



Victim Assistance & Restorative Justice Program Registrant/Victim Reentry Statement

Your Name _____

Victim Name (if applicable) _____

Offender Name _____

Offender Identification Number (OID) _____

Date of Document _____

1. Do you have concerns about where the offender will reside? YES NO
2. Do you have concerns about where the offender will be employed? 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) _____

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. Did you visit the offender while incarcerated? YES NO

If YES, were there any problems during any of the incarceration visits? YES NO

Please describe.

10.

11. 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)? _____

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.'

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

YES NO

13. Do you think the offender would benefit from participation in any community programs?

YES NO

Chemical dependency programming?

Mental health programming?

Domestic violence programming?

Parenting classes?

Other?

14. 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

15. A supervising agent may receive information, after the offender is released, which they would like to share with you.

May the agent contact you?

YES NO

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

Home phone: _____

Cell phone: _____

Work phone: _____

Personal Email: _____

Personal Email: _____

Other: _____

When is the best time for the agent to contact you?

Daytime

Evening

Weekends

16. Please provide any additional information regarding the above questions which would be helpful in the reentry planning.

Thank you for taking the time to complete this reentry statement.
Your reentry statement will be sent to the facility case manager and the supervising agent.

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 Program Staff, please call: 651.361.7250 or 1.800.657.3830