

Perfection · INNOVATION REMAINITATION NC Department of Adult Correction Victim Support Services

Victim Notification Request Form

PERSON / ORGANIZATION REQUESTING NOTIFICATION ABOUT AN OFFENDER
First:
Business/Organization:
Mailing Address: Home Phone ()
City: State: Zip Code: Work Phone ()
County:Email:Cell Phone ()
PROVIDE A 4 DIGIT PIN* OF YOUR CHOICE & SELECT HOW YOU WOULD LIKE TO BE NOTIFIED
Choose your notification method below. Please note that if you are registering to receive notifications about state prisoners and probationers, you will receive notifications by mail and by the methods you choose below.
WRITE your PIN here: Create a *PIN (Personal Identification Number) that is four numbers
 Phone indicate: home and/or cell (Do not register a work number without the employer's permission. The NC SAVAN system will continue to call until the PIN is entered.) Text
Spanish option for phone/text/email. Letters will remain in English
YOUR RELATIONSHIP TO THE VICTIM
Please check the appropriate box to indicate how you are related to the victim in this case. I am:
□ a direct victim of this crime □ a family member of the victim □ an interested party
VICTIM INFORMATION
□ Please check if the victim of this crime is under the age of 18. □ Please check if the victim of this crime is deceased.
First:Middle Initial: Last:Suffix:
OFFENDER INFORMATION
Offender is: 🗆 in a county jail 🗅 in a state prison 🗅 on parole 🕒 on probation/post-release supervision 🗅 unknown
First:Middle Initial: Last:Suffix:
Offender's County Jail # or NCDAC #: County of Conviction:
Crime(s):
Court Case #(s):
SEND THIS FORM TO
By Email: SVC_DAC_victimservices@dac.nc.gov By Mail: NC Dept. of Adult Correction
By Fax:919-715-1256Victim Support Services4223 Mail Service Center Raleigh, NC 27699-4223
For victim services questions: Victim Support Services 1-866-719-0108, Monday-Friday, 8am-5pm
For operator assistance with phone, email, text or TTY notifications: 1-877-627-2826, 24 hours/day
For web information: www.dac.nc.gov