**CONFIDENTIAL REQUEST FOR NOTIFICATION OF STATUS OF INMATE**

JD-VS-5 Rev. 3-2000
C.G.S. §§ 18-81e, 54-228

STATE OF CONNECTICUT
**OFFICE OF VICTIM SERVICES**
JUDICIAL BRANCH
*www.jud.state.ct.us*

**INSTRUCTIONS**

1. *Prepare on typewriter or print neatly.*
2. *Complete as much of the information as you can.*
3. *Forward the completed form to the address shown below.*
4. *Keep a copy for your records.*

**FROM: Office of Victim Services, 31 Cooke Street, Plainville, CT 06062**

| FROM *(Your name)* | YOUR DATE OF BIRTH | DAYTIME PHONE NO. | EVENING PHONE NO. |
|---|---|---|---|
| | | | |

MAILING ADDRESS TO WHICH YOU WANT NOTIFICATION SENT *(Number, apt. no., street, town and zip code)*

YOUR RELATIONSHIP TO VICTIM

☐ SELF ☐ PARENT/LEGAL GUARDIAN ☐ LEGAL REPRESENTATIVE ☐ DECEASED VICTIM'S IMMEDIATE FAMILY ☐ STATE'S ATTY.

EMERGENCY CONTACT-IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED, IS THERE SOMEONE ELSE WE CAN CONTACT *(Give name and telephone no.)*

RELATIONSHIP OF ABOVE-NAMED EMERGENCY CONTACT TO VICTIM

☐ SELF ☐ PARENT/LEGAL GUARDIAN ☐ LEGAL REPRESENTATIVE ☐ DECEASED VICTIM'S IMMEDIATE FAMILY ☐ STATE'S ATTY.

Please notify me of the inmate named below *("X" all that apply):*

☐ applies for a pardon, parole, release from prison other than a furlough (discharge, halfway house, etc.) or change in sentence

☐ is scheduled to be released from a correctional facility other than on a furlough.

☐ dies while in custody.

| NAME OF INMATE | DATE OF BIRTH | DEPT. OF CORRECTIONS NO. | SOCIAL SECURITY NO. |
|---|---|---|---|
| | | | |
| TOWN WHERE CRIME OCCURRED | ARREST DATE | SENTENCING DATE | SENTENCING COURT |
| | | | |

SIGNED **X** _____ DATE SIGNED _____

**NOTICE: Keep a copy of this request for your records. Acknowledgement will be sent to you within thirty (30) days. If you do not receive an acknowledgement, call 1-800-822-8428.**