

**CONFIDENTIAL REQUEST
FOR NOTIFICATION OF
STATUS OF INMATE**

JD-VS-5 Rev. 3-07
C.G.S. §§ 18-81e, 54-228, 54-231

INSTRUCTIONS

1. Complete as much of the information as you can.
2. You may submit this form to either the Office of Victim Services (OVS) or the Department of Correction (DOC).
3. The addresses where you may send the completed form are shown below.
4. If you have any questions regarding the submission of your completed form, contact OVS at 1-800-822-8428 or DOC at 1-888-869-7057.

**STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH**

www.jud.ct.gov

**TO: Office of Victim Services, 225 Spring Street, Wethersfield, CT 06109 and
TO: Department of Correction - Victim Services Unit, 24 Wolcott Hill Road, Wethersfield, CT 06109**

FROM (Your name)	DAYTIME PHONE NO.	EVENING PHONE NO.	CELL PHONE NO.
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MAILING ADDRESS TO WHICH YOU WANT NOTIFICATION SENT (Number, apt. no., street, town and zip code)

EMERGENCY CONTACT - IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED (Give name and telephone no)

Do we have your permission to leave a message on your answering machine or voice mail? YES NO

Check the box below that explains your relationship to the victim or inmate:

- SELF
- PARENT/LEGAL GUARDIAN
- LEGAL REPRESENTATIVE
- DECEASED VICTIM'S IMMEDIATE FAMILY MEMBER
- STATE'S ATTORNEY
- INMATE'S IMMEDIATE FAMILY MEMBER

NAME OF INMATE	DEPT. OF CORRECTION NO. OR DOCKET NO.		
TOWN WHERE CRIME OCCURRED	ARREST DATE	SENTENCING DATE	SENTENCING COURT G.A.

Please notify me if the inmate named above (Check all that apply):

- Applies for a pardon, parole, release from prison other than a furlough (discharge, halfway house, etc.) or change in sentence.
- Is scheduled to be released from a correctional facility other than on a furlough, except a reentry furlough.
- Applies for an exemption from the registration requirements of the Sex Offender Registry.
- Applies for a restriction of the disclosure requirements of the Sex Offender Registry.
- Dies while in custody.
- Transfers to a community release program (DOC only).
- Escapes/returns from escape (DOC only).

Provide a brief description of how you were victimized by this offender. (Include any dates that pertain to the incident.)

Are you listed as the protected party on an order of protection in which the inmate named above is the subject? YES* NO

* If yes, complete this section:	DATE ORDER ISSUED	NAME OF ISSUING COURT		
	<input type="checkbox"/> PROTECTIVE ORDER <input type="checkbox"/> STANDING CRIMINAL RESTRAINING ORDER <input type="checkbox"/> RESTRAINING ORDER <input type="checkbox"/> NO-CONTACT ORDER			

I understand that it is my responsibility to notify the Office of Victim Services and the Department of Correction - Victim Services Unit of any change in my mailing address or telephone number(s) and that this request and any notices of change of address shall be kept strictly confidential and shall not be disclosed by the Office of Victim Services or the Department of Correction.

SIGNED X DATE SIGNED _____

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the Office of Victim Services or the Department of Correction - Victim Services Unit at the addresses shown above.

NOTICE: Keep a copy of this request for your records. Acknowledgment will be sent to you within thirty (30) days. If you do not receive an acknowledgment, contact OVS at 1-800-822-8428 or DOC at 1-888-869-7057.