



Minnesota Department of Corrections Victim Reentry Statement

Your Name _____

Victim Name _____

Offender Name _____

Offender OID _____

Date _____

- | | | |
|--|-----|----|
| 1. Do you have concerns about where the offender will reside? | YES | NO |
| 2. Do you have concerns about where the offender will be employed? | YES | NO |
| 3. Do you and the offender have any children in common? | YES | NO |

Names of the child(ren)	Date of birth of the child(ren)
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4. Are there any court orders granting custody and visitation for the children you have with the offender? YES NO

In what county was the order issued? _____

Please provide a general explanation of the order.

5. Do you or your minor child(ren) have any of the following protective orders against the offender?

Order for protection (OFP)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Who is protected under the order? _____

Harassment restraining order (HRO)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Who is protected under the order? _____

Domestic abuse no contact order (DANCO)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Who is protected under the order? _____

6. Has the offender ever violated a protective order?

YES

NO

If YES, check any of the following that apply.

By having direct contact with you or other protected persons?

By communicating with you or other protected persons by email or social media?

By having family members or friends contact you?

By sending you letters or gifts?

By other means? Please describe

Please provide the approximate dates when the violation(s) of the protective order(s) occurred.

Did the violation of any protective order ever result in a criminal charge against the offender?

YES

NO

What is the approximate date of the criminal charge? _____

In what county was the criminal charge issued? _____

7. DOC staff creating the reentry plan may not have information about the history you have with the offender and the abuse that may have occurred. The following questions seek information about the nature of the abuse you may have experienced.

Has the offender ever had unwanted contact with you? YES NO

If YES, did the offender (check any of the following that apply):

- Break into or attempt to break into your car or house?
- Threaten to cause harm to you, your family members or new partner?
- Attempt to harm or cause harm to you, your family members or new partner?
- Threaten to, attempt to or cause harm to himself/herself?
- Damage property you, your family or new partner own?
- Injure or kill a pet?
- Read or steal your mail?
- Make hang-up calls?
- Send unwanted letters or gifts?
- Call you at work when you didn't want him or her to call?
- Come to your work place or school when you didn't want him or her to?
- Attempt to have you fired by making false accusations ?
- Watch you?
- Check your voice messages, email, text messages or other social media?
- Post false or unwanted personal information, pictures or video on social media sites about you?
- Monitor your actions or behavior in other ways?

8. Did you visit the offender while incarcerated? YES NO

If YES, were there any problems during any of the incarceration visits? YES NO

Please describe

9. Do you want to have contact with the offender in the community? YES NO

10. Do you have a court order for restitution payment from the offender? YES NO

In what county was the restitution order issued? _____

What is the court order number (if known)? _____

11. Do you think the offender would benefit from participation in any community programs? YES NO

- Chemical dependency programming?
- Mental health programming?

- Anger management programming?
- Parenting classes?
- Other?

12. Facility case managers and supervising agents may have questions or need additional information after reviewing your reentry statement.

May the case manager or agent contact you? YES NO

What are the best ways for the case manager or supervising agent to contact you?

- Home phone: _____
- Cell phone: _____
- Work phone: _____
- Personal Email: _____
- Personal Email: _____
- Other: _____

When is the best time to contact you?

- Daytime
- Evening
- Weekends

13. A supervising agent may receive information, after the offender is released, which they would like to share with you.

May the agent contact you? YES NO

What are the best ways for the supervising agent to contact you?

- Home phone: _____
- Cell phone: _____
- Work phone: _____
- Personal Email: _____
- Personal Email: _____
- Other: _____

When is the best time for the agent to contact you?

Daytime

Evening

Weekends

14. Please provide any additional information regarding the above questions which would helpful in the reentry planning.

Thank you for taking the time to complete this reentry statement.
Your reentry statement will be sent to the facility case manager and the supervising agent.

Submit this form to:
Minnesota Department of Corrections Victim Assistance Program
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

Fax: 651.642.0457 Email: victimassistance.doc@state.mn.us

To speak to Victim Assistance Program Staff, please call: 651.361.7250 or 1.800.657.3830