



STATE OF TENNESSEE
 BOARD OF PAROLE
 Victim Services
 500 James Robertson Parkway
 Davy Crockett Tower, 4th Floor
 Nashville, TN 37243-0850



CONFIDENTIAL
Victim/Member of the Public
Request for Notification

NOTE: It is the responsibility of the victim or victim's representative to provide the Board of Parole with a current mailing address, and to keep the Board informed of any changes in the mailing address. BY LAW, CONTACT INFORMATION FOR REGISTERED VICTIMS OF CRIME, FAMILY MEMBERS, AND INTERESTED MEMBERS OF THE PUBLIC WILL BE HELD CONFIDENTIAL.

Date: _____

Offender Name: _____ TOMIS #: _____

Race: _____ Sex: _____ DOB: _____ Case Number: _____

Have you been court ordered restitution? (Check if yes): BOP is not responsible for collecting restitution.

By registering, you will be notified of Parole Hearings, Parole Decisions, and Parole Releases as applicable. NOTE: Failure to provide the complete contact information requested may delay or prevent Victim Services from processing your request.

Your Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Are you the Victim? Yes No

If not, please indicate your relationship to the victim (please select one):

Spouse Parent Child Sibling Grandparent Grandchild

Step Parent Step Child Step Sibling Half Sibling Other

Victim's Name: _____

Special Notes: _____

MAIL TO: Tennessee Board of Parole, Victim Services Division
 500 James Robertson Pkwy, Davy Crockett Tower, 4th Floor
 Nashville, TN 37243-0850

Please direct all questions to BOP:
 Phone: Toll Free at 866-795-7467 or locally at 615-532-8112
 Fax: 615-741-5337
 E-mail: Victim.Witness@tn.gov

FOR OFFICIAL USE ONLY		
Date Entered: _____	Registration Type: _____	VPIN: _____
Special Instructions: _____		