

REQUEST FOR NOTIFICATION OF PRISONER RELEASE

NOTIFICATION OF PRISONER OR JUVENILE RELEASE

A victim of a crime of Murder or of a Class A, Class B, or Class C crime or of a Class D crime under chapters 9, 11 or 12 for which the person is sentenced to institutional confinement in the Department of Corrections or to a county jail or is committed to the custody of the Commissioner of Health and Human Services must receive notice of that person's release and discharge from institutional confinement upon the expiration of the sentence and must receive notice of any conditional release of the person from institutional confinement, including probation, parole, furlough, overnight release, work release, intensive supervision, supervised community confinement, aftercare, therapeutic leave or similar program if the victim so requests.

1. Name of Prisoner: _____

Court and Docket Number: _____

2. Name of Victim: _____

3. Address of Victim: _____

4. Contact Number of Victim: (H) _____ (W) _____

(Cell) _____

(Other) _____

Would you like this number "blocked" for calls made from a correctional facility? Y N

5. Signature of Victim: _____

Dated: _____

PLEASE NOTIFY VICTIM SERVICES OF ANY CHANGE IN ADDRESS OR CONTACT NUMBER.

OFFICE OF THE PROSECUTING ATTORNEY

Address: _____

VICTIMS REQUESTING NOTIFICATION ARE PROHIBITED FROM VISITING PRISONER OR BECOMING FURLOUGH SPONSOR.

Please forward to: Commissioner, c/o Tessa Mosher, Victim Services, MDOC, 111 State House Station, Augusta, ME 04333-0111

A victim notification request shall be handled as confidential information and shall not be disseminated.