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.

(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:
Crime Victim Services

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 ❑ No ❑	Is/Was Victim a Minor Yes ❑ No ❑	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 ( )
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:

CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT

MDOC OFFICE USE ONLY	Record #:	Offender MDOC #:	Dates: PMI: PMX: PB Official Date:	HYTA: Yes ❑ No ❑ Location: Sec. Level: