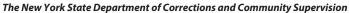
CONFIDENTIAL

REQUEST FOR VICTIM NOTIFICATION

(PLEASE PRINT)





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.

| | | | (Please wor | k with yo | | | | | MATIC provide | | h infor | mation as | possible |) | | | | | |
|---|--|------------|-------------|-----------|-----------|--------|-------|--------------|------------------|----------|--|-----------------------|------------------|--------|---------------|-------|-------|--|--|
| First Name | | | ` | | | | MI | | 1 | Name | _ | | | | | | | | |
| Date of Birth | Month | | Day | | Year | | | | Cou | ınty of | Conv | viction | | | | | | | |
| Sentence Date | Month | | Day | | Year | | | Indictment # | | | | | | | | | | | |
| DIN (7 char | acters) | | | | | | NYS | ID (9 | chara | cters) | | | | | | | | | |
| 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. Other Other (With Area Code) | | | | | | | | | | | | | | | | | | | |
| First Name | | | N | 11 | Last Na | me | | | | | | | Hom | | | | | | |
| Address/ | | | | | | | | | | | | | Wor | rk | | | | | |
| PO Box | | | | | | | | | | | | | Cel | ı | | | | | |
| City State Zip Code | | | | | | | | | | | I prefer notification in: ☐ English ☐ Spanish | | | | | | | | |
| | | | | | | | | | 1 | Applic | ant's | Relatio | onship | to Vic | tim: | | | | |
| Name of Victim Myself Partner/Spouse or Ex | | | | | | | | | | or Ex | P | arents | ; | | Son/ Daugh | ter | | | |
| Is the victim (under 18 y | a minor ears of age)? | , <u> </u> | es 🔲 I | No | | Lega | l Rep | reser | ntative | e 🗆 , | l am n witne | ot a vic ss to a c | tim; l w rime | as a | | Other | | | |
| that i | nd that any i it is my resp uest for info | onsibility | to notify | DOC | CS of any | y chai | nges | in the | conta | act info | ormati | ion I pro | ovided a | above, | OR a | ny ch | anges | | |

Date

Signed By