COLORADO DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH CORRECTIONS

Victim Notification Program Enrollment Form and Request for Crime Victim Input

Please mail, fax, or email back to:
DYC Victim Notification Program
4255 S. Knox CourtDenver, CO 80236
Vox: (303) 866-7852
Fax: 303-866-7982
Email: Spiro.Koinis@state.co.us

Under Colorado Revised Statutes 24-4.1-301 through 304 you have the right to request notification of certain "critical stages" regarding the juvenile offender in your case including institutional placement; the projected date of his/her release from confinement; any unsupervised release for a community visit or work release, any release to a community residential facility; any escape from an institutional or community residential facility and subsequent recapture; any scheduled parole hearing; any decision by the Juvenile Parole Board to release the person; any release or discharge from confinement of such person and any conditions attached to such release; and the death of such person while in the custody of the Division of Youth Corrections.

Juvenile Offender's Name:	**Date of Birth:**
Case No.:	**Sentencing Date:**
Associated Case No.:	**Sentencing County:**
Committing Charge:	**Term (Years):**

Please provide any information that you would like to share regarding the crime and how the crime has affected you and/or your family emotionally, physically, financially, etc. You may also provide any suggestions or recommendations regarding issues you feel should be addressed during the juvenile offender's commitment with DYC and/or release on parole. This information will be shared with the juvenile's Client Manager and may be provided to the Community Review Board and/or Juvenile Parole Board upon your request, however your personal information (such as your address, telephone number, etc.) will remain confidential and will **not** be provided to the juvenile offender. Any suggestions or recommendations that you provide will be considered, any may or may not become part of the juvenile's treatment/case planning. **Please attach additional pages, if necessary.**

_____

Name of Victim: _____ **Age of Victim: _____ ***

*** *If the victim is under the age of 18, please indicate your name and relationship to the victim:***

Name: _____

I am the Victim's: ☐ ***Parent*** ***or*** ☐ ***Legal Guardian***

Home mailing address and phone number:

_____
_____
_____
_____

_____ Okay to leave a message at this number
_____ DO NOT leave a message at this number

Work address and phone: ***(leave blank if you prefer not to be contacted at work)***

_____
_____
_____
_____

_____ Okay to leave a message at this number
_____ DO NOT leave a message at this number

_____ _____
Signature of Victim or Parent /Legal Guardian Date

Please check the appropriate box:

☐ I would like to receive future notifications in English.
☐ Me gustaria recibir futuras notificaciones en español.