

Victim Notification Refusal Form (VNRF)

(please print)

Date : _____

As a victim of a crime, I DO NOT want to receive notifications of any release or discharge review or hearing, and/or any supervised release or discharge hearing, of the below-named juvenile offender in the custody of the Ohio Department of Youth Services.

OFFENDER INFORMATION:

LAST NAME: _____ FIRST NAME: _____

COUNTY: _____ OFFENDER DYS #: _____

NOTIFICATION INFORMATION:

PLEASE PRINT YOUR NAME: _____

MAILING ADDRESS: (Street) _____

CITY _____ STATE _____ ZIP CODE: _____

By my signature below, I am requesting placement on the Victim Notification Refusal List. I understand that this will eliminate any further information being sent to me by the ODYS Office of Victim Services.

VICTIM SIGNATURE (Guardian must sign if Victim under 18 years old)

Date

If this form is being completed by a Victim Assistance Agency please complete the following:

AGENCY: _____ ADVOCATE: _____ ADVOCATE PHONE # () _____ - _____

RETURN FORM TO:
Ohio Department of Youth Services
Office of Victim Services
30 West Spring Street, 5th Floor
Columbus, Ohio 43215

FORM/3/2013