

## **The Nevada Department of Corrections Victim Services Unit**

## VICTIM NOTIFICATION REQUEST

Date:

## PLEASE MAIL THIS FORM TO:

**Nevada Department of Corrections** Victim Services Unit – Attn: Jennifer Rey P.O. Box 7011

Carson City, Nevada 89702 **Or Fax To:** 775-887-3167

I request to be notified regarding the offender listed below. I understand that submitting this form meets the written requirement provided in NRS 209.521. I have provided the requested information as completely as possible. I understand that all information I provide will remain confidential.

OFFENDER INFORMATION: Please fill out this section to the best of your ability. You do not need to know

		NDOC Num	NDOC Number, If Known:		
DOB:		Court Case	Court Case #:		
threatened p	HREATENED PARTY INFORM arty may receive notification. tion to the victim (if applicable)	If a designated representa . The person to receive the		or she must sign this	
		3.7			
Are you:	ctim of instant offense ☐ Vic	•	Threatened party		
□ Vi	ctim family member [relationsh terested [relationship to victim	•			
□ Vi		•	City:	State:	
□ Vi □ <b>In</b>		or offender]		State:	

If you choose to receive notifications from VINE only, you can register directly by going to www.vinelink.com, calling 1-888-268-8463, or you can contact the Victim Services Unit directly.

My signature below indicates that I am requesting placement on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any change

	in the information provided above.				
	Signature:	Designated Representative Signature, if needed:			
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