ATTACHMENT D



REGISTRATION

800-563-6399 FORM

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					
Victim of Offense		Other:			
Parent/Guardian of Minor Victim Name of Minor:		Homicide Survivor Name of Deceased:			
Date of Birth:	Relationship to De		ceased:		
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: American Indian/Alaska Native Asian Black/African American Hispanic or Latino Native Hawaiian and Other Pacific Islander White Non-Latino/Caucasian Other Race Multiple Races Undisclosed		Gender: Male Female Transgender Genderqueer/Gender Non-conforming Intersex/Non-binary Undisclosed			
Language Please tell us your preferred language, if it is not English.					
Speak:					

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 confidentially and safety remain our priority.					
Physical Address		Mailing Address			
Contact Information					
Cell	Ok to leave message?	Best time to call:	Special Instructions:		
()	Yes No				
Home	Ok to leave message?	Best time to call:	Special Instructions:		
()	Yes No				
Work/Other:	Ok to leave message?	Best time to call:	Special Instructions:		
()	Yes No				
Email Address					
Would you prefer to receive notifications via email instead of US mail? Yes No					
Security					
Please list individuals it is ok to speak with and their relationship to you.					
Name Relationship					
Name	Rela	ationship			
Name	Rela	ationship			
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? O Cell O Home O Work/Other					
Inmate Apology Bank Letter Notification					
Would you like OVA to contact you if the offender submits an apology letter?					