



STATE OF TENNESSEE  
**BOARD OF PAROLE**  
VICTIM SERVICES DIVISION



500 James Robertson Parkway, 4<sup>th</sup> Floor  
Nashville, TN 37243-0850

**Victim/ Family Members/ Interested Parties**

**Change of Address Form**

Persons who have previously completed a Victim Impact Statement, Notification Request Form, or written a letter whose mailing address has changed, should complete the information below.

Offender's Name: \_\_\_\_\_ TOMIS #: \_\_\_\_\_

If you do not know the offender's TOMIS #, please provide SSN, DOB, and sex of the offender.

Offender's SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

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Your Name: \_\_\_\_\_

Relationship to Victim/ Interest in Case:

Previous Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_