Victim (if different from above): _____
Relationship to Victim: [] Self [] Partner/Spouse or Ex [] Parent [] Child [] Legal Representative
[] I am not a victim; I was a witness to a crime [] Other: _____
Is the victim a minor (under 18 years of age)?: [] Yes [] No

INCARCERATED INDIVIDUAL INFORMATION

(Please work with your district attorney's office to provide as much information as possible. NOTE: You must submit a separate registration form for each incarcerated individual for which you are requesting notifications for)

First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ County of Conviction: _____
Sentence Date: _____ Indictment Number: _____
DIN: _____ NYSID (9 characters): _____

For Release Notification ONLY, please choose your preferred delivery method:

- [] Certified Mail [] Regular Mail [] Electronic Notification*

*Electronic notification is handled through the third-party VINE service. If you choose electronic notification, you MUST register at vinelink.com as well.

I understand that any information I give to the NYS DOCCS and the NYS Board of Parole 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.

Signature: _____ Date: _____