



The Nevada Department of Corrections
Victim Services Unit
VICTIM NOTIFICATION REQUEST

PLEASE MAIL THIS FORM TO:

Nevada Department of Corrections
 Victim Services Unit – Attn: Traci Dory
 P.O. Box 7011
 Carson City, Nevada 89702

Date:

I request to be notified of the following items regarding the offender listed below. I understand that I have a right to be notified per NRS 209.521, provided the Victim Services Unit has received this written request. I have provided the requested information as completely as possible. **I understand that all information I provide will remain confidential.**

OFFENDER INFORMATION: Please fill out this section to the best of your ability. You do not need to know all of the requested information in order to register. The most important identifiers are the name and offender number. If you are unaware of this number, please contact the Victim Services Unit at 775-887-3393, 1-888-333-6076 [in-state toll-free], or by e-mail at tdory@doc.nv.gov.

Inmate Name:	NDOC Number, If Known:
DOB:	Race:
Court Case #:	County of Conviction:

VICTIM or INTERESTED PARTY INFORMATION: The victim, a designated representative or an interested party may receive notification. If a designated representative is chosen, he or she must sign this form, in addition to the victim (if applicable). The person to receive the notification must provide the following information.

Victim/Interested Party Name:		Victim/Interested Party age, if minor:
Person to receive notification if other than victim/interested party:		
If other than victim/interested party, please state relationship to victim/interested party:		
Address:	City:	State:
Zip Code:	Daytime Phone:	Evening Phone:
What, if any, is your relationship to the offender or this case?		

NOTIFICATION OPTIONS: Please indicate what notices you would like the Victim Services Unit to provide regarding the above-listed offender:

- | | |
|--|--|
| <input type="checkbox"/> Discharge his/her prison sentence
<input type="checkbox"/> Placed on/removed from residential confinement
<input type="checkbox"/> Granted reduction in sentence
<input type="checkbox"/> Dies
<input type="checkbox"/> Pending execution | <input type="checkbox"/> Is granted a pardon or commutation of sentence
<input type="checkbox"/> Escapes/returned to custody following escape
<input type="checkbox"/> Is returned to prison as a parole violator
<input type="checkbox"/> Legally changes his/her name
<input type="checkbox"/> Current photograph of offender upon release |
|--|--|
- I do not wish any further contact from NDOC

My signature below indicates that I am requesting placement on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any change in the information provided above.

Victim/Interested Party Signature:	Designated Representative Signature:
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