

SEX OFFENDER REGISTRY BOARD

VICTIM PARTICIPATION AND NOTIFICATION FORM

The Sex Offender Registry Law allows "Victims of Record" of convicted sex offenders to submit a written Victim Impact Statement to the Sex Offender Registry Board to be considered in determining a sex offender's level of dangerousness and risk to re-offend. "Victims of Record" are those victims whose offender was convicted of a sex offense against them. "Victims of Record" can also be notified by the Sex Offender Registry Board of a sex offender's final classification whether or not they choose to submit an impact statement.

SEX OFFENDER CONVICTION INFORMATION:

Name:	Alias:	
DOB:	SSN:	
Arrest Date:	Sentence Date:	Probation File# (PCF)
Docket #	Sex Offense:	Court:
Docket #	Sex Offense:	Court:
Docket #	Sex Offense:	Court:

**Please include only the sex offense convictions that correspond to the "Victim of Record" identified on this form. If you are unaware of Sex Offender #, the Inmate # or the Probation Central File #, please leave blank. Use other side of form for additional info, if needed.*

SEX OFFENDER STATUS:

<input type="checkbox"/> On Parole <input type="checkbox"/> On Probation <input type="checkbox"/> Incarcerated at _____ <input type="checkbox"/> Civilly Committed at MTC <input type="checkbox"/> Under no criminal justice jurisdiction <input type="checkbox"/> Status Unknown <input type="checkbox"/> Other _____

VICTIM OF RECORD INFORMATION: (information is held confidential from offender)

Name:	DOB:	SSN:	Preferred Pronoun:
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	Other #:

Complete only if Applicant is *not* the Victim of Record: (information is held confidential from offender)

You Are:	<input type="checkbox"/> Parent/Guardian of Minor Aged Victim <input type="checkbox"/> Parent/Guardian of Incompetent or Deceased Victim		
Name:	DOB:	SSN:	Relation:
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	Other #:

****Please be advised that the offender has the right to view impact statements.***

SIGNATURE by Advocate OR Adult victim OR Parent/Guardian _____ **DATE:** _____

ADVOCATE/REFERRAL SOURCE:

Name:	Agency:
Address:	Email:
Phone #:	Fax #:

PLEASE SEND TO: jennifer.anderson@mass.gov (EMAIL PREFERRED BY SORB)
 Sex Offender Registry Board, P.O. Box 392, North Billerica, MA 01862
 Website: www.mass.gov/sorb
 Victim Service Unit Phone (978) 740-6440 and **Fax (978) 740-6464**