

VICTIM'S REQUEST TO BE NOTIFIED OF PSYCHIATRIC SECURITY REVIEW BOARD PROCEEDINGS

STATE OF CONNECTICUT
VICTIM'S REQUEST TO BE NOTIFIED OF
PSRB PROCEEDINGS – OVA07-01

INSTRUCTIONS: COMPLETE FORM AND SIGN. RETAIN A COPY FOR YOUR RECORDS.
MAIL TO: **PSYCHIATRIC SECURITY REVIEW BOARD**
 505 HUDSON STREET, 1ST FLOOR
 HARTFORD, CT 06106

TODAY'S DATE:	NAME OF ACQUITEE
---------------	------------------

I am the victim of the criminal matter for which the above-referenced acquitee has been committed to the Psychiatric Security Review Board. Please consider this notice of my formal request to receive notification of any and all proceedings concerning the acquitee's status.

VICTIM CONTACT INFORMATION

NAME	STREET ADDRESS
TOWN/CITY, STATE, ZIP CODE	DAYTIME PHONE
EVENING PHONE	CELL PHONE
NAME OF VICTIM	RELATIONSHIP TO VICTIM

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT CONTACT INFORMATION.
THANK YOU FOR YOUR ASSISTANCE.**

SIGNATURE	DATE
-----------	------