



## CONFIDENTIAL VICTIM'S DECLARATION

I, \_\_\_\_\_ declare as follows:  
(NAME)

Pursuant to the provisions of Penal Code Section 3043, I am requesting notification of the Parole hearing of \_\_\_\_\_ as the victim  
(NAME OF INMATE) (CDCR NUMBER<sup>1</sup>)  
of the offense committed by this inmate.

Please select either (a) or (b):

- a.  I have no relationship with the inmate.  
b.  My relationship to the inmate is \_\_\_\_\_

The information below is used for security purposes and will remain confidential

_____ (PRINT OR TYPE NAME)	_____ (DRIVER'S LICENSE NUMBER)	_____ (STATE)
_____ (ADDRESS)	_____ (DATE OF BIRTH)	
_____ (CITY/STATE/ZIP CODE)	_____ (EMAIL ADDRESS)	
_____ (PRIMARY PHONE NUMBER)	_____ (ALTERNATE PHONE NUMBER)	

I declare under penalty of perjury that the above information is true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_,  
(MONTH/DAY/YEAR) (CITY) (STATE)

\_\_\_\_\_  
(SIGNATURE)

<sup>1</sup> California Department of Corrections & Rehabilitation inmate number, if known.