

**Oklahoma Attorney General's
Victim Services Unit
Victim Notification Request for Appeals**

Please Print or Type All Information

Date: _____

Your Name: _____

Relationship to Victim: _____

Address: _____
 Street/P.O. Box City State Zip

Telephone: _____
 Home Cell Work

Email: _____

Victim's Name: _____ Victim's Date of Birth: _____

Victim's Date of Death: _____ County Where Crime Occurred: _____

Inmate Information: Please provide all known inmate information, if possible. If you wish to register for notification on more than one inmate, please complete a notification form for each inmate.

Offender's Name: _____ Date of Birth: _____

Crime(s): _____

County: _____ If any, your relationship to the _____

If you are the victim, survivor, or representative for the victim, please provide a short version of the crime. If you are not the victim/survivor, please explain why you wish to be notified. (Attach additional pages if needed)

**Please Return form to: Oklahoma Attorney General
(Mail, Fax, or Email) Victim Services Unit**

313 N.E. 21st Street
Oklahoma City, Ok. 73105

Fax: 405-522-4535

Email: Karen.cunningham@oag.ok.gov or jordan.sullivan@oag.ok.gov