



The Ohio Department of Rehabilitation and Correction
Office of Victim Services
VICTIM NOTIFICATION
(Please Print)

PLEASE MAIL THIS FORM TO:

The Ohio Department of Rehabilitation & Correction
Office of Victim Services - Notification Section
1050 Freeway Drive, North
Columbus, Ohio 43229

Date:

I request to be notified of any major status changes (except prison transfers) regarding the offender listed below (for more detailed info, please refer to the back of this form). I understand that I have a right to be notified per ORC 2967.12, provided the Office of Victim Services has received this written request. I have provided the requested information as completely as possible. I understand that this information will remain confidential.

INMATE INFORMATION: Please fill out this section to the best of your ability. You do not need to know all of the requested information. The most important identifiers are the name and institution number. If you are unaware of this number, please contact the Office of Victim Services at **1-888-842-8464**.

Inmate Name:		Institution Number:	
D.O.B.:		Race:	
Court Case #:		County:	

VICTIM INFORMATION: The victim or a designated representative may receive notification. If a designated representative is chosen, he or she must sign this form, in addition to the victim (if applicable). The person to receive notification must provide the following information.

Victim Name:		Victim age, if minor:	
Person to receive notification, if other than victim:			
If other than victim, please state relationship to victim:			
Address:		City:	State:
Zip Code:	Daytime Phone:		Evening Phone:
What, if any, is your relationship to the offender or this case?			

If you would like to be registered for the **VICTIM INFORMATION AND NOTIFICATION EVERYDAY (VINE)** telephone system please call **1-800-770-0192** for more information.

The victim or designated representative may provide additional statements and/or information to the Parole Board regarding the impact of the crime, or any other information that they deem fit for review by the Parole Board and/or Adult Parole Authority. Those documents should be mailed to the address listed above.

My signature below indicates that I am requesting placement on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any change in the information provided above.

Victim Signature:
Designated Representative Signature:



Parole Board Hearings



End of Definite Sentence



Expiration of Stated Terms



Death of Inmate



Any time an offender leaves an institution
for some county court proceedings



Escape



Pending Execution