

**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 Court Denver, 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:
Case No.:
Associated Case No.:
Committing Charge:

Date of Birth:
Sentencing Date:
Sentencing County:
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.