

MDOC OFFICE USE ONLY:	Offender Number:	PMI: PMX: PB OFF Date:	Location: Sec. Level:
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## MICHIGAN DEPARTMENT OF CORRECTIONS CRIME VICTIM NOTIFICATION REQUEST FORM

This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to prison. Once the MDOC has received the defendant and your request, we will send you a letter acknowledging the receipt of your notification request.

- Contact Crime Victim Services with questions 8 a.m.-5 p.m. Monday through Friday
- Visit [www.michigan.gov/corrections](http://www.michigan.gov/corrections) for more information
- If there is more than one offender for which you are requesting notification, submit a separate form for each offender
- You will automatically be registered to receive automated telephone notification through M.C.V.N.N. (Michigan Crime Victim Notification Network) upon our office receiving your request
- It is imperative we have a phone number to contact you in the event of an unanticipated release using our automated system which is **not** able to connect with an **extension number, pager number or an automated attendant**

**Please mail your request to:**

MICHIGAN DEPARTMENT OF CORRECTIONS  
CRIME VICTIM SERVICES  
P.O. BOX 30003  
LANSING, MI 48909

(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 in System	_____
<b>Michigan Department of Corrections Crime Victim Services</b>	

(Please **PRINT** clearly)

**OFFENDER INFORMATION:** Please provide as much information as possible.

Offender Name: (Last, First, M.)		Offender #:	
Date of Birth:	Race:	Gender:	
Court Case #:	Sentencing County:	Sentencing Date:	
Offense Convicted of:			

**VICTIM INFORMATION:**

Victim Name: (Last, First, M.)		Is/was the Victim a minor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		DOB of Minor Victim: / /	
Person requesting notification, if other than the victim: (Last, First, M.)			
If other than victim, please state relationship to victim:			
Mailing Address:		City:	State:
Zip Code:	Primary Phone: ( )	Secondary Phone: ( )	
What, if any, is your relationship to the offender in this case?			

Are you currently being threatened by the defendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently have a Personal Protection Order against the above prisoner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SIGNATURE REQUIRED**

Signature of Person Requesting Notification:	Date:
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**CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT**