THE NEVADA ATTORNEY GENERAL’S OFFICE

VICTIM SERVICES UNIT

**VICTIM NOTIFICATION REQUEST**

**PLEASE MAIL FORM TO:**

Nevada Attorney General’s Office

Attn: Post-Conviction Unit

100 N. Carson St.

Carson City, NV 89701

**Or fax to:** (775) 684-1100

I request to be notified regarding post-conviction proceedings for the offender listed below. 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 the 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 offender’s first and last name, and your name and contact information.

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| --- | --- |
| Inmate Name: | NDOC #, If Known: |

**VICTIM or THREATENED PARTY INFORMATION:** A victim may receive notifications.

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| --- |
| Name: |
| Address: |
| Email: |

**NOTIFICATION OPTIONS:** You have the option of receiving notification of habeas corpus matters filed in state and/or federal court.

□ State habeas corpus petitions

□ Federal habeas corpus petitions

**My signature below indicates that I request notification of state and/or federal habeas petition as indicated above.**

|  |  |
| --- | --- |
| Signature: | Date: |