



Initial Request to Receive Notifications from Department of Behavioral Health and Developmental Disabilities

As the victim¹ of a crime allegedly committed by the person named below who is committed to the Department of Behavioral Health and Developmental Disabilities (DBHDD), I would like to receive notifications from DBHDD when the committed person:

- Is discharged from a DBHDD hospital or designated secure facility for competency restoration of juveniles
- Escapes from such a DBHDD facility
- Is subsequently readmitted to such a DBHDD facility

I understand that I will not receive any notifications unless I ask to receive them, by completing and returning the **original** of this form to the address indicated below. I understand that if my address or telephone number changes in the future, I am responsible for contacting DBHDD at the address or telephone number below to give DBHDD my new address or telephone number.

I understand that this procedure does not entitle me to receive any additional information about the accused person named below. I understand that DBHDD will not inform me of the location or whereabouts of the accused person named below.

If my address or telephone number(s) changes, **it is my responsibility** to give my new information to:

Director of Forensic Services
Georgia Department of Behavioral Health and Developmental Disabilities
Fax: 770-359-3042
Email: victimnotification@dbhdd.ga.gov
Website: <http://dbhdd.georgia.gov/victim-notification>

(Please type or print):

Name of accused person: _____
 County where case was tried: _____
 My Victim Advocate's email address: _____

Please send notifications as described above, to me at the address and telephone number(s) listed below:

Name: _____
 Address: _____

 City State Zip Code

Telephone numbers: () (H); () (W); () (C)

My Signature: _____ Date: _____

My Name [Printed]: _____

Relationship to the Victim: Self Spouse Adult child Parent
 Sibling Grandparent Custodian Guardian

Victim's Name (if different): _____

(Original to be sent to DBHDD and a copy to be kept by Victim)



”Victim” means a person against whom a crime has been perpetrated. In the event of the death of the victim, “Victim” will include the following persons (but not if they are the accused person or are in custody for an offense): spouse; adult child if there is no spouse; parent if there is no spouse or adult child; sibling if there is no spouse, adult child or parent; grandparent if there is no spouse, adult child, parent or sibling. If the victim is a minor, the parent, custodian or court appointed guardian may request to receive notifications (but not if he/she is the accused person or is in custody for an offense). If the victim has a guardian appointed in writing by a Judge, the guardian may request to receive notifications (but not if he/she is the accused person or is in custody for an offense). See OCGA § 17-17-3(11).

(Original to be sent to DBHDD and a copy to be kept by Victim)