

OFFICE OF THE DISTRICT ATTORNEY DOUGLAS COUNTY

Mark B. Jackson District Attorney

Post-Sentencing Packet

Once a defendant has been sentenced to prison, victims and their families are encouraged to register a valid mailing address with the Nevada Department of Corrections in order to be notified of post-conviction proceedings in which victims may have an opportunity to give input. This includes notifications from the Parole Board and the Office of the Attorney General, should those agencies become involved.

Additionally, victims may register with Nevada VINElink for general custody notifications in real-time. *Registration with VINElink does not automatically register you for notifications with the Nevada Department of Corrections for notification of post-conviction proceedings. Each notification system is a separate registration, and victims are encouraged to complete both.

Enclosed you will find the notification forms/links you must complete and submit to the respective agencies. Please keep a copy of these documents for your personal records. If you have any questions, please contact our Victim Witness Unit at 775-781-8528.

Nevada Department of Corrections

Victim Services Unit: Attention Jennifer Rey P.O. Box 7011 Carson City, NV 89702 <u>jlrey@doc.nv.gov</u>

Victim Information Notification Everyday (VINE)

Vinelink.com (866) 277-7477

Please know that it is your responsibility to notify these agencies should your address and/or phone number change.



The Nevada Department of Corrections Victim Services Unit

VICTIM NOTIFICATION REQUEST

PLEASE MAIL THIS FORM TO:

Nevada Department of Corrections Victim Services Unit – Attn: Jennifer Rey P.O. Box 7011

Carson City, Nevada 89702 **Or Fax To:** 775-887-3167

Date:			

I request to be notified regarding the offender listed below. I understand that submitting this form meets the written requirement provided in NRS 209.521. I have provided the requested information as completely as possible. I understand that all information I provide will remain confidential.

OFFENDER INFORMATION: Please fill out this section to the best of your ability. You do not need to know all of the requested information in order to register. The most important identifiers are the name and offender number. If you are unaware of this number, please contact the Victim Services Unit at 775-887-3393, 1-888-333-6076 [in-state toll-free], or by e-mail at ilrey@doc.nv.gov.

Inmate Name:		NDOC Number, If Known:				
DOB:		Court Case #:				
threatened party ma	TENED PARTY INFORMATION ay receive notification. If a desitude the victim (if applicable). The p	ignate	d repres	sentative is o	chosen, he or	she must sign this
Name:				Age, if minor:		
□ Victim fa	instant offense ☐ Victim of pr mily member [relationship]			☐ Threate	ened party	
☐ Intereste	d [relationship to victim or offend	der]				_
Address:		City:			State:	
Zip Code: Dayti	ime Phone:		Evening	Phone:	•	
E-mail:		•				

NOTIFICATION OPTIONS: You have the option of utilizing VINE [Victim Information Notification Everyday], a free, confidential, automated telephone & e-mail system that provides custody status about an offender in prison. If you choose to receive notifications from VINE only, you can register directly by going to www.vinelink.com, calling 1-888-268-8463, or you can contact the Victim Services Unit directly.

My signature below indicates that I am requesting placement on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any change in the information provided above.

Signature:	Designated Representative Signature, if needed:				