



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VICTIM NOTIFICATION REQUEST

OFFENDER NAME	OFFENDER NUMBER	DOB OR SSN
DOCKET NUMBER		COUNTY OF CONVICTION
CONVICTED OFFENSE(S)		

Per RSMo 595.200(6)...Victim is, "a natural person who suffers direct or threatened physical, emotional or financial harm, as the result of the commission or attempted commission of a crime. The term victim also includes the family members of a minor, incompetent or a homicide victim."

Per RSMo 595.200(4)...Family Member is, "a spouse, child, sibling, parent, grandparent, or legal guardian of the victim."

As the victim of a crime committed in the State of Missouri, you have the right to be notified of parole hearing dates, parole hearing results, escape, death, and release to the community.

Yes, I want to be notified. No, I do not wish to be notified.

VICTIM INFORMATION

NAME (PRINT)

I am a victim I am a witness I am victim's father/mother
 Victim is a minor I am victim's brother/sister I am victim's daughter/son
 Victim is deceased I am victim's grandparent Other _____

MAILING ADDRESS

CITY STATE ZIP CODE

TELEPHONE DAY EVENING CELLULAR

EMAIL ADDRESS (IF APPLICABLE)

SIGNATURE OF VICTIM OR FAMILY MEMBER DATE

The above information must be provided to the Missouri Department of Corrections to ensure you receive timely notification regarding offender status. In order for proper and continued notification, you must advise the Office of Victim Services at the address noted below of all future changes to your name, address, telephone number(s) or email address. Please complete this form and mail it to the address below.

**Office of Victim Services
Missouri Department of Corrections
3400 Knipp Drive
Jefferson City, MO 65109
Telephone Number: 573-526-6516
Fax Number: 573-526-2574**