

VICTIM/WITNESS NOTIFICATION OF INMATE STATUS*(This form is exempt from Freedom of Information Act release.)*

EXPLANATION: This form is being used to give basic information on changes in an inmate's status to victims and witnesses who elected, on the DD Form 2704, to be notified. The confinement facility holding the inmate must promptly notify victims and witnesses of initial entry into confinement and of confinee status changes in accordance with DoD Instruction 1030.2.

SECTION I - DISTRIBUTION

1. TO: (Victim or Witness)			2. FROM: (Victim/Witness Assistance Coordinator at Confinement Facility)		
a. NAME (Last, First, Middle Initial)			a. NAME (Last, First, Middle Initial)		
b. STREET ADDRESS (Include apartment no.)			b. STREET ADDRESS		
c. CITY	d. STATE	e. ZIP CODE	c. CITY	d. STATE	e. ZIP CODE
f. TELEPHONE NUMBER (Include area code)			f. TELEPHONE NUMBER (Include area code)		

SECTION II - INMATE STATUS

3. INMATE NAME (Last, First, Middle Initial)	4. REGISTER NUMBER	5. MINIMUM RELEASE DATE ON/ABOUT (YYYYMMDD)	6. MAXIMUM RELEASE DATE (YYYYMMDD)
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7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD

a. STREET	b. CITY	c. STATE	d. ZIP CODE
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NOTE 1: Clemency Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the inmate becomes eligible for parole after serving one third of the sentence.

NOTE 2: You may submit documentation to Clemency and Parole Boards when the inmate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted.

SECTION III - RELEASE ELIGIBILITY**8. RESTORATION AND CLEMENCY ELIGIBILITY**

<input type="checkbox"/>	a. INMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) _____.
<input type="checkbox"/>	b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) _____.

9. PAROLE ELIGIBILITY

<input type="checkbox"/>	a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) _____.
<input type="checkbox"/>	b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) _____.

SECTION IV - CHANGE IN INMATE STATUS**10. CLEMENCY/PAROLE APPROVAL**

<input type="checkbox"/>	a. INMATE WAS APPROVED FOR <input type="checkbox"/> CLEMENCY <input type="checkbox"/> PAROLE ON (YYYYMMDD) _____	TELEPHONE NUMBER (Incl. area code)
	AT (Location)	
<input type="checkbox"/>	c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS:	

11. RELEASE

<input type="checkbox"/>	a. INMATE IS BEING RELEASED ON (YYYYMMDD) _____.	c. PLANNED RELEASE DESTINATION CITY	STATE
<input type="checkbox"/>	b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION.		

12. INMATE IS DECEASED (Date of death)

<input type="checkbox"/>	13. INMATE ESCAPED	b. DESTINATION (If known)	c. DATE, TIME, AND PLACE OF APPREHENSION (If apprehended)	d. PLACE OF RECONFINEMENT
	a. DATE AND TIME OF ESCAPE			

14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD)

a. STREET ADDRESS	b. CITY	c. STATE	d. ZIP CODE
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15. OTHER

<input type="checkbox"/>	a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) _____.
<input type="checkbox"/>	b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) _____ TO (YYYYMMDD) _____.
<input type="checkbox"/>	c. (Specify) _____.

16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO:

<input type="checkbox"/>	a. YOUR REQUEST
<input type="checkbox"/>	b. OTHER (Specify)

SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR

17.a. NAME (Last, First, Middle Initial)	b. RANK	c. SIGNATURE	d. DATE SIGNED
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