



VICTIM NOTIFICATION REQUEST FORM

Victims must submit a request containing current contact information in order to receive information from the Minnesota Department of Corrections pursuant to Minn. Stat. §611A.06. Requests may be submitted by mail, fax or email.

Submit this form to:
Minnesota Department of Corrections Victim Assistance Program
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108
Fax: 651-642-0457
Email: victimassistance@state.mn.us

- Initial Request** (Applicable **ONLY** when offender is incarcerated in a Minnesota Department Corrections Facility)
- Address Change**

Victim Information

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____ **Alternate Phone:** _____

Email Address: _____

Do you prefer notification by email? Yes No

Offender Information *Provide as much information as is known.*

Offender Name: _____

OID: _____ **Date of Birth:** _____

County of Prosecution: _____

The Minnesota Department of Corrections will acknowledge receipt of your request within 7 days of the offender's arrival at a Minnesota Correctional Facility. If you have not received acknowledgement within 7 days, please contact your victim service provider or the Minnesota Department of Corrections Victim Services Program at 1-800-657-3830.

Offender information is available at www.doc.state.mn.us.