



# Information and Request for Notification by a Victim Witness of a Violent Crime Committed by an NGRI Individual

The Rights of Crime Victims and Witnesses Act (725 ILCS 120/1 et seq.), provides for your right to be notified of court approval for: unsupervised on-grounds passes, supervised off- grounds passes, unsupervised off-grounds passes, transfer to a non secure facility, conditional release or, final discharge from State custody, or, in the event of an escape, or death of a person adjudicated to be not guilty by reason of insanity (NGRI), or transferred from the Department of Corrections under 730 ILCS 5/3-8-5 or 3-10-5 and subsequently discharged under the Uniform Code of Corrections, if you were: (1) A person physically injured in this State as a result of a violent crime perpetrated or attempted against that person or (2) a person who suffers injury to or loss of property as a result of a violent crime perpetrated or attempted against that person or (3) a single representative who may be the spouse, parent, child or sibling of a person killed as a result of a violent crime perpetrated against the person killed or the spouse, parent, child or sibling of any person granted rights under this Act who is physically or mentally incapable of exercising such rights, except where the spouse, parent, child or sibling is also the defendant or prisoner or (4) any person against whom a violent crime has been committed or (5) any person who has suffered personal injury as a result of a violation of Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, or of Section 9-3 of the Criminal Code of 1961, as amended or (6) in proceedings under the Juvenile Court Act of 1987, both parents, legal guardians, foster parents, or a single adult representative of a minor or disabled person who is a crime victim or (7) any person who personally observed the commission of a violent crime and who will testify on behalf of the State of Illinois in the criminal prosecution of the violent crime. "Violent Crime" means any felony in which force or threat of force was used against the victim, or any offense involving sexual exploitation, sexual conduct or sexual penetration, or a violation of Section 11-20.1 or 11-20.3 of the Criminal Code of 1961, domestic battery, violation of an order of protection, stalking, or any misdemeanor which results in death or great bodily harm to the victim or any violation of Section 9-3 of the criminal Code of 1961, or Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, if the violation resulted in personal injury or death, and includes any action committed by a juvenile that would be a violent crime if committed by an adult. For the purposes of this paragraph, "personal injury" shall include any Type A injury as indicated on the traffic accident report completed by a law enforcement officer that requires immediate professional attention in either a doctor's office or medical facility. A type A injury shall include severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene. If you wish to be notified of the court approval for: unsupervised on-grounds passes, supervised off- grounds passes, unsupervised off-grounds passes, transfer to a non secure facility, conditional release or, the final discharge from State custody, or, in the event of an escape, or death of an individual found by the Criminal Court, not guilty by reason of insanity (NGRI), or transferred from the Department of Corrections under 730 ILCS 5/3-8-5 or 3-10-5, please complete this form and return it to the Department of Human Services, Division of Mental Health: Victim Notification Coordinator, 100 South Grand Avenue, East, 2nd Floor, Springfield, Illinois 62762.

(Please print or type)

**Status:** Victim  Victim Next of Kin  Parent/Guardian of Victim  Witness

**Name of Person Requesting Notification:**

(Last Name): \_\_\_\_\_ (First Name): \_\_\_\_\_ (Middle Initial): \_\_\_\_\_

**Current Address & Phone:**

(Number and Street Name): \_\_\_\_\_ (Apt. Number): \_\_\_\_\_

(City): \_\_\_\_\_, (State): \_\_\_\_\_, (Zip Code): \_\_\_\_\_

(Country if not USA): \_\_\_\_\_

(Daytime Phone with Area Code): \_\_\_\_\_ (Evening Phone with Area Code): \_\_\_\_\_

Please notify the Department of any change of address.

**PERSON ADJUDICATED NOT GUILTY BY REASON OF INSANITY:**

Name of Offender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County of Crime: \_\_\_\_\_ City of Crime: \_\_\_\_\_

Court Docket Number: \_\_\_\_\_ (May be requested from the County State's Attorney's Office)

**This information will not be disclosed to the Person who is NGRI nor is it subject to inspection or copying under the Freedom of Information Act.**