



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

600 Washington Street, 4th floor
Boston, MA 02111-1704

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617.727.7575
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APPLICATION FOR NOTICE OF A JUVENILE'S RELEASE

(1) Who is eligible to receive notice of a juvenile's release?

Pursuant to the Victim Rights Law M.G.L. 258B, s. 3(t), victims, family members of homicide victims and parents/guardians of minor age or incompetent victims, shall be informed by the Department of Youth Services whenever the juvenile receives a temporary, provisional or final release from custody, is transferred from a secure facility to a less secure facility or escapes.

(2) Why is an application needed to receive notice?

Certain information about a juvenile is confidential and protected under the law. Recent amendments to the law allow the Department of Youth Services to directly notify a victim of changes in the juvenile's custody status and/or placement.

(3) How does a victim receive notice?

Applications for Notice of a Juvenile's Release can be completed with the assistance of a Victim Witness Advocate. To ensure timely notification, applications should be submitted to the DYS Victim Services Unit upon disposition of the case – when a juvenile is adjudicated delinquent by the court and is committed to the Department of Youth Services.

(4) Will the juvenile be informed of the application for notice?

No. All application information is kept confidential.

(5) What happens after the application is filed?

The DYS Victim Services Unit sends a letter to the victim or other eligible individual verifying the application status. Once approved, the DYS Victim Services Unit provides advance verbal and written notice of certain changes in the juvenile's custody status and/or placement.

(6) Who answers questions about a juvenile committed to the DYS?

Any questions regarding a juvenile in DYS custody should be directed to the Victim Services Unit at 617.960.3290.

(7) What if any contact information changes?

To ensure proper and timely notification, it is important that the DYS Victim Services Unit be informed of any changes in an applicant's name, address or telephone numbers. Notice cannot be provided without the proper contact information.

For questions regarding the application and notification process contact the DYS Victim Services Unit.

**Department of Youth Services
Victim Services Unit**

600 Washington St. 4th Floor
Boston, Massachusetts 02111
Telephone Number: 617.960.3290
Facsimile Number: 617.727.5792

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JUVENILE INFORMATION ** to be completed by agency representative******

Name:		
DOB:	Gender:	Alias:
Committing Charges:		
Date of Commitment:		
Additional Case Disposition Information:		

APPLICANT INFORMATION ** Applicant must be over 18 years of age ******

Name (Mr./Mrs./Ms.):		
DOB:	Address:	
City/Town:	State:	Zip Code:
Home Phone: () -	Business/Other Phone: () -	
Special Needs (i.e., non-English speaking):		
<i>(Optional information for statistical purposes only)</i> Race: Gender:		

YOU ARE APPLYING AS A:

Family Member of Homicide Victim

☐

Victim ☐

Parent/Guardian of Minor Age Victim

☐

IF APPLICANT IS NOT THE VICTIM

Victim's Name:	DOB:
Applicant's Relationship to Victim:	

Applicant's Signature: _____

Date: _____

☐ Victim Witness Advocate - *signing application on behalf of a victim*

ADVOCATE INFORMATION

Name:	Office:	Court:
Address:	Phone: () -	Fax: () -