Montana Department of Corrections
VICTIM NOTIFICATION

I understand that as victim of a felony crime, I have the right under Montana law (46-24-212, MCA), to receive certain information about the convicted offender if I request to be notified. I also understand that it is my responsibility to inform the Department of Corrections (DOC) if I change my address or phone number. Otherwise, the DOC may not be able to notify me.

OFFENDER'S NAME: _____

DOC ID (optional): _____

Please notify me of the following events regarding this offender:

1. Estimated dates of his/her parole eligibility and release from custody.
2. Reasonable advance notice that his/her sentence is expiring, or he/she is being released on probation, parole, furlough, to a work-release program, prerelease center, or other community-based facility or program.
3. The city or town in which the offender will live while under DOC community supervision.
4. Prompt notice if the offender escapes or is recaptured.
5. The offender's death.

My name: _____

Address: _____Email (optional): _____

City: _____State: _____ Zip code: _____

Phone numbers(s): _____

Signature: _____ Date:_____

I am ( ) the primary victim ( ) a family member of the victim ( ) other (please explain): _____

Additional information: _____

ANOTHER IMPORTANT REGISTRATION STEP

VINE is a free, confidential automated phone and email notification system that provides 24-hour custody information about state prison inmates. We urge you to register for VINE by calling (800) 456-3076 or by logging onto www.vinelink.com. If you have questions, call DOC victim services toll-free at (888) 223-6333.

For male offenders, mail this form to:
Warden's Office
Montana State Prison
400 Conley Lake Road
Deer Lodge, MT 59722

For female offenders, mail this form to:
Warden's Office
Montana Women's Prison
701 South 27th Street
Billings, MT 59101

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