California Department of Corrections and Rehabilitation (CDCR)
Office of Victim and Survivor Rights and Services (OVSRS)
P.O. Box 942883, Sacramento, CA 94283-0001
Toll Free Number: 1-877-256-6877 Fax Number: (916) 445-3737
http://www.cdcr.ca.gov/victims

DO NOT MAIL THE COMPLETED FORM TO A PRISON. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Check one: ☐ New/Revised Request for Victim Services ☐ Change of address/phone/e-mail only (complete sections A, E, and F)

SECTION A. APPLICANT INFORMATION (Must be completed.)

Check one: ☐ Victim of crime(s) committed by offender ☐ Witness who testified against the offender
☐ Family member of victim (next of kin), indicate relationship: _____

Print Applicant Name: *Circle Mr./Mrs./Ms.* _____
(FIRST) (MIDDLE) (LAST)

Home Address: _____
(STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

Mailing Address: _____
(IF DIFFERENT) (STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

Telephone: _____
(DAYTIME) (EVENING) (CELL) (E-MAIL)

NOTE: ***It is your responsibility to keep the OVSRS informed of any changes to your personal information.***

SECTION B. NOTIFICATION OF OFFENDER STATUS IN STATE PRISON (Complete if you want to request notification.)

1. To be notified of the **release, escape, or death** of an offender, check one of the boxes (a, b, or c) below:
   a. ☐ Send me notification by mail; **or**
   b. ☐ Register me through VINE to receive *(check one or both)*: ☐ phone and/or ☐ e-mail notification instead of notification by mail, **or**
   c. ☐ I registered through VINE at 1-877-411-5588 or online at www.VINELink.com to receive phone and/or e-mail notification and do not need notification by mail.
2. ☐ Notify me of the offender's **criminal appeal.** (Note: *Checking this box means your information will be shared with the California Attorney General's Office to notify you of the offender's criminal appeal.)*

*** * * * * FOR VICTIMS/VICTIMS' FAMILY MEMBERS (NEXT OF KIN) ONLY * * * * ***

1. To be notified of **parole hearing** date(s) for an offender sentenced to life imprisonment, check one of the boxes below:
   a. ☐ Send me notification by mail; **or**
   b. ☐ Register me for *(check one or both)*: ☐ phone and/or ☐ e-mail notification instead of notification by mail.
   Note: *May we share your contact information with the district attorney's office where the trial was held?* ☐ *Yes* ☐ *No*
2. To be notified of the **scheduled execution** of an offender sentenced to death, check this box. ☐

SECTION C. CONDITIONS OF PAROLE/COMMUNITY SUPERVISION (Complete if you want to request special conditions.)

Requests for special conditions of parole/community supervision are considered but not guaranteed.

I request the following conditions when the offender is released on parole/community supervision:

1. ☐ Offender not be allowed to contact me while he/she is on parole/community supervision
2. ☐ Offender not be allowed to live in the same county that I live in

For victims/witnesses only:

3. ☐ Offender not be allowed to live within 35 miles of my home address (available only for specific types of crimes, see reverse)

NOTE: *If you would like to provide additional information explaining your request, attach a separate sheet of paper.*

SECTION D. RESTITUTION (Complete if you have a court order to receive restitution.)

There is a restitution court order in the amount of $_____ payable to *(name):* _____

NOTE: *To be determined (TBD) orders must be finalized by the county before CDCR can collect restitution.*

SECTION E. OFFENDER IDENTIFICATION (Complete as much information as possible.)

Offender's Full Name *(Print):* _____ Date of Birth: _____
(FIRST) (MIDDLE) (LAST) MO / DAY / YEAR

CDCR Number *(Prison Number):* _____ Date Sentenced to State Prison: _____
MO / DAY / YEAR

Court Case Number: _____ County of Commitment: _____

SECTION F. APPLICANT SIGNATURE (Sign and date the completed form.)

Signature of Applicant: _____ Date: _____

INSTRUCTIONS

Read the following instructions carefully to fill out the front side of the form so that it can be processed correctly. Sections A, E, and F must be completed. Complete all other sections, based on your needs. All information will remain confidential.

Check one of the two boxes at the top of the CDCR 1707 form to indicate if this is a **new/revised request** or a **change of address/phone/e-mail only**. If you check "Change of address/phone/e-mail only," complete sections A, E, and F only.

SECTION A. APPLICANT INFORMATION

This section must be completed. Check the box that most accurately describes your relationship to the offender: **victim, witness,** or **family member of victim** (next of kin) and your relationship to the victim.

Circle the appropriate title: ***Mr., Mrs.,*** *or* ***Ms.*** Clearly print your name, home address, mailing address *(if different)*, your daytime, evening, cell phone numbers and e-mail address *(if you have one)*.

NOTE: *It is your responsibility to keep the OVSRS informed of any changes to your personal information.*

SECTION B. NOTIFICATION OF OFFENDER STATUS IN PRISON

Complete this section if you choose to request notification services. Check the most appropriate box(es).

You have one of three choices to receive notice of an offender's **release, escape, or death**. Check **Box 1a** to register to receive notification by mail. Check **Box 1b** to indicate you would like OVSRS to register you through VINE to receive phone and/or e-mail notification instead of notification by mail. Check **Box 1c** to let OVSRS know that you already registered through VINE by phone at 1-877-411-5588 or online at www.VINELink.com to receive phone and/or e-mail notification and do not need notification by mail.

Check **Box 2** to allow the OVSRS to share your information with the California Attorney General's Office to notify you of the status and outcome of any **criminal appeal** filed by the offender in this case.

In the area marked **FOR VICTIMS/VICTIMS' FAMILY MEMBERS (NEXT OF KIN) ONLY,** if you are the victim or the family member of a victim, check **Box 1a** to register to receive notification by mail of the date of an offender's **parole hearing** only if the offender has been sentenced to **life imprisonment.** Check **Box 1b** to ask the OVSRS to register you to receive notification by phone and/or e-mail instead of notification by mail. *In addition,* **check yes** to allow the OVSRS to share your information with the district attorney's office where the trial was held. The district attorney's office may be in contact with you if there is a parole hearing for an offender with a life sentence. Check **no** if you do not want the OVSRS to share your information. Check **Box 2** to request to receive notification of the **scheduled execution** of an offender sentenced to death.

SECTION C. CONDITIONS OF PAROLE/COMMUNITY SUPERVISION

Complete this section if you choose to request special conditions of parole/community supervision. Such conditions are not guaranteed but you may check all that you wish to request or are eligible to receive.

Check **Box 1** to request that the offender have **no contact** with you while he/she is on parole/community supervision.

Check **Box 2** to request that the offender **not be allowed to live in the same county** that you live in.

The third box applies to **victims and witnesses only**. Check **Box 3** to request that the offender **not be allowed to live within 35 miles of your *home address.*** *Per Penal Code Section 3003, available only for the following crimes: murder or voluntary manslaughter, mayhem, rape, sodomy by force, oral copulation, lewd acts on a child under 14, any felony punishable by death, stalking, and assault with a great bodily injury enhancement.*

SECTION D. RESTITUTION

Complete this section if you have a court order requiring the offender to pay you restitution and would like to provide the OVSRS with information to verify that our restitution records are complete. If your court order for restitution states "TBD" for the dollar amount, contact the district attorney's office to request that a motion be filed to determine the restitution amount.

SECTION E. OFFENDER IDENTIFICATION

Provide as much information as you can in this section so we can be sure that we have the correct offender involved in your case. If you need help completing this section, you may contact the district attorney's office in the county where the trial was held.

SECTION F. APPLICANT SIGNATURE

Sign and date the completed form.

PROVIDING INFORMATION: The information requested is necessary to process your request for victim services and is voluntary. Failure to provide any of the information requested may prevent the OVSRS from processing your request. **All information will remain confidential.**

SUBMIT COMPLETED FORM BY MAIL, FAX OR E-MAIL (SCANNED COPY) TO:

California Department of Corrections and Rehabilitation
Office of Victim and Survivor Rights and Services
P.O. Box 942883
Sacramento, CA 94283-0001
Fax: (916) 445-3737 / E-mail: ovssinet@cdcr.ca.gov

AGENCY PRIVACY STATEMENT: The California Department of Corrections and Rehabilitation (CDCR), Request for Victim Services, CDCR 1707. **OFFICE RESPONSIBLE FOR FORM:** Office of Victim and Survivor Rights and Services, P.O. Box 942883, Sacramento, CA 94283-0001. The telephone number is 1-877-256-6877. **AUTHORITY:** Penal Code Section 679.03, 2085.5, and 3058.8.