



## Victim Notification Program Enrollment Form

Under CRS 24-4.1-101 et seq., the Victim Rights Act (VRA), victims of designated crimes have the right to be notified of certain changes in the status of the offender in their case such as initial DOC facility placement, transfers to other prison facilities, referrals to community corrections (half-way houses), parole application and revocation hearings, parole hearing outcomes, escapes, apprehensions, sentence discharge or death.

If you are the victim of the offender's current incarceration, as outlined in the VRA, by filling out this form you will be enrolled in the Department of Corrections' Victim Notification Program. The information you provide will be confidential.

**\*\*\* You are not enrolled in the Victim Notification Program until you receive an Acknowledgement Letter. It is your responsibility to notify the Department of Corrections in the event of an address, e-mail, or telephone change. \*\*\***

\_\_\_\_\_  
Date of Enrollment Application

\_\_\_\_\_  
Offender Name

\_\_\_\_\_  
DOC # (If known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Approximate Sentencing Date

\_\_\_\_\_  
Sentencing County

\_\_\_\_\_  
Court Case Number

\_\_\_\_\_  
Please list the crime(s) this offender is sentenced to DOC for

\_\_\_\_\_  
Your relationship to the victim (e.g., self, parent, relative or court designee – please be specific,)

\_\_\_\_\_  
Your Name (Please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Work number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name and telephone number of person distributing this form to the victim/designee

\_\_\_\_\_  
Date

Please mail to: DOC Victim Notification Program, 2862 South Circle Drive, Colorado Springs, CO 80906; Telephone number (719)226-4709; or, in the state of Colorado only, 1(800)886-7688; Fax number (719)226-4485

NOTE: You may also enroll online at [www.colorado.gov/pacific/cdoc/victim-services](http://www.colorado.gov/pacific/cdoc/victim-services) or email this enrollment application to [vsu\\_doc@state.co.us](mailto:vsu_doc@state.co.us)