

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

VICTIM NOTIFICATION REQUEST
(PLEASE PRINT OR TYPE ALL INFORMATION)
In compliance with 944.605, Florida Statutes

Your Name: _____

Your Address: _____

City/State/Zip: _____

Telephone: (Home) (____) _____
(Work) (____) _____
(Cell) (____) _____

**** Note:** Giving us your telephone number(s) will automatically register you to receive automated notification calls from our VINE Service each time the inmate's movement changes. Do you want this service?

YES _____ NO _____

Victim Name: _____

Your relationship to the Victim: _____

Is the Victim deceased? __ Yes __ No

If Victim is a minor, Victim's date of birth: _____

Your relationship to the inmate: _____

If you are the victim, survivor or representative for the victim, this is your opportunity to provide us with important information. If you are not the victim/survivor/representative, please explain why you wish to be notified. Please indicate whether you have been threatened, or if you are in fear for your safety or the safety of your family. (Attach additional pages, if necessary.)

Inmate Information:

Please provide all information, if known. Whatever information you can provide will help us to ensure we have you registered on the correct inmate. Please complete a separate notification form for each inmate.

INMATE NAME: _____

DC Number: _____

Date of Birth: _____

Race: _____

Sex: _____

Soc. Sec. #: _____

Crime: _____

County: _____

Sentence: _____

Case Number: _____

Upon completion, return to:
Victim Assistance Office
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, FL 32399-2500
FAX: (850) 487-7092

For assistance, please call our office toll-free at 1-877-884-2846, Monday through Friday, 8 a.m. to 5 p.m. Eastern Time. You may also call directly to our VINE Service for inmate information toll-free at 1-877-846-3435, 24 hours a day, 7 days a week.