



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Victim's Right To Notification:

To implement provisions of the Victim's Rights Act, the Department of Corrections requests that you check those items of notification listed below that you wish to have applied to your current case:

- I request to comment if the offender is considered for prerelease furlough and to be notified of intent to release to the community.
- I request to be notified if the offender is released from pre-trial custody in my Domestic Violence (DV) case.
- I request to be notified and comment if the offender requests consideration for Electronic Monitoring (EM).
- I request to comment and attend any final parole revocation hearings.
- I request to be notified if the offender escapes from custody.
- I request advance notification of the offender's release from custody.
- I request to be notified of all hearing results.
- I request notification of an application for executive clemency submitted by the offender.
- I request to be sent a photograph of the offender when he / she releases from custody to the community.
- I request notification if the offender petitions the court / Parole Board for a modification / reduction of sentence.
- I request notification if the offender is interviewed by a representative of the news media.
- All of the above.
- I do not wish any further contact from the Department of Corrections regarding this offender.**

Printed Name & Signature: _____

Date: _____

If you wish to be enrolled in any of the services above for the case listed below, please provide the following information:

Victim's Information:

Name: Enter name.

Mailing Address:

Enter address.

Enter City, State & Zip.

Phone Number (s): Enter number.

Enter number.

Email: Enter e-mail.

Offender's Information:

Name: Enter name.

Offender #: Enter number.

Case #: Enter number.

Please note that DOC will only provide victim notifications concerning the identified case listed above. Notifications will stop when the incarceration or supervision has been completed.

Mail this form and any future address changes to:
**Victim Service Unit,
Department of Corrections,
550 West 7th Ave., Suite 1800,
Anchorage, AK 99501-3570**

Remember, it is your responsibility to advise the Department of Corrections when your mailing address changes.

CERTIFICATION OF DELIVERY

I certify that: I personally handed a copy of this form to the victim named herein **or**
 I sent the form to the victim via certified mail **or** I e-mailed this form to the victim.

Printed Name & Signature: _____

Date: _____