

Blue Ridge Regional Jail Authority

510 Ninth Street • Lynchburg, VA 24504 • (434) 847-3100 • Fax (434) 847-1411

VICTIM NOTIFICATION FORM

UPON TRANSFER, A COPY OF THIS FORM MUST ACCOMPANY THE INMATE LISTED BELOW

53.1-133.02 of the code of Virginia states that as a victim of crime, you have the right to be notified of the offenders status concerning release, including work release, discharge from jail, transfer from this jail to another jail, detention facility or prison, escape from this jail or a change in name. In order to be notified, the following information must be completed:

(FILL OUT AS MUCH AS POSSIBLE)

Name of Offender (full name) _____

Offender's Social Security # _____ Offender's Date of Birth _____

Phone Block Requested for # _____

Requested by: Susan Clark, Lynchburg City Victim/Witness Director
901 Church Street
Lynchburg, VA 24504

Telephone: (434) 847-1593 x.226

Pager _____

It is the victim's responsibility to notify the Victim/Witness Director listed above of any changes in address and/or telephone number as soon as possible in writing.

Victim's Name _____

Street Address _____

City, State, Zip _____

Work phone _____ Home phone _____ Other _____

FOR OFFICE USE ONLY

NOTIFICATION ATTEMPTS LOG

Phone Number Called	Notification Made To	Date	Time	Officer

**If you are unable to reach the victim in person, please call the Victim/Witness Director at the above number.
If a pager number is filled in, please page if unable to reach immediately.**