

**CONFIDENTIAL**

STATE OF CALIFORNIA

OFFICE OF VICTIM AND SURVIVOR RIGHTS AND SERVICES

**REQUEST FOR OFFENDER INFORMATION**

If you are a victim of crime, next of kin, parent or guardian of the minor victim and the offender is being supervised by the California Department of Corrections and Rehabilitation-Division of Juvenile Justice you have the right to be notified of certain offender information.

To request offender notification please fill out the designated sections below and mail or fax form to:

**California Department of Corrections and Rehabilitation  
Office of Victim and Survivor Rights and Services--Juvenile Services Unit  
P.O. Box 942883  
Sacramento, California 94283-0001**

Office Phone: **(916) 262-0896**

Toll Free Phone: **(877) 256-6877**

Fax: (916) 262-1181

Website Address: <http://www.cdcr.ca.gov>

**E-mail: [ovssinet@cdcr.ca.gov](mailto:ovssinet@cdcr.ca.gov)**

Offender Name \_\_\_\_\_ YA#/M#/E# \_\_\_\_\_

Date Sentenced: \_\_\_\_\_ CDC# \_\_\_\_\_

County of Commitment: \_\_\_\_\_ Court Case # \_\_\_\_\_

Offense/Date: \_\_\_\_\_

- As the:  Victim  
 Parent or Guardian  
 Next of Kin  
 Witness  
 Other \_\_\_\_\_

I request to be advised on this offender's status as allowable by law. **I understand that it is my responsibility to keep my address and phone number current so that notification can be made.**

Name of victim: \_\_\_\_\_  Minor  Deceased

Name of contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Fold Here**

**Fold Here**

**Return Address**

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Office of Victim and Survivor Rights and Services - Juvenile Services Unit  
P.O. Box 942883  
Sacramento, California 94283-0001  
ATTENTION: Parole Agent III**