

**GEORGIA CORRECTIONS & PAROLE BOARD
OFFICE OF VICTIM SERVICES**

Crime Victim Notification Request Form

****All Information Contained in This Form Will Be Kept Strictly Confidential****

This form should be completed and submitted to the Office of Victim Services after the defendant has been sentenced to the custody of the state prison system. Once the Georgia Department of Corrections has taken custody of the defendant, the Office of Victim Services will send you a letter acknowledging the registration of your request for notification.

Once registered, you will receive notification of final parole decisions (in those cases where an inmate is parole eligible), as well as notice of the release of the offender from the custody of Corrections. For additional information, please call the Office of Victim Services toll-free at 1-800-593-9474, locally at 404-651-6668, or visit our website at www.pap.ga.gov. **Please Submit a new form EACH TIME your mailing/email address or phone number changes.** Otherwise, information will not reach you.

This is an update to a previously submitted form. Check one: Yes No

INMATE INFORMATION

Inmate's Name: _____
(Last Name) (First Name) (Middle Name)

Inmate's EF Number: _____ **Inmate's Social Security #** _____
(if known) (if known)

Inmate's Gender (circle one): Male / Female **Inmate's Date of Birth:** _____
(if known) (Month) (Day) (Year)

County of Conviction: _____ **Date Sentenced:** _____

Offenses(s): _____

VICTIM INFORMATION

Victim's Name: _____
(Last Name) (First Name) (Middle Initial)

Contact Person Requesting Notification: _____
(if different from victim) (Last Name) (First Name) (Middle Initial)

Contact's relationship to the victim (i.e., parent, sibling, friend, etc.): _____

Contact's mailing address: _____
(Street / P.O. Box) (City) (State) (Zip Code)

Home Telephone: _____ **Work Telephone:** _____

Cell Telephone: _____ **Email Address:** _____

Signature: _____ **Date:** _____

Please forward the completed form to:

State Board of Pardons and Paroles
Office of Victim Services,
2 Martin Luther King, Jr. Drive, SE; Balcony Level, East Tower
Atlanta, Georgia 30334
Fax # (404) 465-3567