



VICTIM NOTIFICATION REQUEST FORM

Victim 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.

Date: _____

Victim information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (es): _____

Phone Number(s): _____

Account Type: Victim Victim Family Member Offender Family Member
 Community Member Other

Method of Notification Options (Select how you would like to receive notifications)

Email Letter

Notifications you would like to receive:

Incarceration Custody Changes Supervision Custody Changes
 Release Offender Escape & Apprehension
 Early Release Programs

Offender Information (Provide as much information as is known)

First Name: _____ Last Name: _____ OID: _____

Date of Birth: _____

Submit this form to:
Minnesota Department of Correction 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.