

OFFICE USE ONLY:

Prisoner Number:

ERD:

Location:

**MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION REQUEST FORM
(Please Print)**

This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to prison. Once the MDOC has received the defendant and your request, we will send you a letter acknowledging the receipt of your notification request. Please contact the Crime Victim Notification Unit should you have any questions from 8:00 a.m. to 5:00 p.m. Monday through Friday. In addition, you may also access our web site 24 hours at www.michigan.gov/corrections to retrieve additional information.

Please mail your request to: MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION UNIT
P.O. BOX 30003
LANSING, MI 48909
(517) 373-4467 LOCAL, (877) 886-5401 TOLL-FREE

INMATE INFORMATION: Please provide as much information as possible. A separate notification form for each inmate/offender.

Inmate Name: Last, First, M.		Inmate #:	
D.O.B.	Soc. Sec. #:	Race:	Sex:
Court Case #:	Sentencing County:		Sentencing Date:
Offense Convicted of:			

In order for us to appropriately determine if you qualify under the Crime Victim's Rights Act, please complete the information below:

Is the Victim Deceased? Yes No Is the Victim a Minor? Yes No

VICTIM INFORMATION: The victim or a designated representative may receive notification. If a designated representative is chosen, he or she must complete and sign this form.

Victim Name: Last, First, M.:		
Person requesting notification, if other than victim:		
If other than victim, please state relationship to victim:		
Please list your relationship to the defendant:		
Address:		City:
State:		
Zip Code:	**Primary Phone: ()	**Secondary Phone: ()
** It is <u>imperative</u> we have a phone number to contact you in the event of an unanticipated release. We will need to speak with someone directly, therefore, please do not indicate any pager numbers/extension numbers. You will automatically be registered to receive automated notification through M.C.V.N.N. (Michigan Crime Victim Notification Network).		

My signature below indicates that I am requesting notification under the Crime Victim Rights Act. I understand that it is my responsibility to notify the Crime Victim Notification Unit in writing of any changes in my name, address, and/or phone numbers.

Are you currently being threatened by the defendant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently have a Personal Protection Order? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Victim/Requestor's Signature:	Date:
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CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT