## NORTH DAKOTA DEPARTMENT OF CORRECTIONS VICTIM SERVICE PROGRAM VICTIM NOTIFICATION REGISTRATION FORM

By registering with the Victim Service Program you will receive notifications regarding the following offender status changes: Release, Parole and Pardon Advisory Board Hearings, Work/Education Release, Escape, Death. Your request will be kept confidential. Other services provided by the program are explained in the Victim Service Program brochure.

To become registered please complete and return this form to:

Victim Service Program

Division of Adult Services, PO Box 5521, Bismarck, ND 58506-5521

Phone: 701-328-6183 / Toll-free: 1-888-568-4410

Fax: 701-328-6786 / Email: victimservices@nd.gov

NOTE: YOU ARE RESPONS ANY CHANGE IN YOUR A INFORMATION, WE CAN	ADDRES	SS OR TEL	EPHONE NU	MBER	R. WITHOUT	CURRENT	
Victim Information: (please	print)						
Name of Victim:					Date of Birth:	Gender:	
Person Requesting Notification (if differe How would you like to be notified? Pho			circle all applica	ble)			
Address:	City:				State:	Zip Code:	
Phone:	Secondar	y phone:		Email:			
Comments:							
Offender Information: (ple	ease print)						
Name of Offender:			County of Conviction:				
Case # and name of Offense/Crime Comr	mitted:						
Comments:							
My signature below indicate		_	-	-			n
list. I understand that it is n writing of any changes in the						rogram <b>ın</b>	
writing of any changes in the	iic iiiiOi	manon pi	ovided on t	1113 101	1111.		
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