



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 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: _____ CASE NUMBER: _____

By Registering, you will be notified of Parole Hearing, Parole Decisions, and Releases as applicable.

NOTE: Failure to provide complete contact information requested may delay or prevent Victim Services from processing your request.

YOUR NAME: _____

ADDRESS: _____

CITY / STATE / ZIP CODE _____

PHONE NUMBER: Home () _____ Work () _____ Cell: () _____

E-MAIL ADDRESS: _____

ARE YOU THE VICTIM? Yes No

IF NOT, PLEASE INDICATE YOUR RELATIONSHIP TO THE VICTIM: *Please check "✓" one:*

Spouse Parent Child Sibling Grandparent Grandchild

Step parent Step child Step sibling Half sibling Other _____

VICTIM'S NAME: _____

SPECIAL NOTES: _____

MAIL TO:

Tennessee Department of Correction
Victim Services Division
5th Floor Rachel Jackson Building
320 Sixth Avenue North
Nashville, Tennessee 37243-0465

For Question please contact:

Phone: (615) 253-8145

Fax: (615) 741-1055

or e-mail: Victim.Notification@tn.gov

FOR OFFICIAL USE ONLY Date entered _____ Registration Type _____ VPIN _____

Special Instructions _____ Entered by _____