CRIME VICTIM NOTIFICATION REQUEST FORM

The defendant in the case, in which you are listed as the victim, has been placed on probation through Intervention.

Section 24-4.1-302.5 Rights Afforded to Victims. As a result of the Crime Victim Rights Amendment to the Colorado Constitution, victims have the right to be notified of certain changes in the status of offenders. However, only victims who request notified will receive information. If you would like to receive future information, please complete this form and return it to the address listed below. By completing and submitting this form, you are requesting such notification for offenders placed on probation supervision. If you have questions regarding this process, please contact Intervention. To ensure that we can continue to keep you informed, it is your responsibility to notify the Intervention Case Manager/Victim Services Specialist of any changes in your contact information.

The Critical Stages Events you have a right to be notified about are:

- Any change or Court ordered modification of the offender's original terms and conditions of probation;
- The location and telephone number of the probation department supervising the offender;
- The date of the offender's termination of probation supervision;
- Any release of the person in advance of the originally imposed sentence or period of probation;
- Any filing of probation revocation or modification hearing regarding the offender and any changes in the scheduling of the post-conviction hearings;
- Any change of venue, jurisdiction or transfer of the offender's probation supervision from one jurisdiction to another;
- Any complaint, summons or warrant filed by the probation department for failure to report to probation or because the location of the offender convicted of a crime is unknown;
- In domestic violence cases only, any conduct resulting in an increase of the probation supervision level;
- Any petition by a sex offender to terminate sex offender registration and
- The death of the offender while under the supervision and/or jurisdiction of the probation department.

If you choose to be notified, please return this completed form to:
Form can be mailed, faxed or emailed.

INTERVENTION, INC.
ATTN: Director of Victim Services
12600 W. Colfax Ave. Suite B-410
Lakewood, Colorado 80215
303-450-6000

Offender's Name: _____ Case #_____
Last First

PLEASE PRINT YOUR INFORMATION

Victim/Designee (Your Name) Requesting Information: _____

Victim/Designee Home/Mailing Address: _____
Street/PO Box Apt. # City State Zip

Home Phone: _____
_____ Okay to leave a message at this number
_____ **Do not** leave a message at this number

Work Phone (Optional): _____
_____ Okay to leave a message at this number
_____ **Do not** leave a message at this number

Signature of Person Requesting Notification: _____Date: _____

Emergency Contact Person (Optional): _____

Address: _____ Phone: _____
Street/PO Box City State Zip

Relationship to Victim (Self, Parent, Etc.): _____

INFORMATION PROVIDED ON THIS FORM WILL NOT BE DISCLOSED TO THE OFFENDER
IF YOU PREFER EMAIL CONTACT PLEASE RETURN THIS FORM TO rsaucedo@int-cjs.org