



**Georgia
Office of Victim Services
Victim Notification Request Form**

This form should be completed after the offender has been sentenced and remanded to the custody of the Georgia Department of Corrections. Your Victim Notification Request Form will become a permanent and confidential part of the offender's file. Once registered, you will receive information and notifications regarding the offender's status with the Department of Corrections, the State Board of Pardons and Paroles, and the Department of Community Supervision. It is your responsibility to notify the Georgia Office of Victim Services of changes to your postal mail, email, and telephone numbers. For more information, please contact the Georgia Office of Victim Services toll-free 1-800-593-9474 or locally 404-651-6668.

OFFENDER INFORMATION

Offender's Name: _____
(Last Name) (First Name) (Middle Initial)

Offender's Date of Birth: _____ Offender's Gender: _____

Offense(s): _____ GDC ID or Case Number #: _____

Indictment Number: _____ Conviction Date: _____ County of Conviction: _____

VICTIM INFORMATION

Victim's Name: _____
(Last Name) (First Name) (Middle Initial)

Person Requesting Notification: _____
(Last Name) (First Name) (Middle Initial)

Person Requesting Notification Relationship to the Victim (i.e parents, siblings, friends, attorney, etc): _____

Reason Victim did not complete form (i.e deceased, minor, etc.): _____

Registrant's mailing address: _____

City: _____ State: _____ Zip Code: _____

International Address: _____

Primary Telephone #: _____ Type of Primary Telephone #: _____

Secondary Telephone #: _____ Type of Secondary Telephone #: _____

Email Address: _____

Signature: _____ Date: _____

If you require special accommodations in accordance with the Americans with Disabilities Act (ADA), please list below:

VICTIM ADVOCATE: Complete this section if you are submitting this form for a victim/victim family member.
 Have you made the victim aware that you are registering them and explained the OVS registration process? (circle one) **YES OR NO**

Name: _____ Phone Number _____ Date: _____

**Please send completed form to:
 Georgia Office of Victim Services
 2 Martin Luther King, Jr. Drive, SE; Balcony Level, East Tower
 Atlanta, Georgia 30334
 Fax: (404) 465-3567
 victimservices@pap.ga.gov**