

**KENTUCKY DEPARTMENT OF CORRECTIONS  
VICTIM SERVICES BRANCH**

**VICTIM(S) NOTIFICATION FORM**

Pursuant to KRS439.340(5) victim information must be obtained and forwarded to the Parole Board at the time of incarceration on all Class A, B and C felonies and all Capital Offenses. Victim information may also be submitted on Class D felonies although it is not mandated.

**OFFENDER INFORMATION**

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

County of Conviction: \_\_\_\_\_ Indictment No: \_\_\_\_\_

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**VICTIM INFORMATION**

**If the victim is deceased or a minor, please provide name and address of immediate family members or guardian only. (Note: The inmate must be serving on a crime committed against the victim(s) listed below.)**

Name: \_\_\_\_\_ Street or Route: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Victim Deceased: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, your relationship to victim: \_\_\_\_\_

Victim Is a Minor: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, your relationship to victim: \_\_\_\_\_

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Name: \_\_\_\_\_ Street or Route: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Victim Deceased: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, your relationship to victim: \_\_\_\_\_

Victim Is a Minor: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, your relationship to victim: \_\_\_\_\_

*Please use additional sheets as needed.*

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**Please send the completed form to:  
KENTUCKY PAROLE BOARD  
ATTN: Victim Services Branch  
P.O. Box 2400, Rm G-46  
Frankfort, KY 40602-2400  
Phone: 1-800-221-5991  
Fax: 502-696-1967  
Email: pbvictimservices@ky.gov**

**PLEASE INFORM ALL REGISTERED VICTIMS THAT THEY MUST NOTIFY OUR OFFICE IF THEY HAVE A CHANGE IN ADDRESS.**

Name of preparer: \_\_\_\_\_ Telephone #: \_\_\_\_\_