NC Department of Public Safety’s Victim Services

Victim Notification Request Form

PERSON / ORGANIZATION REQUESTING NOTIFICATION ABOUT AN OFFENDER

First: ___________________________ Middle Initial: _____ Last: ___________________________ Suffix: ________

Business/Organization: _________________________________________________________________

Mailing Address: ___________________________________________ Home Phone (______) __________

City: ___________________________ State: _____ Zip Code: __________ Work Phone (______) __________

County: _______________________ Email: ____________________________________________

Cell Phone (______) __________

PROVIDE A 4 DIGIT PIN* OF YOUR CHOICE & SELECT HOW YOU WOULD LIKE TO BE NOTIFIED

Please note that if you are registering to receive notifications about state prisoners and probationers, you will receive notifications by mail and by the methods you choose below.

WRITE your PIN here: ___ - ___ - ___ - ___ (Create a PIN that is four numbers and that you will remember.)

☐ Phone indicate: ☐ home and/or ☐ cell (Do not register a work number without the employer’s permission. The NC SAVAN system will continue to call until the PIN is entered.)

☐ Text (mobile/cell phones only)

☐ Email

*PIN = personal identification number that you choose to verify your registration

YOUR RELATIONSHIP TO THE VICTIM

Please check the appropriate box to indicate how you are related to the victim in this case.

I am:

☐ a direct victim of this crime ☐ a family member of the victim ☐ an indirect victim of the crime ☐ an interested party

VICTIM INFORMATION

☐ Please check if the victim of this crime is under the age of 18. ☐ Please check if the victim of this crime is deceased.

First: ___________________________ Middle Initial: _______ Last: ___________________________ Suffix: ________

Business/Organization: _________________________________________________________________

OFFENDER INFORMATION

Offender is: ☐ in a county jail ☐ in a state prison ☐ on parole ☐ on probation/post-release supervision ☐ unknown

First: ___________________________ Middle Initial: _______ Last: ___________________________ Suffix: ________

Offender’s County Jail # or NCDPS #: ___________________________ County of Conviction: ___________________________

Crime(s): _______________________________________________________________________________

Court Case # (s): __________________________________________________________________________

SEND THIS FORM TO

By Fax: 919-715-1256 By Email: SVC_DPS_VictimServices@ncdps.gov By Mail: NC Dept. of Public Safety Victim Services 4223 Mail Service Center Raleigh, NC 27699-4200

For victim services questions: Victim Services 1-866-719-0108, Monday-Friday, 8am-5pm
For operator assistance with phone, email, text or TTY notifications: 1-877-627-2826, 24 hours/day
For web information: www.ncdps.gov

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