

**REQUEST FOR VICTIM SERVICES**  
CDCR 1707 (Rev. 06/16)

**Office of Victim and Survivor Rights and Services (OVSRS)**  
P.O. Box 942883, Sacramento, CA 94283-0001  
Toll Free Number: 1-877-256-6877 Fax Number: (916) 445-3737  
Web: <http://www.cdcr.ca.gov/victims> Email: [victimservices@cdcr.ca.gov](mailto:victimservices@cdcr.ca.gov)



**DO NOT MAIL THE COMPLETED FORM TO A PRISON. ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

- Check one:  New/Revised Request for Victim Services  Change of address/phone/e-mail only (complete sections A, D and E)  
 Collection of court ordered restitution only/**no notification services** (complete sections A, D and E)

**SECTION A. APPLICANT INFORMATION (Must be completed.)**

- Check one:  Victim of crime(s) committed by offender  Witness who testified against the offender  
 Family member of **victim**, indicate relationship: \_\_\_\_\_  
(See page 2 – Section A)

Name of Victim(s): \_\_\_\_\_

Person requesting information. \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Physical Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address (If different): \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (E-MAIL) \_\_\_\_\_  
(PRIMARY) (SECONDARY)

**NOTE: It is your responsibility to keep the OVSRS informed of any changes to your contact information.**

**SECTION B. NOTIFICATION OF CHANGES TO OFFENDER'S CUSTODY STATUS (Complete if you want to request notification.)**

To be notified of changes to the custody status of an offender, check the box below to indicate your preferred method\* of receiving notices:

1.  Send me notification by electronic mail (e-mail)  
**OR**  
2.  Send me notification by mail  
**Please choose only one (1) mail delivery method:**  
 Regular Mail  Certified Mail (signature required to receive)

*Change in custody status includes release, death, escape, parole suitability hearing (Victims/Victims' family members only), contract, or scheduled execution.*

**NOTE: CDCR is unable to provide notification each time an offender is transferred between institutions.**

\* **NOTE:** If the preferred method of notification you selected is not available, regular mail will be used to send the notice.

**SECTION C. CONDITIONS OF PAROLE/COMMUNITY SUPERVISION (Complete if you want to request special conditions.)**

**Requests for special conditions of parole/community supervision are considered but not guaranteed.**

I request the following conditions when the offender is released on parole/community supervision:

1.  Offender not be allowed to contact me while he/she is on parole/community supervision.  
2.  Offender not be allowed to live in the same county that I live in.

**For direct victims/witnesses only:**

3.  Offender not be allowed to live within 35 miles of my home address (available only for specific types of crimes, see page 2)  
**NOTE: If you would like to provide additional information explaining your request, attach a separate sheet of paper.**

**SECTION D. OFFENDER IDENTIFICATION (Complete as much information as possible.)**

Offender's Full Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) MO DAY YEAR

CDCR Number (Offender ID): \_\_\_\_\_ Date Sentenced to Prison: \_\_\_\_\_  
MO DAY YEAR

Court Case Number: \_\_\_\_\_ County of Sentencing: \_\_\_\_\_

**SECTION E. APPLICANT SIGNATURE (Sign and date the completed form.)**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**INSTRUCTIONS**

Read the following instructions carefully to fill out page 1 of the form so that it can be processed correctly. Sections A, D, and E must be completed. Complete all other sections, based on your needs. All information will remain confidential.

Check one of the three boxes at the top of the CDCR 1707 form to indicate if this is a **new/revised request for victim services**, a **change of address/phone/e-mail only**, or **Collection of court ordered restitution only/no notification services**. If you check **change of address/phone/e-mail only**, complete sections A, D, and E. If you check **Collection of court ordered restitution only/no notification services**, complete sections A, D, and E.

**SECTION A. APPLICANT INFORMATION**

This section must be completed. Check the box that most accurately describes your relationship to the crime: **victim**, **witness**, or **family member of victim** and your relationship to the victim. (Example - spouse, child, sibling, grandparent or grandchild)

Please indicate the name(s) of the victim(s) of the crime committed by the offender.

Clearly print your name, physical address, mailing address (*if different*), your primary phone number, secondary phone number, and e-mail address.

**NOTE:** *In order to be entitled to receive notice the requesting party shall keep the department or board informed of his or her current contact information. (Penal Code sections 3043(a)(1), 3058.8(b))*

**SECTION B. NOTIFICATION OF CHANGES TO OFFENDER'S CUSTODY STATUS**

Complete this section if you choose to request notification services. Check the most appropriate box(es).

You have one of two choices to receive notice of an offender's **release, escape, death, parole suitability hearing** (*Victims/Victims' family members only*), **contract, or scheduled execution**.

Check **Box 1** to register to receive notification by electronic mail (e-mail).

Check **Box 2** to register to receive notification by mail. Indicate whether you prefer to receive your notice by regular mail or certified mail. If the preferred method of notification you selected is not available regular mail will be used to send the notice.

**NOTE:** *It is your responsibility to request notification of an offender's criminal appeal. Please call the State of California, Office of the Attorney General, Victim Services Unit 1-877-433-9069.*

**SUBMIT COMPLETED FORM BY MAIL, FAX OR E-MAIL (SCANNED COPY) TO:**

California Department of Corrections and Rehabilitation  
Office of Victim and Survivor Rights and Services  
P.O. Box 942883, Sacramento, CA 94283-0001  
Fax: (916) 445-3737 / E-mail: [victimservices@cdcr.ca.gov](mailto:victimservices@cdcr.ca.gov)

**PRIVACY STATEMENT:**

**AGENCY STATEMENT:** The California Department of Corrections and Rehabilitation (CDCR), CDCR 1707, Request for Victim Services. **OFFICE RESPONSIBLE FOR FORM:** Office of Victim and Survivor Rights and Services, P.O. Box 942883, Sacramento, CA 94283-0001. The telephone number is 1-877-256-6877. **AUTHORITY:** California Constitution Article I, section 28, Penal Code sections 667.5, 679.03, 2085.5, 3003, 3043, 3058.8, 3605, 5065.5.

**PROVIDING INFORMATION:** The information requested is necessary to process your request for victim services and is voluntary. Failure to provide any of the information requested may prevent the OVSRS from processing your request. **All information will remain confidential per Penal Code section 679.03(c):** Your information may be shared with the investigating agency, the district attorney's office that prosecuted the case, and/or the State of California, Office of the Attorney General, Victim Services Unit.

**Penal Code section 5065.5:** When notified that an offender has entered into a contract for the sale of the story of a crime for which the offender was convicted CDCR will notify registered victims and victim's immediate family members.

**SECTION C. CONDITIONS OF PAROLE/COMMUNITY SUPERVISION**

Complete this section if you choose to request special conditions of parole/community supervision. You may check all the conditions that you wish to request or are eligible to receive however such conditions are not guaranteed.

Checking **Box 1** will request that the offender have **no contact** with you while he/she is on parole/community supervision.

Checking **Box 2** will request that the offender **not be allowed to live in the same county** that you live in.

Checking **Box 3** will request that the offender **not be allowed to live within 35 miles of your home address**. *Per Penal Code Section 3003, available only for the following crimes: murder or voluntary manslaughter, mayhem, rape, sodomy by force, oral copulation, lewd acts on a child under 14, any felony punishable by death or imprisonment in the state prison for life, stalking, felony with a great bodily injury enhancement, and continuous sexual abuse of a child.*

**NOTE:** *The third box applies to direct victims and witnesses only. (Penal Code section 3003)*

**SECTION D. OFFENDER IDENTIFICATION**

Provide as much information as you can in this section to ensure that we have the correct offender involved in your case. If you need help completing this section, you may contact the district attorney's office in the county where the trial was held.

**SECTION E. APPLICANT SIGNATURE**

Sign and date the completed form.