



Victim and Witness Notification Program

Notification of Rights and Request Form

Pursuant to the Wyoming Crime Victim Bill of Rights, if you were a victim or surviving family member or parent/legal guardian of a victim, a key-witness, a victim/witness coordinator or advocate in a crime or prosecution of a crime committed by a felony offender who has been sentenced to incarceration in a Wyoming state penal institution, you are entitled to notification of certain matters while the offender remains under the sentence as an inmate or on parole in the case in which you were involved.

If you wish to receive notification regarding the offender, please follow the instructions below:

- Complete all of the information requested in Section I (APPLICANT INFORMATION) on the back of this form. The information provided will be confidential and will not be available to the offender or others.
- Submit the form to either the prosecutor's office in the county where the crime occurred or to the Wyoming Department of Corrections, ATTN: Victim Notification Program, 1934 Wyott Drive, Suite 100, Cheyenne, Wyoming 82002. They will review the form and determine if you are eligible for notification.
- For questions or help in completing this form, please contact the Department of Corrections Victim Notification Program at 307-777-5822 or the Board of Parole at 307-777-5390.

If you are entitled to receive such notifications, the following information will be provided to you via postal mail or e-mail:

Department of Corrections notification about incarceration matters: (NOTE: Notification on item h below will be provided only to those individuals who have been identified and registered as the actual victim of the crime.)

- a. The commencement of the offender's imprisonment and location where confined.
- b. 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.
- c. Any work release of the offender and the assigned work release site.
- d. The escape, recapture, or death of the offender.
- e. Any reduction or extension of the offender's sentence.
- f. Change in location of the offender (both while incarcerated and on parole).
- g. Furloughs.
- h. Prior notice and the opportunity to provide written comments to the Adult Community Corrections (ACC) Board prior to acceptance of the offender to an ACC Program.

Board of Parole notification about parole matters: (NOTE: Notification on items a and b below will be provided only to those individuals who have been identified and registered as the actual victim of the crime.)

- a. 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.
- b. Prior notice and the opportunity to provide written comments prior to any decision to excuse payment of restitution as a condition of parole.
- c. Any decision to grant or modify parole and any conditions imposed.
- d. Any pending revocation of parole, any associated return to custody, the revocation hearing date and disposition of revocation proceedings.
- e. Any absconson from supervision (leaving the area or failure to report to agent) and subsequent apprehension.
- f. Any rescission of parole (withdrawal of parole grant before the offender has been released, based on new information).
- g. Discharge from parole upon completion of the offender's sentence.

- h. 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.

Attorney General's Office notifications about the following matters:

- a. Notification of any applications by the offender for a pardon.
b. Notification of any appeal of the offender's case.

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SECTION I - APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address

Street or P.O. Box: _____ City: _____ State: _____ Zip: _____

Telephone Numbers (Include Area Code)

Home: _____ Cell: _____ Work: _____

I request notification by **one** of the following (please check your preference):

- ☐ Postal mail to the mailing address indicated above
☐ Send electronically to the following: E-Mail address: _____

NOTE: You are responsible for notifying the Wyoming Department of Corrections of any changes in the contact information provided above. Failure to do so may result in discontinuation of notification.

Name of Offender: _____

Crime(s) Committed: _____

Date of Crime: _____ Place of Crime: _____

Your involvement in the crime or prosecution of the crime (check appropriate box below):

- ☐ Victim/Surviving Family Member/Parent/Legal Guardian ☐ Victim/Witness Coordinator
☐ Key-Witness ☐ Advocate in this Case
☐ Prosecutor's Office Member

APPLICANT'S STATEMENT

By my signature below, I ☐do ☐do not request notification as noted on this form, and certify that I am the person who was involved in the crime as stated in the APPLICANT INFORMATION above.

I, _____ certify under penalty of false swearing that the foregoing is true.
Applicant's Name

Signature of applicant: _____ Date: _____

County and State where signed: _____

SECTION II - CERTIFICATION (TO BE COMPLETED BY PROSECUTOR'S OFFICE OR WDOC VICTIM NOTIFICATION PROGRAM SUPERVISOR)

Offender Last Name: _____ First Name: _____ Middle Initial: _____

Offender Date of Birth: _____ Offense(s): _____

Sentencing Court: _____ Docket: _____ Sentence Date: _____

Applicant certified? ☐ Yes ☐ No

Signature: _____

Date: _____

Printed Name: _____

Title: _____