Office of 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? ☐ YES ☐ 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 ☐

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 #)

☐ Email:

☐ 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