

CONFIDENTIAL REQUEST FOR NOTIFICATION OF STATUS OF INMATE

JD-VS-5 Rev. 2-17
C.G.S. §§ 18-81e, 54-228, 54-231

**STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH**
www.jud.ct.gov



Instructions

1. Complete as much of the information as you know.
2. You may send this form to the Office of Victim Services (OVS) or the Department of Correction (DOC) or both at the addresses below.
3. If you have any questions, please call OVS at 1-800-822-8428 (toll-free nationwide) or DOC at 1-888-869-7057 (toll-free statewide).

The Office of Victim Services (OVS) provides notification on inmates after sentencing and the Department of Correction (DOC) provides notification on inmates before and after sentencing. You will be notified when an inmate applies for a change in their custody status with the DOC and when an inmate is released or scheduled to be released from DOC custody. You will receive confirmation that you have registered for notification and a brochure that explains the different types of notifications.

To: Office of Victim Services, 225 Spring Street, Wethersfield, CT 06109
To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Road, Wethersfield, CT 06109

From (Your last, first name)	Daytime phone number	Evening phone number
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Mailing address where notification letters should be sent (Number, street, apartment number, town and zip code)

Emergency contact person - In case you can't be reached (Give name and telephone number)

1. Would you like to receive notification from DOC OVS Both - DOC and OVS
2. Please check if you prefer to receive notification by standard mail e-mail _____
Your e-mail address
3. If an inmate is scheduled to be released within 5 days and you have not received notification before from OVS about this release, the OVS Helpline will send you a letter and call you. Do we have permission to leave a message on your answering machine or voicemail? Yes No
4. Please check one box below that explains your relationship to the victim or inmate
 - Self
 - Parent/legal guardian
 - Legal representative
 - Deceased victim's immediate family member _____
How are you related to the victim? (example: brother)
 - State's Attorney
 - Inmate's immediate family member (OVS only) _____
How are you related to the inmate? (example: brother)

Name of inmate	DOC number (if known)	Docket number
Town where crime occurred	Arrest date	Sentencing date
		Sentencing Court

I understand that it is my responsibility to notify the Office of Victim Services and the Department of Correction - Victim Services Unit of any change in my mailing address, telephone number(s), or e-mail, if provided, so I can continue to receive notification. I understand that my request for notification and contact information will be kept strictly confidential and will not be shared by the Office of Victim Services or the Department of Correction.

Signature ► _____ Date signed _____

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the Office of Victim Services or the Department of Correction - Victim Services Unit at the addresses shown above.

NOTICE: Keep a copy of this request for your records. If you do not receive confirmation that you are registered for notification within 30 days, please call OVS at 1-800-822-8428 or DOC at 1-888-869-7057.