

VICTIM/WITNESS CERTIFICATION AND ELECTION CONCERNING INMATE STATUS

(This form is exempt from Freedom of Information Act release.)

PRIVACY ACT STATEMENT

AUTHORITY: 42 U.S.C. 10606 et sec., Victim's Rights and Restitution Act of 1990; 18 U.S.C. 1501 et sec., Victim and Witness Protection Act of 1982.

PRINCIPAL PURPOSES: To inform victims and witnesses of their post-trial rights; to determine whether the victim or witness of a crime elects to be notified of changes in the confinement status of a convicted criminal offender; and to record the election by the victim or witness of their desire to be notified about subsequent changes in inmate status.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide identifying information will prevent the corrections facility from notifying victim or witness of changes in a criminal offender's status.

SECTION I - ADMINISTRATIVE INFORMATION

Installation _____ City _____ State _____ ZIP Code _____
Incident Number _____ Organizational Identifier (ORI) _____

SECTION II - CERTIFICATION OF NO VICTIM OR WITNESS

(Complete this section only if there are no victims or witnesses who are entitled to notification under the Victim's Rights and Restitution Act of 1990, and DoD Instruction 1030.2.)

As representative for the Government in the court-martial case of United States v. _____ ,
(Name of accused) (Last, first, middle initial)

_____ , convened by _____ ,
(Social Security Number) (Court-martial convening order number, date, and issuing command)

I certify that this case does not involve a victim or witness entitled to receive information about the confinement status of the defendant as required by the Victim's Rights and Restitution Act of 1990 (Public Law 101-647; 104 Stat. 4820).

(Signature of person certifying) _____
(Typed name (Last, first))

(Date) (YYYYMMDD) _____
(Grade and title)

SECTION III - CERTIFICATION OF ADVICE TO VICTIM(S) AND WITNESS(ES)

(Complete this section when there are victims or witnesses entitled to notification.)

I certify that on this date I personally notified the victim(s) and witness(es) in the court-martial case of United States v. _____ ,

_____ , _____ ,
(Name of accused) (Last, first, middle initial) (Social Security Number)
convened by _____ ,
(Court-martial convening order number, date, and issuing command)

whose sentence included confinement, of their right under the Victim's Rights and Restitution Act of 1990 (Public Law 101-647, 104 Stat. 4820), to receive information about the status of the inmate, to include length of sentence, anticipated earliest release date, likely place of confinement, the possibility of transfer, and the right to receive notification of a new place of confinement. I advised of the possibility of parole or clemency with an explanation of these terms. Additionally, I advised of the right to prior notification of the inmate's parole hearings, release from confinement, escape and death. I advised that to receive notification of the inmate's transfer, parole hearings, and release from confinement, the victim or witness must provide the information required in Section IV of this form. I advised all victims and witnesses that if they elect to terminate or reinstate notifications, or if they change their address listed above, they must contact the Military Service Central Repository listed in Section V.

(Signature of person providing notification) _____
(Typed name (Last, first))

(Date) (YYYYMMDD) _____
(Grade and title)

SECTION IV - ELECTION TO BE NOTIFIED

The victim(s) and witness(es) listed below have elected the right to receive information about changes in the status of the inmate by initialing the "Yes" block. If the inmate is transferred, they understand that they will be notified of the address of the new confinement facility. They also understand that if they move or their telephone number changes, they must notify the confinement facility of the new address or telephone numbers in order to be notified.

LIST ALL VICTIMS AND WITNESSES INVOLVED IN THE CASE. (Indicate whether a victim or witness by entering "V" or "W" in the appropriate column. Those who elect to be notified of inmate status changes should initial in the "Yes" column; otherwise initial the "No" column.)

NAME <i>(Last, First, Middle Initial)</i>	ADDRESS <i>(Street, Apartment No., City, State, ZIP Code)</i>	TELEPHONE NUMBER <i>(Include Area Code)</i>	V OR W	NOTIFY	
				YES	NO

SECTION V - DISTRIBUTION

ADDRESSES (Include 9-digit ZIP Code and telephone number.)

MILITARY SERVICE CENTRAL REPOSITORY	LOCAL CONFINEMENT FACILITY (Name and address)
LAW ENFORCEMENT/SPECIAL INVESTIGATION	VICTIM/WITNESS (Individual will receive a copy with all other victim/witness addresses blacked out.)