

CONFIDENTIAL

STATE OF CALIFORNIA

OFFICE OF VICTIM AND SURVIVOR RIGHTS AND SERVICES

REQUEST FOR OFFENDER INFORMATION

If you are a victim of crime, next of kin, parent or guardian of the minor victim and the offender is being supervised by or housed in the California Department of Corrections and Rehabilitation-Division of Juvenile Justice you have the right to be notified of certain offender information.

To request offender notification please fill out the sections below and mail or fax form to:

California Department of Corrections and Rehabilitation
Office of Victim and Survivor Rights and Services—Juvenile Offender Information
P.O. Box 942883
Sacramento, California 94283-0001

Office Phone: (916) 322-4220

Toll Free Phone: (877) 256-6877 option #2

Fax: (916) 322-8203

Website Address: <http://www.cdcr.ca.gov>

E-mail: ovssinet@cdcr.ca.gov

Offender Name _____ YA#/M#/E# _____

Date Sentenced: _____ CDC# _____

County of Commitment: _____ Court Case # _____

Offense/Date: _____

- As the:
- Victim
 - Parent or Guardian
 - Next of Kin
 - Witness
 - Other _____

I request to be advised on this offender's status as allowable by law. **I understand that it is my responsibility to keep my address and phone number current so that notification can be made.**

Name of victim: _____ Minor Deceased _____

Name of contact person: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____

E-Mail: _____

| | |
|-------------------------|--------------------|
| Signature: _____ | Date: _____ |
|-------------------------|--------------------|

_____ **Fold Here** _____

_____ **Fold Here** _____

Return Address

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