

Return forms to: 1101 S. Front Street, Suite 5200 | Harrisburg, PA 17104 or RA-PMOVARegistration@pa.gov

### What to Expect Next

Victims of crime who register with OVA have access to a myriad of services and programs, as well as the right to receive notification about the movement of their offender throughout the criminal justice system. A letter will arrive in the mail detailing these services. As always, please contact OVA with any questions Monday through Friday 8am to 4:45pm.

**District Attorney/ victim service provider:** complete ALL information regarding the offender.

Offender Name:	Date of Birth:	Sentencing Date:
Committing County:	Charge(s):	Sentence:
Docket #:	OTN #:	Offender SID #:

### Registration Type

<input type="checkbox"/> Victim of Offense	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parent/Guardian of Minor Victim Name of Minor: _____ Date of Birth: _____	<input type="checkbox"/> Homicide Survivor Name of Deceased: _____ Relationship to Deceased: _____

**Victim/survivor:** complete ALL information below and on the reverse side of the form. Questions can be answered by your local victim service agency or by calling the Office of Victim Advocate at 800.563.6399. Return the completed form to the above address.

### Demographics

Name:	
Birth Date:	Driver's License #: _____ State: _____
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White Non-Latino/Caucasian <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Races <input type="checkbox"/> Undisclosed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed

### Language

Please tell us your preferred language, if it is not English.

Speak: _____	Read: _____
Write: _____	

**Address**

Please note that most notifications are sent by mail; however, in the event of an emergency, we will be unable to send urgent overnight mailings without a physical address. Please provide both addresses and be assured your confidentiality and safety remain our priority.

Physical Address	Mailing Address
------------------	-----------------

**Contact Information**

Cell (      ) _____	Ok to leave message? Yes    No	Best time to call:	Special Instructions:
Home (      ) _____	Ok to leave message? Yes    No	Best time to call:	Special Instructions:
Work/Other: _____ (      ) _____	Ok to leave message? Yes    No	Best time to call:	Special Instructions:
Email Address _____			

**Security**

Please list individuals it is ok to speak with and their relationship to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

The below security questions will be used to verify your identity when you interact with OVA staff.

1. What was the last name of your childhood best friend? \_\_\_\_\_

2. What was your childhood nickname? \_\_\_\_\_

3. What was the make of your first car? \_\_\_\_\_

Check here if alternate security questions are needed. An OVA staff member will contact you.

**PA SAVIN**

The PA Statewide Automated Victim Information & Notification System is a service giving victims & concerned citizens free and confidential notifications about an inmate's release, transfer or escape. SAVIN allows you to have 24/7 updates in the contact method that you choose.

Would you like to register with SAVIN?    Yes    No

If Yes, circle all types of notification you'd like to receive.    Phone    Text    Email

If Phone, you must provide a 4-digit PIN #: \_\_\_\_\_    Which phone?    Cell    Home    Work/Other

**Inmate Apology Bank Letter Notification**

Would you like OVA to contact you if the offender submits an apology letter?    Yes    No