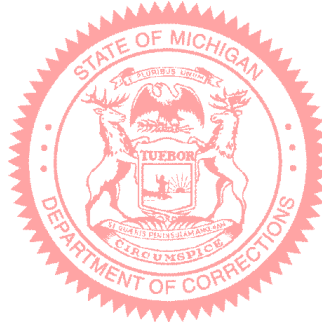


# MICHIGAN DEPARTMENT OF CORRECTIONS CRIME VICTIM NOTIFICATION REQUEST

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](http://www.michigan.gov/corrections)  
**CVS E-mail:** Corr\_Crime\_Victims@michigan.gov  
 Office Hours: Monday through Friday 8 a.m. to 5 p.m.



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

(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"/>	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 ( )
Only 1 Address <b>E-MAIL ADDRESS:</b>	
Have you been, or are you currently being threatened by the defendant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• If yes, <b>please explain on a separate sheet of paper</b>	

### 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\*\***

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