



VICTIM / MEMBER OF THE PUBLIC REQUEST FOR NOTIFICATION

DATE: _____

NOTE: It is the responsibility of the victim or victim's representative to provide the Department of Correction or Board of Probation and Parole with a current mailing address and to keep the department informed of any changes in the mailing address.

BY LAW, CONTACT INFORMATION FOR REGISTERED VICTIMS OF CRIME, FAMILY MEMBERS, AND INTERESTED MEMBERS OF THE PUBLIC, WILL BE HELD CONFIDENTIAL.

OFFENDER NAME: _____ TOMIS ID: _____

RACE: _____ SEX: _____ DOB: _____

COUNTY OF CONVICTION: _____ CASE NO.: _____

The following individual has requested to be notified of: (please check "✓"all that apply)

- Parole Hearings Parole Decisions Release

YOUR NAME: _____

ADDRESS: _____

CITY / STATE / ZIP CODE _____

PHONE NUMBER: Home _____ Work _____ Cell: _____

E-MAIL ADDRESS: _____

YOUR RELATIONSHIP TO VICTIM: Please check "✓"one:

- Self Spouse Parent Child Sibling Grandparent Grandchild
 Step parent Step child Step sibling Half sibling Other _____
Your Relationship to Victim

VICTIM'S NAME: _____

SPECIAL NOTES: _____

MAIL TO: Tennessee Department of Correction
Victim Services
5th Floor, Rachel Jackson Building
320 6th Avenue North
Nashville, TN 37243-0465

OR

Board of Probation and Parole
Office of Victim Services
404 James Robertson Pkwy, Suite 1300
Nashville, Tennessee 37243-0850

*Please direct all questions to **Sheryl DeMott**, either by phone at: (615) 741-ext. 8145; fax: (615) 741-1055; or e-mail sheryl.demott@tn.gov*

*Please direct all questions to **Victim Liaison**, either by phone at 1-866-795-7467, locally at 615-741-1150; fax: 615-741-5337; or email victim.witness@tn.gov*

FOR OFFICIAL USE ONLY	Date entered _____	Registration Type _____	VPIN _____
Special Instructions _____	Entered by _____		