



The Nevada Department of Corrections
Victim Services Unit

VICTIM NOTIFICATION REQUEST

PLEASE MAIL THIS FORM TO:

Nevada Department of Corrections
Victim Services Unit – Attn: Jennifer Rey
P.O. Box 7011
Carson City, Nevada 89702
Or Fax To: 775-887-3167

Date:

I request to be notified regarding the offender listed below. I understand that submitting this form meets the written requirement provided in NRS 209.521. I have provided the requested information as completely as possible. **I understand that all information I provide will remain confidential.**

OFFENDER INFORMATION: Please fill out this section to the best of your ability. You do not need to know all of the requested information in order to register. The most important identifiers are the name and offender number. If you are unaware of this number, please contact the Victim Services Unit at 775-887-3393, 1-888-333-6076 [in-state toll-free], or by e-mail at jirey@doc.nv.gov.

Inmate Name:	NDOC Number, If Known:
DOB:	Court Case #:

VICTIM or THREATENED PARTY INFORMATION: The victim, a designated representative or a threatened party 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 the notification must provide the following information.

Name:	Age, if minor:
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Are you:

- Victim of instant offense Victim of previous crime Threatened party
- Victim family member [relationship] _____
- Interested [relationship to victim or offender] _____

Address:		City:	State:
Zip Code:	Daytime Phone:	Evening Phone:	
E-mail:			

NOTIFICATION OPTIONS: You have the option of utilizing VINE [Victim Information Notification Everyday], a free, confidential, automated telephone & e-mail system that provides custody status about an offender in prison. If you choose to receive notifications from VINE only, you can register directly by going to www.vinelink.com, calling 1-888-268-8463, or you can contact the Victim Services Unit directly.

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.

Signature:	Designated Representative Signature, if needed:
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