

MICHIGAN DEPARTMENT OF CORRECTIONS APPLICATION FOR PROBATION REGISTRATION FORM

This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to probation. Once the MDOC has received the defendant and your request, we will send you a letter acknowledging the receipt of your notification request.

- Contact Crime Victim Services with questions 8 a.m.-5 p.m. Monday through Friday
- Visit www.michigan.gov/corrections for more information
- If there is more than one offender for which you are requesting notification, submit a separate form for each offender
- It is your responsibility to update Crime Victim Services, in writing, with current address/telephone information

Please mail your request to:

MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM SERVICES
P.O. BOX 30003
LANSING, MI 48909

(517) 373-4467 LOCAL
(877) 886-5401 TOLL-FREE
(517) 241-0536 FAX
For TTY: Contact Michigan Relay Center (800) 649-3777

(Please **PRINT** clearly)

MDOC Office Use Only	
Date Received:	_____
Verified Relationship:	_____
Date Entered in System	_____
Michigan Department of Corrections Crime Victim Services	

OFFENDER INFORMATION: Please provide as much information as possible.

Offender Name: (Last, First, M.)		Offender #:
Date of Birth:	Race:	Gender:
Court Case #:	Sentencing County:	Sentencing Date:
Offense Convicted of:		

VICTIM INFORMATION:

Victim Name: (Last, First, M.)	Is/was the Victim a minor? Yes <input type="checkbox"/> No <input type="checkbox"/>
	DOB of Minor Victim: / /
Person requesting notification, if other than the victim: (Last, First, M.)	
If other than victim, please state relationship to victim:	
Mailing Address: (incl. St, Rd, Apt #, etc.)	City: State:
Zip Code:	Primary Phone: () Secondary Phone: ()
What, if any, is your relationship to the offender in this case?	

Are you currently being threatened by the defendant? (If yes, please explain on a separate sheet of paper.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently have an active Personal Protection Order against the above offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SIGNATURE REQUIRED

Signature of Person Requesting Notification:	Date:
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****CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT****

MDOC OFFICE USE ONLY:	CTN # _____	Offender Number:	Supervision Begin Date:	Probation Office:
	HYTA: Yes <input type="checkbox"/> No <input type="checkbox"/>		Supervision End Date:	PV w/New Sentence Date: