



State of Illinois
 Department of Human Services

**INFORMATION AND REQUEST FOR NOTIFICATION OF THE
 CONDITIONAL RELEASE OR DISCHARGE OF A PERSON**

The Rights of Crime Victims and Witnesses Act (725 ILCS 120/1 et seq.), and **Sexually Violent Persons Commitment Act** (725 ILCS 207/1) provide for your right to be notified of the conditional release or discharge of a person adjudicated to be a sexually violent person if you were either:

- a) the victim of an act of sexual violence, or
- b) an adult member of the victim's family, if the victim died as a result of the act of sexual violence, or
- c) the victim's parent or legal guardian, if the victim is younger than 18 years of age.

If you wish to be notified of the release of such sexually violent person(s), please complete this form and return it to:

**Illinois Department of Human Services
 600 E. Ash St., Bldg 500, 3rd Floor
 Springfield, IL 62703
 Attn: Victim Notification Coordinator**

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

Name of Person Requesting Notification:

 (Last Name)

 (First Name)

 (Middle Initial)

Current Contact Information:

 (Street Address)

 (Apt. #)

 (City): (State): (Zip Code): (Country if **NOT** USA)

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

 (E-Mail Address)

Preferred Method of Contact: **Telephone** **Text Message** **E-Mail Address**

If preferred method of contact is by telephone or text message, please pick a four digit PIN number which must be used to access information

Sexually Violent Person Information: Name of Offender: _____
 Date of Birth: _____
 County of Crime: _____
 City of Crime: _____

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