

Office of the Victim Advocate - Registration Form

Instructions: **Victim Advocate** - Complete all information in the shaded area. **Victim** - Complete all of the information in the unshaded area. Mail completed form to: Office of Victim Advocate, 1101 South Front Street, Suite 5200, Harrisburg, PA 17104

Offender's Name	Committing County	Sentencing Date
Charges	Sentence	Docket Number
		CP- CR-
	Serving in county? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SID#	Date of Birth	Restitution \$
OTN	Special Probation/Condition(s)	

TYPE OF REGISTRATION - *Please check one.* Direct Victim of a Crime

Homicide Survivor

Name of Deceased	
Relationship to Deceased	

Parent/Guardian of Minor Victim <input type="checkbox"/>	
Name of Minor	
Minor's Date of Birth	

Your Name:	Preferred Language if other than English

For your security and identification purposes, please provide ALL of the following information

Date of Birth	Last 4 Digits of SSN	Mother's Maiden Name

Street Address/PO Box	City	State	Zip Code

Home Phone w/ Area Code
 OK to Leave Message YES NO

Work Phone w/ Area Code
 OK to Leave Message YES NO

Cell Phone w/ Area Code
 OK to Leave Message YES NO

Other Phone w/ Area Code
 OK to Leave Message YES NO

Individual it is OK to speak w/ and their relationship to you

- 1
- 2
- 3

Would you like to register with SAVIN? YES NO

If YES, what type of SAVIN notification do you prefer (You may choose both. If phone/text/SMS, you must choose a 4-digit PIN #)

<input type="checkbox"/>	Email:	
<input type="checkbox"/>	Phone:	4-Digit PIN: _____

Call my: Home Work Cell (Select as many as you would like)
 Text/SMS

Would you like our office to contact you if the above inmate submits an apology letter? YES NO