

## Victim Request for Notification of Criminal Alien Status

*This request is exempt from the Freedom of Information Act release*

I request to be notified of significant status changes and actual release or removal (deportation) of:

### **Alien Information: Please provide as much information as possible**

True Name:		Date of Birth:	Country of Birth:
Alien Number:	Federal/State Correctional Number:	Social Security Number:	Last Facility Incarcerated:
Crime(s) Convicted of:		Prosecution Occurred Where/When:	Expected Release Date:

I understand and agree that the information I provide in this request will be shared only with law enforcement personnel who have been designated victim assistance notification responsibilities. I understand that if my address or phone number(s) change, I **must** contact the ICE Victim Notification Program with the new information.

**Victim/Witness Information:** The victim/witness or a designated representative may receive notification. The person to receive this notification must provide the following information (please type or print).

Name of Person Requesting Notification:			
Address:	City:	State:	Zip Code:
Daytime Phone :	Evening Phone:	Cell Phone:	
Extension:			
E-mail Address:			
Relationship to Victim/Witness:			
<input type="checkbox"/> I am a victim	<input type="checkbox"/> I am victim's mother/father	<input type="checkbox"/> Victim is deceased	
<input type="checkbox"/> I am a witness	<input type="checkbox"/> I am victim's daughter/son	<input type="checkbox"/> Advocate for _____	
<input type="checkbox"/> I am victim's brother/sister	<input type="checkbox"/> Victim is a minor	<input type="checkbox"/> Other: _____	
Additional Comments:			

\_\_\_\_\_  
Victim Signature (required)

\_\_\_\_\_  
Date

Send to: U.S. Immigration and Customs Enforcement  
Victim Notification Program  
425 I Street N.W.  
INV/ Room 3040  
Washington, DC 20536  
Fax: 202-353-3957  
Toll Free 1-866-872-4973



**U.S. Immigration  
and Customs  
Enforcement**