

Oregon Board of Parole & Post-Prison Supervision
VICTIM REQUEST FOR NOTIFICATION

Pursuant to Oregon Statute, I am requesting the Oregon Board of Parole notify me of the selection actions on the following inmate/offender:

Inmate/Offender Name: _____ State ID (SID) Number: _____

If SID number unknown: Date of birth: _____ County of Conviction: Washington DA Case Number: _____

Types of Notification

(please select only those you want notification on)

- | | | |
|--|--|--|
| <input type="checkbox"/> Scheduled Parole Hearings | <input type="checkbox"/> Board Action Form | <input type="checkbox"/> Release from Prison |
| <input type="checkbox"/> Orders of Supervision | <input type="checkbox"/> Photo of Offender | <input type="checkbox"/> Inactive Status |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Deceased | <input type="checkbox"/> Sex Offender Notification Level |
| <input type="checkbox"/> All of the above | | |

Victim's Name: _____ Your relation to victim: _____

Your Name: _____ Preferred method of contact: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Address if outside the US: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

Other information: _____

- Yes.** I wish for my address and phone number to be kept confidential, not to be disclosed to the inmate.
- No.** It is not necessary that my address and phone number be kept confidential.

Submit your completed form by mail to:
Oregon Board of Parole and Post-Prison Supervision
1321 Tandem Ave NE
Salem, OR 97301

Submit your form by email to:
DLParoleBoardVictimNotify@doc.state.or.us

Submit your form by fax to:
(503) 373-7558

Parole Board Use Only:

PID: _____ Notify Date: _____ New Entry Data Change
 Phone E-mail Mail In Person
PBMIS Entry: _____ CIS Entry: _____ PB Staff: _____