



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; Suite 430, West Tower
Atlanta, Georgia 30334
Fax: (404) 465-3567
victimservices@pap.ga.gov