

California Department of Corrections and Rehabilitation (CDCR)  
Office of Victim and Survivor Rights and Services (OVSRS)  
P.O. Box 942883, Sacramento, CA 94283-0001  
Toll Free Number (877) 256-6877 Fax Number (916) 445-3737  
[http://www.cdcr.ca.gov/victim\\_services/index.html](http://www.cdcr.ca.gov/victim_services/index.html)  
**DO NOT MAIL COMPLETED FORM TO A PRISON**



Check one:  New/Revised Request for Victim Services  Change of address only (complete sections A, E, and F)

**SECTION A. APPLICANT INFORMATION**

Check one:  Victim (direct victim of inmate)  Witness  Concerned Citizen  
 Family member of victim (next of kin), indicate relationship: \_\_\_\_\_

Print Applicant Name: Circle Mr./Mrs./Ms. \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Home Address: \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

Mailing Address (If Different): \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP CODE)

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (EMAIL)  
(DAYTIME) (EVENING) (CELL)

NOTE: It is your responsibility to keep the OVSRS informed of any changes to your personal information.

**SECTION B. NOTIFICATION OF INMATE STATUS IN PRISON**

I request the following notification service(s) about the status of the inmate in prison:

- Notification of **release, escape, or death** of an inmate  
 Notification of **inmate's criminal appeal** (Note: Checking this box will allow us to share your information with the California Attorney General's Office.)

**For victims/next of kin only:**

- Notification of **parole hearing** (applies only to inmates sentenced to a prison term that includes a life sentence)  
May we share your contact information with the district attorney's office where the trial was held?  Yes  No

**SECTION C. CONDITIONS OF PAROLE FOR INMATE**

NOTE: Requests for special conditions of parole are considered but not guaranteed.

I request the following conditions when the inmate is released on parole:

- Parolee not be allowed to contact me while he/she is on parole  
 Parolee not be allowed to live in the same county that I live in

**For victims/witnesses only:**

- Parolee not be allowed to live within 35 miles of my home address (available only for specific types of crimes - see instructions)

NOTE: If you would like to provide additional information explaining your request, attach a separate sheet of paper.

**SECTION D. RESTITUTION**

- There is a restitution court order in the amount of \$ \_\_\_\_\_ payable to (name): \_\_\_\_\_.

NOTE: To be determined (TBD) orders must be finalized by the county before CDCR can collect restitution.

**SECTION E. INMATE IDENTIFICATION**

Please provide as much of the following information about the inmate as possible:

Inmate's Full Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(FIRST) (MIDDLE) (LAST) MO DAY YEAR

CDC Number (Prison Number): \_\_\_\_\_ Date Sentenced to State Prison: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO DAY YEAR

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

**SECTION F. APPLICANT SIGNATURE**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Read the following instructions carefully to fill out the form so that it can be processed correctly.

Check one of the two boxes at the top of the CDCR 1707 form to indicate if this is a **new/revised request** or a **change of address only**. If you check the "Change of address only" box, complete sections A, E, and F only.

### SECTION A. APPLICANT INFORMATION

Check the box that most accurately describes your relationship to the inmate: **victim, witness, concerned citizen, or family member of victim** (next of kin)--indicate relationship to victim.

Circle the appropriate title: **Mr., Mrs., or Ms.**

Clearly print your name, home address, mailing address (*if different*), telephone number where you can be reached during the day, and email address (*if you have one*).

**NOTE:** *It is your responsibility to keep the OVSRS informed of any changes to your personal information.*

### SECTION B. NOTIFICATION OF INMATE STATUS IN PRISON

Check the most appropriate box(es) regarding your request.

Checking the **1st box** will register you for notification of the **release, escape, or death** of an inmate.

Checking the **2nd box** will allow the Office of Victim and Survivor Rights and Services (OVSRS) to share your information with the California Attorney General's Office. The Attorney General's Office will notify you of the status and outcome of any criminal appeal filed by the inmate in this case.

The third box applies to victims/next of kin only.

Checking the **3rd box** will register you for notification of the date of an inmate's **parole hearing only** if the inmate has been sentenced to a prison term with a **life sentence**.

*In addition, check yes* to allow the OVSRS to share your information with the district attorney's office where the trial was held. The district attorney's office will help you if there is a parole hearing for an inmate with a life sentence. Check **no** if you do not want us to share your information.

### SECTION C. CONDITIONS OF PAROLE FOR INMATE

Special conditions of parole are not guaranteed but you may check all that you wish to request.

Checking the **1st box** will request that the parolee have **no contact** with you while he/she is on parole.

Checking the **2nd box** will request that the parolee **not be allowed to live in the same county** that you live in.

The third box applies to victims and witnesses only.

Checking the **3rd box** will request that the parolee **not be allowed to live within 35 miles of your home address**. *Per Penal Code Section 3003, available only for the following: murder or voluntary manslaughter, mayhem, rape, sodomy by force, oral copulation, lewd acts on a child under 14, any felony punishable by death, stalking, and assault with a great bodily injury enhancement.*

### SECTION D. RESTITUTION

Restitution is only collected if it is court ordered by a judge. Completing this section will provide the OVSRS with information to verify that our restitution records are complete. If your direct order of restitution states "TBD" for the dollar amount, contact the district attorney's office to request that a motion be filed to determine the restitution amount.

### SECTION E. INMATE IDENTIFICATION

Provide as much information as you can in this section so we can be sure that we have the correct inmate involved in your case. If you need help completing this section, you may contact the District Attorney's Office in the county where the trial was held.

### SECTION F. APPLICANT SIGNATURE

You must sign and date the form. The form cannot be processed without a signature. Forms without a signature will be returned.

### MAIL COMPLETED FORM TO :

Office of Victim and Survivor Rights and Services  
P.O. Box 942883  
Sacramento, CA 94283-0001

### PRIVACY STATEMENT:

**AGENCY STATEMENT:** The California Department of Corrections & Rehabilitation (CDCR), Request for Victim Services, CDCR 1707.  
**OFFICE RESPONSIBLE FOR FORM:** Office of Victim and Survivor Rights and Services, P.O. Box 942883, Sacramento, CA 94283-0001. The telephone number is 1 (877) 256-6877. **AUTHORITY:** Penal Code Section 679.003, 2085.5, and 3058.8.

**PROVIDING INFORMATION:** The information requested is necessary to process your request for victim services and is voluntary. Failure to provide any of the information requested may prevent OVSRS from processing your request. All information will remain confidential.