

**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 had 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 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.state.ga.us. **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: _____ **Inmate's EF Number:(If Known)** _____

Inmate's Date of Birth: _____ **Inmate's Social Security #:(If Known)** _____

Inmate's Gender: _____ **Inmate's Race:** _____

Sentencing Date: _____

County of Conviction: _____

Offense(s): _____

VICTIM INFORMATION

Victim's Name: _____

Contact Person Requesting Notification:
(If Different From Victim) _____

Contact's Relationship to Victim (i.e., parent, sibling, friend, etc.):
(If Not Victim) _____

Mailing Address: _____

Email Address: _____

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

Date

Signature of Requester

Please forward the completed form to:

Georgia Corrections and Parole Board – Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E.
Suite 458, East Tower; Atlanta, Georgia 30334-4909; Fax# (404) 654-6377