

VICTIM NOTIFICATION REQUEST FORM

Individuals must submit a request containing current contact information in order to receive information from the Minnesota Department of Corrections pursuant to Minn. Stat. §611A.06. Requests may be submitted by mail, fax, or email. The Minnesota Department of Corrections will acknowledge receipt of your request within 10 business days. Victim Assistance Program staff may contact you to follow up to your request, if needed.

Date: [redacted]

Contact Information

First Name: [redacted] Last Name: [redacted]
Street Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Email Address: [redacted]
Phone Number: [redacted] Is it okay to leave a voicemail? Yes No

Notification Options

Account Type: (please select those that you feel best describe your association to the offender. Please select at least one.)

- Victim Victim Family Member Offender Family Member
 Community Member Victim Advocate Criminal Justice Professional
 Law Enforcement Other [redacted]

Select how you want to receive notification:

- Email U.S. Postal Mail (letter) Both (Email and U.S. Postal Mail)

Notifications you would like to receive:

- Incarceration Custody Changes Release Notifications
 Early Release Programs Supervision Custody Changes
 Offender Escape or Apprehension

Offender Information Provide as much information as is known.

First Name: [redacted] Last Name: [redacted] OID: [redacted]
Date of Birth: [redacted]

Submit this form to: DOC Victim Assistance Program 1450 Energy Park Drive Suite 200, St. Paul, MN 55108
Fax: 651.642.0223 or Email: VictimAssistance.doc@state.mn.us

For additional information visit <https://mn.gov/doc/victims/>