Request For Notification For Victims And Affected Persons

The Victims Bill of Rights, VSA Title 13 section 5305, guarantees victims of listed crimes, among other rights, the following rights which the Vermont Department of Corrections is responsible for facilitating:

* The right to be notified if the offender who victimized you escapes or is being released from a correctional facility. Other notice circumstances.
* The right to attend the hearings when that offender is appearing before the Vermont Parole Board.
* The right to testify before the parole board or submit a written statement concerning that offender for the parole board's consideration.
* The right to be notified promptly of the parole board's decision concerning that offender.
* The right, if you are a victim of a "listed crime" for which the offender was placed on probation to be given information about that offenders general compliance with the conditions of probation. This right does not extend to confidential information.

In order to receive these rights, however, you must request that the Vermont Department of Corrections provide them to you. You can do so by printing this page, filling out the form below and mailing it to:

**Director of Victim Services, Vermont Department of Corrections, 103 South Main St. Waterbury, VT 05676.** This form will be forwarded to the appropriate correctional facility.

I understand that it is my responsibility to provide my current address and telephone number to the Vermont Department of Corrections in the event that either or both shall change.

Offender Name: __________________________ Offender ID info (optional) DOB _______ POB ___________

Crime: __________________________ County where committed: __________________________

Victim Name: ________________________________________________________________

Mailing Address: ________________________________________________________________

Telephone (day) __________________________ (evening) __________________________

Name and Phone # of another person who may be able to assist in reaching me:

Name: __________________________ Phone: __________________________

Signature: __________________________ Date: __________________________

My signature or authorized agent's signature on the above line shall notify the Department of Corrections that I am requesting my entitled rights as a victim, a family member or an affected person as defined by VSA Title 13, Chapter 165, section 5301.