

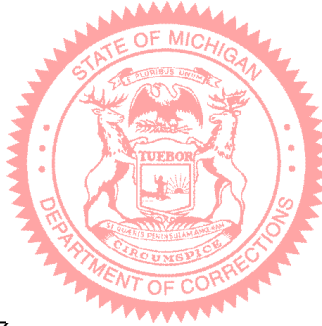
# MICHIGAN DEPARTMENT OF CORRECTIONS

## CRIME VICTIM NOTIFICATION REQUEST

This form must be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to prison to become registered to receive notifications. Once the MDOC has received the defendant, you will receive a letter acknowledging the receipt of your notification request. **You must be 18 to request notification.**

**Please mail your request to:**  
 MICHIGAN DEPARTMENT OF CORRECTIONS  
 CRIME VICTIM SERVICES  
 PO BOX 30003  
 LANSING, MI 48909  
[www.michigan.gov/corrections](http://www.michigan.gov/corrections)  
 Office Hours: Monday through Friday 8 a.m. to 5 p.m.

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



MDOC OFFICE USE ONLY	
Date Received:	
Verified Relationship:	
Date Entered:	
<b>Crime Victim Services</b>	

**Please PRINT**

**Prison Offender Information:** Complete as much information as possible. Submit a separate form for each prisoner:

Prisoner Name: (Last, First, Middle)				Prisoner MDOC #:
Date of Birth: (MM/DD/YYYY)	Race	Gender	Sentencing County Court Docket/Case #:	Sentencing County:
Sentencing Date:	Offense Convicted of:			

**Victim/Concerned Citizen Information:** Complete in full

Is the Victim Deceased: Yes <input type="checkbox"/> No <input type="checkbox"/>	Is/Was Victim a Minor Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide Date of Birth-Victim / /	Victim Name: (Last, First, Middle)	
Person requesting notification IF other than the victim listed above:			Relationship to Victim (i.e., father, mother, etc.)	
Mailing Address: (Include St Rd Ave Blvd, etc.)				Apt #, Suite #:
City		State (Two Digit Abbreviation)		Zip Code
What, if any, IS/WAS your relationship to the defendant/offender in this case: MUST COMPLETE TO ENSURE PROPER NOTIFICATION or form will be returned.				

**NOTE** ✓ Giving us your telephone number(s) [**only two accepted**] will automatically register you to receive automated notification calls from **Michigan Victim Information Notification Everyday (MI-VINE)** if the offender has an unanticipated release, is released on parole, or discharges on their maximum out date.

**Please Read:** ✓ If it is your request to **NOT receive automated notifications**, please check this box.

✓ The automated system will **NOT** allow pager or extension numbers or calls to another automated system.

(1) Telephone Number (Including Area Code) See above information ( )	(2) Telephone Number (Including Area Code) See above information ( )
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**E-MAIL ADDRESS:**

Have you been, or are you currently being threatened by the defendant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>If yes, please explain on a separate sheet of paper.</b> If information is not provided, your form will be returned for additional information.</li> <li>Do you currently have an active Personal Protection Order against the above offender?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### SIGNATURE REQUIRED

**It is YOUR RESPONSIBILITY to update Crime Victim Services in writing with your signature and provide current address/telephone information. Failure to do so will result in the termination of your notifications.**

Signature of individual requesting notification:	Date:
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**\*\*CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT\*\***

<b>MDOC OFFICE USE ONLY</b>	Record #:	Prisoner Offender #:	Dates: PMI: PMX: PB Official Date:	HYTA: Yes <input type="checkbox"/> No <input type="checkbox"/> Location: Sec. Level: