



ALABAMA BUREAU OF PARDONS & PAROLES



VICTIM NOTIFICATION FORM

VICTIM/CONTACT INFORMATION

Name: _____

I am: Victim Parent/Guardian

Immediate Family – Relationship: _____

Victim's Name: _____

DOB: _____

Current Mailing Address: _____

City: _____

State: _____

Zip: _____

County: _____

Primary Phone: _____

Alternate Phone: _____

Email Address(es): _____

CRIME INFORMATION (COMPLETE A NEW FORM FOR EACH DEFENDANT)

Defendant's Name: _____

AIS #: _____

Offense: _____

County: _____

Case #: _____

Offense: _____

County: _____

Case #: _____

Offense: _____

County: _____

Case #: _____

NOTIFICATION INFORMATION (PLEASE SELECT "YES" OR "NO" BELOW)

IF THE DEFENDANT IS ELIGIBLE FOR A PAROLE/PARDON HEARING DO YOU CHOOSE TO BE NOTIFIED?

YES, I choose to be notified by (select **ALL** that apply):

Regular Mail

Certified Mail (Return Receipt Requested)

Email

NO, I do NOT want to be notified.

Per Alabama Code Section 15-22-36(e)(5), I hereby waive my statutory right to notice of parole consideration hearings for the above-named inmate. I understand that I will no longer receive any future notifications related to this inmate. I understand that I may re-register for notifications for the above-named inmate at any time so long as it is 45 days' prior to the inmate's parole consideration hearing.

Signature: _____

Date: _____

To re-register for notification once you have submitted a waiver, please contact the Victim Services Unit at 334.353.1143.

Submit this form via mail to: **OR**

Alabama Bureau of Pardons and Paroles

ATTN: Victim Services

100 Capitol Commerce Blvd

Montgomery, AL 36117

Submit this form via email to:

victim.services@paroles.alabama.gov

Locator email:

FOR BUREAU USE ONLY

Employee Name: _____

Date Sent: _____