TENNESSEE BOARD OF PROBATION AND PAROLE

Victim/Family Members/Opposing Parties Change of Address Form

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Persons who have previously completed a Victim Impact Statement, Notification Request Form or written a letter whose mailing address has changed should complete the information below.

Offender's Name _____ TOMIS # _____

(If you do not know the inmate's TOMIS #, please provide SSN, DOB, and gender, as listed below.)

Offender's SSN _____ Date of Birth MM/DD/YYYY ◯Male ◯Female

Your Name _____ Relationship to Victim Self

Previous Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

New Mailing Address _____

City _____ State _____ Zip Code _____

Your Home Phone _____ Your Work Phone _____

Your Cell Phone _____ Your E-mail Address _____

E-mail Form Print Form