

**Montgomery County Sheriff's Office  
Victim Notification Form**

All victim information contained on this form is confidential

As a victim of a crime, you have the right to be notified by the Department of Corrections, Sheriff, or a Jail Superintendent in who's custody an escape, change of name, transfer, release or discharge of a prisoner occurs. Pursuant to the State Code of Virginia, you must provide your request, along with your name, current address and telephone numbers in writing.

I am the victim in this case and I wish to be informed of the changes in the offender's status. I understand that it is my responsibility to always inform the Department of Corrections, Sheriff, or Jail Superintendent of any change of address and change in telephone numbers as soon as possible.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Victim Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Pager No: \_\_\_\_\_

Deputies must verify that the person receiving the information is the exact party that is listed as the victim.

**Offender Information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Offense Committed: \_\_\_\_\_  
Convicting Court: \_\_\_\_\_ Date of Sentencing: \_\_\_\_\_  
Length of Sentence: \_\_\_\_\_

**Victim Notification Call Log**

Number called: \_\_\_\_\_ Time called: \_\_\_\_\_ Date called: \_\_\_\_\_  
Deputy that called: \_\_\_\_\_ Reason for call: \_\_\_\_\_  
Was Contact made? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

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Was Contact made? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_