

GEORGIA DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION REQUEST FORM

This form should be completed and forwarded to the Georgia Department of Corrections after the defendant has been sentenced to incarceration in the State Prison System. Once the Georgia Department of Corrections has taken custody of the defendant, you will be sent a confirmation letter acknowledging registration of your notification request.

It is the **Victim's** responsibility to notify the Department of Corrections of any changes in address or phone numbers to ensure that notification is possible. If you have questions, contact the Office of Victim Services at (404) 656-7660 or toll-free at 1-888-656-7660. Office hours are 8:00 a.m. - 4:30 p.m., Monday through Friday.

Please forward your completed request to: **Georgia Department of Corrections**
Office of Victim Services
2 Martin Luther King Jr. Drive, SE
Atlanta, Georgia 30334

INMATE INFORMATION *(please print clearly)*

INMATE'S NAME: _____

INMATE'S NUMBER: _____

(if known)

INMATE'S DATE OF BIRTH: _____

INMATE'S SOCIAL SECURITY #: _____

(if known)

(if known)

INMATE'S GENDER: Male Female

INMATE'S RACE: White Black
 Asian Hispanic
 American Indian Other

SENTENCE DATE: _____

COUNTY OF CONVICTION: _____

CRIME/CHARGES: _____

In accordance with Georgia's Crime Victim's Bill of Rights, concerning victim notification, the following individual(s) has requested to be notified of all release and release-related proceedings pertaining to the above captioned inmate. This information includes notice of furloughs, transfers to a transitional center, early release, death or final release, as well as escape and recapture information.

VICTIM INFORMATION *(please print clearly)*

NAME OF VICTIM: _____

CONTACT PERSON TO BE NOTIFIED: _____

(if different from victim)

CONTACT'S RELATIONSHIP TO VICTIM: _____

CONTACT'S MAILING ADDRESS: _____

(Street/P.O. Box)

(City)

(State)

(Zip Code)

HOME TELEPHONE : () _____

WORK TELEPHONE: () _____

Signature of Requestor

Date

To receive notification of parole consideration, send a separate request to Victim Advocacy Office, State Board of Pardons and Paroles, 2 Martin Luther King Jr. Drive, SE, Atlanta, Georgia 30334, or call (404) 651-6668 or toll-free at 1-800-593-9474.

ALL VICTIM INFORMATION IS CONFIDENTIAL

Form 101A

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