

**Request for Victim Notification**

Date: \_\_\_\_\_

As a victim of a crime committed by the below listed inmate, I am requesting notification when this inmate is released, escapes, or upon his death. Please fill out a new form for each person wishing to be notified and each defendant if more than one.

Are you the (Circle One):

Victim or Victim's Family

Victim's Name: \_\_\_\_\_

Name (if not the victim) & Relationship to Victim:

\_\_\_\_\_

Address:

Physical Street and/or P.O. Box:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Name of Criminal Offender & Date of Birth

\_\_\_\_\_

AIS Number (If Known):

County & Court Case No.:

\_\_\_\_\_

\_\_\_\_\_

Please complete this form and return to:  
Alabama Department of Corrections  
C/O Victim Services  
P O Box 301501  
Montgomery, AL 36130-1501