

**NEVADA ATTORNEY GENERAL'S OFFICE
VICTIM NOTIFICATION REQUEST**



Mail Form To:
Nevada Attorney General's Office
Attn: Post-Conviction Division
100 N. Carson St.
Carson City, NV 89701

Or fax to: (775) 684-1100

I request to be notified regarding post-conviction proceedings for the offender listed below. 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 the section to the best of your ability. You do not need to know all of the requested information in order to register. The most important identifiers are the offender's first and last name.

Inmate Name:	NDOC #, if known:
Court Case #:	Date of Birth, if known:

VICTIM or THREATENED PARTY INFORMATION: A victim, designated representatives, or threatened party may receive notification. If a designated representative is chosen, they must sign this form along with the victim (if applicable). The person to receive notification must provide the following information:

Name:
Address (including Apt/Unit #):
Email:
Daytime phone number:

Are you the:

- Victim of instant offense
 Victim of previous crime
 Threatened party
 Victim family member (relationship) _____

NOTIFICATION OPTIONS: You have the option of receiving notification of habeas corpus matters filed in state and/or federal court.

- State habeas corpus petitions
 Federal habeas corpus petitions

My signature below indicates that I request notification of state and/or federal habeas petition as indicated above.

Signature:	Designated Representative Signature, if applicable:
------------	-----------------------------------------------------