***Registration:**
☐ New
☐ Update

The Ohio Department of Rehabilitation and Correction
Office of Victim Services

VICTIM NOTIFICATION

(Please Print)

I am requesting to be placed on the victim notification list. By registering with the Office of Victim Services I will receive notifications regarding the following events: Parole Board Hearings, Clemency Hearings, Full Board Hearings, Recommendation to the Transitional Control Program, Release Date, Escape and/or Death. I understand that I have a right to be notified per ORC 2930.16, provided the Office of Victim Services has received this notification form. I understand this information will remain confidential.

Offender Information: Please fill out this section with as much information as possible. If you are unaware of the offender number, please contact the Office of Victim Services at 1-888-842-8464 option 1, or search via the website at www.drc.ohio.gov.

Offender Name:	*FIRST	MI	*LAST
Offender Number:	Offender Race:	Offender DOB:	
Court Case #:	Sentencing County:		

Victim Information: The victim or a designated representative may receive notification. The person to receive this notification must provide the following information:

Name of Person Requesting Notification:

☐ Mr. ☐ Ms.	*FIRST	MI	*LAST
*Street Address:	*City:	*State:	*Zip Code + 4:
May We Contact You by E-mail: ☐ Yes ☐ No	E-mail Address:		
☐ No Phone	Daytime Phone: Ext.:	Alternate Phone: Ext.:	
Cell Phone:			
*Is the Victim A Minor: *(under 18)* ☐ Yes ☐ No	*What, if any, is your relationship to the offender:		

Relationship to Victim:

*What is your relationship to the Victim:

PLEASE MAIL THIS FORM TO:

The Ohio Department of Rehabilitation & Correction
Office of Victim Services - Notification Section
4545 Fisher Road, Suite D
Columbus, Ohio 43228
Or Fax To: (614) 728-1980 Or Email: drc.victim.services@odrc.state.oh.us

Upon Receipt of this form, the Office of Victim Services will process your request and you will receive a confirmation letter.

Note: If the Offender in your case sends a letter of apology to the Office of Victim Services, do you wish to be notified?
☐ Yes ☐ No

If you would like to also be registered for the Victim Information and Notification Everyday (VINE) telephone system, please call 1-800-770-0192 for more information, or go to VINE online at www.vinelink.com.

By completing the section below, I am requesting to be placed on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any changes in the information provided on this form.

☐ * Signature:	*Date:

**** = Required Information***