

BP-A323.014\_Victim and Witness Notice

### VICTIM AND WITNESS NOTICE

TO: (Address and Telephone Number)		FROM: (Name, Institution, Address and Telephone Number)
Name of Inmate		Register Number
1. <input type="checkbox"/> Inmat (is) _____ (is not) _____ eligible for parole:  _____	2. <input type="checkbox"/> Inmate is eligible for release on parole at the discretion of the United States Parole Commission.	
3. <input type="checkbox"/> Inmate is on furlough from: _____ to: _____	(Destination City and State)	
4. <input type="checkbox"/> Inmate is being transferred to a community corrections center on _____ (Date) The name of the center is _____ Located in (City and State) _____		
5a. <input type="checkbox"/> Inmate's release date	5b. <input type="checkbox"/> Inmate's Method of release	
5c. <input type="checkbox"/> Inmate's release is under no community supervision (including no probation).		
5d. <input type="checkbox"/> Inmate's destination city or sentencing district is:	5e. <input type="checkbox"/> Inmate's Supervising United States Probation Office is:	
6. <input type="checkbox"/> Inmate is deceased - Date of Death:	7. <input type="checkbox"/> Inmate has escaped. Date and Time of	
8. <input type="checkbox"/> Inmate was apprehended from escape on:	(Inmate's Designation)	
9. <input type="checkbox"/> Other:		
10. <input type="checkbox"/> Your request for notification of inmate's release is being forwarded to the United States Attorney. A request for inmate's release information by a victim or witness must be approved by the U.S. Attorney in the district of prosecution.		
11. <input type="checkbox"/> We have canceled your request to be notified of this inmate's release for the following reason:		

Title	Signature of Unit Manager	Date
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For questions, contact: (Name, Address, Telephone Number)