

***Registration:**

- New
 Update

The Ohio Department of Rehabilitation and Correction
Office of Victim Services
VICTIM NOTIFICATION
(Please Print)



I request to be notified of the following events regarding the offender: Parole Board Hearings, End of Definite Sentence, Expiration of Stated Term, Death, Escape, or Pending Execution. (*The Office of Victim Services does not provide notification on transfers from one institution to another*) I understand that I have a right to be notified per ORC 2967.12, provided the Office of Victim Services has received this notification form. I understand this information will remain confidential.

Offender Information: Please fill out this section with as much information as possible. If you are unaware of the offender number, please contact the Office of Victim Services at 1-888-842-8464 option 1, or search via the website at www.drc.ohio.gov.

Offender Name:	*FIRST	MI	*LAST
Offender Number:	Offender Race:		Offender DOB:
Court Case #:	Sentencing County:		

Victim Information: The victim or a designated representative may receive notification. The person to receive this notification must provide the following information:

Name of Person Requesting Notification:

<input type="checkbox"/> Mr.	*FIRST	MI	*LAST
<input type="checkbox"/> Ms.			
*Street Address:	*City:	*State:	*Zip Code + 4:
May We Contact You by E-mail:	E-mail Address:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> No Phone	Daytime Phone:	Ext.:	Alternate Phone: Ext.:
Cell Phone:			
*Is the Victim A Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No (under 18)	*What, if any, is your relationship to the offender:		

Relationship to Victim:

*What is your relationship to the Victim:

PLEASE MAIL THIS FORM TO:

The Ohio Department of Rehabilitation & Correction
Office of Victim Services - Notification Section
770 West Broad Street
Columbus, Ohio 43222-1419

Or Fax To: (614) 728-1980 Or Email: drc.victim.services@odrc.state.oh.us

Upon Receipt of this form, the Office of Victim Services will process your request and you will receive a confirmation letter.

Note: If the Offender in your case sends a letter of apology to the Office of Victim Services, do you wish to be notified?
 Yes No

If you would like to also be registered for the Victim Information and Notification Everyday (VINE) telephone system, please call 1-800-770-0192 for more information, or go to VINE online at www.vinelink.com.

By completing the section below, I am requesting to be placed on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any changes in the information provided on this form.

<input type="checkbox"/> * Signature:	*Date:
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