

**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 |
|------------------------------|----------------------|----------------------|

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

Your e-mail address

2. Please check if you prefer to receive notification by standard mail e-mail _____

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.