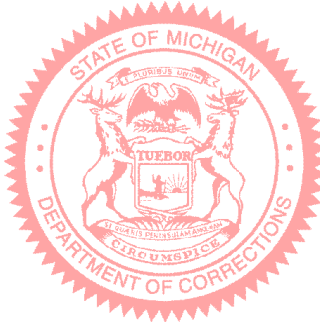


MICHIGAN DEPARTMENT OF CORRECTIONS

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.

Please mail your request to:
 MICHIGAN DEPARTMENT OF CORRECTIONS
 CRIME VICTIM SERVICES
 PO BOX 30003
 LANSING, MI 48909
www.michigan.gov/corrections
CVS E-mail: Corr_Crime_Victims@michigan.gov
 Office Hours: Monday through Friday 8 a.m. to 5 p.m.



MDOC OFFICE USE ONLY	
Date Received:	
Verified Relationship:	
Date Entered:	
Crime Victim Services	

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

Please PRINT

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

Offender Name: (Last, First, Middle)				Offender 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 – Please Print

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 Please Read: ✓ 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.
 ✓ 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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Only 1 Address
E-MAIL ADDRESS:

Have you been, or are you currently being threatened by the defendant? Yes No

- If yes, **please explain on a separate sheet of paper**

SIGNATURE REQUIRED

NOTE: 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****

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