



## Victim/Witness Notification Program

### VICTIM BILL OF RIGHTS NOTIFICATION REQUEST FORM

**T0:** Wyoming Department of Corrections

**CASE NAME:** State v. \_\_\_\_\_

**DATE:** \_\_\_\_\_

#### NOTICE

You have been identified as possibly being eligible to receive information under the Wyoming Victim Bill of Rights and other State law as outlined below. If you are eligible and wish to receive information, please complete Sections I and II on the back of the form, and then submit the form to the prosecutor's office in the county where the crime occurred to complete the remainder of the form. The form must then be mailed to the Department of Corrections, 1934 Wyott Drive, Suite 100, Cheyenne, Wyoming 82002. All information provided on this form will be confidential.

#### NOTIFICATION REQUEST

I request notification from the **Department of Corrections** about the following incarceration matters:

**(NOTE: Notification on Item #8 below will be provided only to those individuals who have been identified and registered as the actual victim of the crime.)**

1. The commencement of the offender's imprisonment and location were confined.
2. The earliest date the offender could be released and the date when the offender is actually released to parole or upon completion of the maximum sentence.
3. Any work release of the offender and the assigned work release site.
4. The escape, recapture, or death of the offender.
5. Any reduction or extension of the offender's sentence.
6. Any change in location of the offender (both while incarcerated and on parole).
7. Furloughs
8. Prior notice and the opportunity to provide written comments to Adult Community Corrections Board prior to acceptance of the offender to an ACC Program.

I request notification from the **Board of Parole** about the following parole matters:

**(NOTE: Notification on Items #1 and #2 below will be provided only to those individuals who have been identified and registered as the actual victim of the crime.)**

1. Prior notice of upcoming parole hearings and the opportunity to provide written input or to appear personally before the Board prior to a grant of parole.
2. Prior notice and the opportunity to provide written comments prior to any decision to excuse payment of restitution as a condition of parole.
3. Any decision to grant or modify parole and any conditions imposed.
4. Any pending revocation of parole, any associated return to custody, the revocation hearing date and disposition of revocation proceedings.
5. Any absconsion from supervision (leaving the area or failure to report to agent) and subsequent apprehension.
6. Any rescission of parole (withdrawal of parole grant before the offender has been released, based on new information).
7. Discharge from parole upon completion of the offender's sentence.
8. Prior notice and the opportunity to provide written input regarding pending commutations (sentence changes by the Governor) of the offender's sentence and notification of commutations granted.

I request notification from the **Attorney General's Office** about the following matters:

1. Notification of any applications by the offender for a pardon.
2. Notification of any appeal of the offender's case.

If you **DO NOT** wish to receive information in this matter, you need only complete Section II to indicate that you have been advised of your rights to receive information.

**I. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Last First Middle Initial

Current Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Current Telephone Numbers, including area codes:  
Home: ( ) Cell: ( ) Work: ( )

Would you like to receive notification by **E-mail only**?  Yes  No **If yes, please provide your**  
e-mail address: \_\_\_\_\_

**II. APPLICANT'S STATEMENT**

I  **do**  **do not** request information/notification as noted on this form. I understand that, as a condition for receiving any requested information/notification, I must advise the Wyoming Department of Corrections of any changes in my address or telephone number, and that failure to do so will result in discontinuation of notification.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. OFFENDER INFORMATION**

**PLEASE NOTE:** The information in this section is required and must be completed by the Prosecutor's Office. The form will be returned if the information is not complete.

Offender's Name: \_\_\_\_\_  
Last First Middle

Offender's Date of Birth: \_\_\_\_\_ Offense(s): \_\_\_\_\_

Sentencing Court: \_\_\_\_\_ Docket No. \_\_\_\_\_ Date of Sentencing: \_\_\_\_\_

Length of Sentence(s): \_\_\_\_\_ Place of Incarceration: \_\_\_\_\_

**IV. PROSECUTOR'S OFFICE CERTIFICATION**

I \_\_\_\_\_, \_\_\_\_\_  
Name Title

certify that \_\_\_\_\_ has been identified by this office as being entitled to  
Requestor's Name  
information regarding \_\_\_\_\_ pursuant to W.S. § 1-40-210 *et seq.*  
Offender's Name

The above named requestor was a:  Victim  Key-witness  Prosecutor's office member  
 Victim/Witness coordinator, or  Advocate in this case

SIGNED: \_\_\_\_\_  
Prosecuting Attorney or Authorized Representative  
\_\_\_\_\_ County, Wyoming

Acknowledged and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
(Notary Seal)

**PLEASE MAIL TO: Wyoming Department of Corrections, 1934 Wyott Drive, Suite 100 Cheyenne, WY 82002**  
**Attention: Victim Notification Program**