

MISSISSIPPI DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION REQUEST FORM

This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to prison. Once the MDOC has received the defendant and your request, we will send you an introduction package acknowledging the receipt of your notification request.

- Contact Division of Victim Services with questions and / or concerns 8 a.m.-5 p.m. Monday through Friday.
- Visit www.mdoc.ms.gov for more information or to submit a notification form online (select Victim Services & SAVIN or Inmate Search).
- If there is more than one offender for which you are requesting notification, submit a separate form for each offender.
- We will automatically create a CHOICE account for you and register you to receive automated email and / or telephone notification through MS SAVIN upon our office receiving your request. Please contact us for your user name and pin number. Then visit www.mssavin.com to access your CHOICE account. CHOICE is an enhancement of MS SAVIN.
- It is **imperative** we have a phone number to contact you in the event of an unanticipated release. SAVIN system is **not** able to connect with an **extension number, pager number or an automated attendant.**
- It is **your** responsibility to update Division of Victim Services with current address/telephone information.

Please mail your request to:

MISSISSIPPI DEPARTMENT OF CORRECTIONS
 DIVISION OF VICTIM SERVICES
 633 NORTH STATE STREET
 JACKSON MS 39202

(601) 359-5628 or (601) 359-3752 LOCAL
 (866) 522-4087 TOLL-FREE
 (601) 359-5719 FAX

MDOC Office Use Only	
Date Received:	_____
Date Entered in OT / CHOICE	_____
Date Introduction Packet mailed	_____
Mississippi Department of Corrections Division of Victim Services	

(Please PRINT clearly)

OFFENDER INFORMATION: Please provide as much information as possible.

Offender Name: (Last, First, M.)		Offender Number:
Date of Birth:	Race:	Gender:
Date of Crime:	County of Conviction:	Date of Sentence:
Offense Convicted of:		

VICTIM INFORMATION:

Your Full Name: (Last, First, M)	Are you the direct victim? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not the direct victim, what is the direct victim's name?	Is/was the direct victim a minor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not the direct victim, what is your relationship to the direct victim?	
Demographics needed on you for statistical purposes.	
Date of Birth: \ \	Race: Gender: Male <input type="checkbox"/> or Female <input type="checkbox"/>
Your Mailing Address: (incl. St, Rd, Apt #, etc.)	City: State:
Zip Code:	Home Phone: Cell Phone: Work Phone: Email:
What, if any, is your relationship to the offender in this case?	
Are you currently being threatened by the defendant? (If yes, please explain on a separate sheet of paper.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have an active Personal Protection Order against the above offender?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATURE REQUIRED

Signature of Person Requesting Notification:	Date:
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****CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT****

We know this information is important to you and will process this form as soon as possible. If you have not received information from us within 30 days, please contact our office to ensure that we have received your form.