

**MDOC DIVISION OF VICTIM SERVICES & OFFICE OF MS SAVIN  
CRIME VICTIM/SURVIVOR NOTIFICATION REQUEST FORM**

- **READ INSTRUCTIONS PRIOR TO COMPLETING THE NOTIFICATION REQUEST FORM\*\***
- Print clearly for accurate registration information purposes.
- To contact the DVS staff via telephone you may call (601) 359-5628 - (601) 359-3752 - (866) 522-4087
- If you have more than one offender for which you are requesting notifications, you must submit a separate form for each offender.
- You will be included in the automated VINE email, telephone, and/or text notifications provided by MS SAVIN.
- It is imperative that we have a telephone number to contact you in the event of an unanticipated release, escape, or status change.
- You are responsibility for contacting DVS/SAVIN with changes to your information; failure to do so will result in a break of services.
- We know services and information is important to you. We will process this form as soon as possible. If you have not received an Introduction Packet via postal mail within the next 30 days, please contact our office to ensure that we have received your application form.

**MAIL APPLICATION:**

MS Dept. of Corrections  
Division of Victim Services  
301 North Lamar Street  
Jackson, MS 39201

**EMAIL APPLICATION:**

victimservices@mdoc.state.ms.us

MDOC OFFICE USE ONLY	
Date Received	
Date Entered into OT / VINE	Initials
Date Introduction Packet mailed	Initials

**\*OFFENDER INFORMATION\*** Please provide as much information as possible for proper identification of the offender

Offender Name: <i>(Last, First, M.)</i>		MDOC ID #	
Alias/Known Name <i>(if applicable)</i>	Date of Birth	Race:	Gender:
Date of Crime(s)	Convicting Offense(s)		
Date of Sentences(s)	County of Conviction(s)		

**\*APPLICANT/VICTIM INFORMATION\***

Are you the direct victim of the crime? <b>Yes No</b>		If you are not the direct victim, what is your relationship to the victim?	
Your Full Name: <i>(Last, First, M.)</i>		Date of Birth:	Race: Gender:
Mailing Address:		City:	State: Zip Code:
Cell Phone:	Home Phone:	Work Phone:	Ext. No:
Alternate Contact Name, Relation & Telephone Number:		Email Address:	

If you are <u>not</u> the Direct victim, what is the victim's name:			
Direct victim a minor (0-17yrs old) <u>during</u> the crime: <b>Yes No</b>	Victims Date of Birth:	Victims Race:	Victims Gender:
Direct victim handicapped due to the crime: <b>Yes No</b>	Direct victim handicapped prior to the crime: <b>Yes No</b>		

What is your relationship to the offender, if any:	Is this a domestic matter (family/relationship/marital/children): <b>Yes No</b>
Are you currently being threatened by the offender? <b>Yes No</b> If yes, explain on a separate sheet of paper and submit with this form.	Active Protection Order against the offender: <b>Yes No</b> If yes, please provide County/State issued:

**\*SIGNATURE REQUIRED\***

Signature of Person Requesting Notification	Date Submitting
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