



Victim Assistance & Restorative Justice Program's Registrant/Victim Input at Offender Intake Form

The Minnesota Department of Corrections' goal is to promote safety in the lives of victims and others who have been impacted by crime through effective, supportive, and informative advocacy.

The Minnesota Department of Corrections has received your request for notification regarding **OFFENDER NAME OID**. Many times victims and community members have questions or concerns about accessing information regarding an offender's incarceration and several other post-conviction issues. The Minnesota Department of Corrections has developed the attached form to help address these questions or concerns.

This form is also an opportunity for registrants to provide information to the Department of Corrections; such as, the existence of current court orders (i.e. Order for Protection, Harassment Restraining Order, Restitution, etc.) and safety concerns.

The last page of the Registrant Input Form includes a request to have the Department of Corrections issue a no contact directive. A no contact directive is issued to the offender, prohibiting contact, and cannot be changed for six (6) months. A no contact directive is separate from an order issued by the court. For more information regarding court orders, please visit the Minnesota Department of Corrections website, www.doc.state.mn.us/, at the top of the page click on 'For Victims', click 'Safety Planning' and then select 'Court Orders.'

You will also be provided the opportunity to submit a reentry statement 180 days prior to an offender's release date. Victims and community members may want to provide information, especially about safety concerns as they relate to an offender's reentry. The Minnesota Department of Corrections encourages victims and community members to provide a reentry statement to be used by facility case workers and community supervising agents to better understand victims needs and facilitate offender release planning and supervision.

Thank you for taking the time to complete this input form.

Submit this form to:

Minnesota Department of Corrections Victim Assistance Program
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

Fax: 651.642.0457 Email: victimassistance.doc@state.mn.us

To speak to Victim Assistance & Restorative Justice Program Staff, please call: 651.361.7250 or
1.800.657.3830



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Registrant/Victim Name _____

Offender Name _____

Offender Identification Number (OID) _____

Date _____

1. Do you have concerns about the offender contacting you while incarcerated? YES NO
2. Are you or have you worked with a victim advocate or advocacy program? YES NO

3. Do you and the offender have any children in common? YES NO

Names of the child(ren)

Date of birth of the child(ren)

Names of the child(ren)	Date of birth of the child(ren)

4. Do you have a child that is not his/hers? YES NO
5. Are there any court orders regarding custody and parenting time for the children you have with the offender? YES NO

In what county was the order issued? _____

Please provide a general explanation of the order.

6. Do you or your minor child(ren) have any of the following protective orders against the offender?

Order for protection (OFP)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Name(s) of protected party(ies)? _____

Harassment restraining order (HRO)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Name(s) of protected party(ies)? _____

Domestic abuse no contact order (DANCO)

What date was the order issued by the judge? _____

What date does the order expire? _____

In what county was the order was issued? _____

Name(s) of protected party(ies)? _____

7. Has the offender ever violated a protective order?

YES NO

If YES, check any of the following that apply.

By having direct contact with you or other protected persons?

By communicating with you or other protected persons by email or social media?

By having family members or friends contact you?

By sending you letters or gifts?

By other means? Please describe

Please provide the approximate dates when the violation(s) of the protective order(s) occurred.

Did the violation of any protective order ever result in a criminal charge against the offender? YES NO

What is the approximate date of the criminal charge? _____

In what county was the criminal charge issued? _____

8. DOC staff may not have information about the history you have with the offender and the abuse that may have occurred. The following questions seek information about the nature of the abuse you may have experienced.

Has the offender ever had unwanted contact with you? YES NO

If YES, did the offender (check any of the following that apply):

- Break into or attempt to break into your car or house?
- Used or threatened to use a weapon against you?
- Have access to weapons?
- Ever attempted to or has strangled/choked you?
- Threaten to cause harm to you, your family members, or new partner?
- Attempt to harm or cause harm to you, your family members, or new partner?
- If there has been harm, has the violence increased in frequency or severity over the past year?
- Threaten to, attempt to, or cause harm to himself/herself?
- Damage property you, your family, or new partner own?
- Injure or kill a pet?
- Read or steal your mail?
- Make hang-up calls?
- Send unwanted letters or gifts?
- Call you at work when you didn't want him or her to call?
- Come to your work place or school when you didn't want him or her to?
- Attempt to have you fired by making false accusations?
- Watch you?
- Check your voice messages, email, text messages, or other social media?
- Post false or unwanted personal information, pictures or video on social media sites about you?
- Monitor your actions or behavior in other ways?

9. Do you have a court order for restitution payment from the offender? YES NO

In what county was the restitution order issued? _____

What is the court order number (if known)? _____

There are occasions where media may place a request for an in-person interview with incarcerated offenders. Should there be a request for an in-person interview with the offender in your case, would you like the DOC to consider denial of the request based on concerns you may have as a result of the potential for further harm or re-victimization to you and/or your family? If so, please select the check box below. You can provide additional information about your concerns in the comments box but are not required to do so. By checking the box opposing the DOC granting the in-person interview, your concerns will be considered in the decision. Your opposition will not be shared with the offender.

I oppose the DOC approving any in-person interview between the media and offender. Please explain:

If the media should be provided a special access in-person interview, I would like to be notified of the interview.

It is **very** important to note that offenders can and do communicate with the media via US Mail and/or by telephone. These interviews are not monitored or approved/denied by the DOC and therefore, the DOC may not be aware of these type of interviews and has no mechanism to provide victims notification. The opposition and victim notification options above refer **only** to special access in-person media interviews.

Dependent on an offender's criminal history he/she may be directed to complete sex offender and/or chemical dependency treatment. Offenders receive an intake assessment which determines programming needs and recommendations. Once an offender enters a program, depending on type of programming, an individualized treatment plan may be developed. Some programming involves specific treatment related to sex offender or chemical dependency related offenses. Treatment may include daily group therapy, individual therapy, psychoeducational classes, individual study, and in some situations family therapy sessions.

10. If offender participates in programming where there is an opportunity for family participation, and you are a family member, do you want to be contacted?

YES NO

Restorative justice is a victim-centered approach and seeks to incorporate all stakeholders in the process- those who have been harmed, those who have caused harm, and members of the community from where that harm occurred. Restorative justice is grounded in equity, respect, and accountability. For more information regarding victim initiated restorative practices, please visit the Minnesota Department of Corrections website, www.doc.state.mn.us/, and click on 'For Victims' at the top of the page and then select 'Restorative Justice.'

11. Are you interested in speaking with restorative justice staff regarding victim initiated restorative practices available at the Department of Corrections?

YES NO

12. Facility case managers and supervising agents may have questions or need additional information after reviewing your reentry statement.

May the case manager or agent contact you?

YES NO

What are the best ways for the case manager or supervising agent to contact you?

Home phone: _____

Cell phone: _____

Work phone: _____

Personal Email: _____

Personal Email: _____

Other: _____

When is the best time to contact you?

Daytime

Evening

Weekends

13. Please provide any additional information.



REQUEST FOR NO CONTACT DIRECTIVE

(This is separate from an order issued by the court)

Individuals who do not want to receive contact or receiving unwanted contact from an offender incarcerated in a Minnesota correctional facility may submit a request for a no contact directive. A no contact directive includes written and verbal messages. By submitting a request you are acknowledging that you understand the directive cannot be changed for six months and is separate from an order issued by the court. Once your request has been received, the offender will be served with the directive. Requests may be submitted by mail, fax, or email. The Minnesota Department of Corrections will acknowledge receipt of your request within 10 business days.

Date _____

Contact Information

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address (es) _____

Phone Number (s) _____

If unwanted contacted has occurred, please describe:

Offender Information (Provide as much information as is known)

First Name _____ Last Name _____

OID _____ Date of Birth _____

Submit this form to:

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1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

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