



**STATE OF CONNECTICUT  
DEPARTMENT OF CORRECTION  
External Affairs Division**



Dannel P. Malloy  
Governor

Scott Semple  
Commissioner

**VICTIM SERVICES UNIT**

**VICTIM UPDATE/CHANGE OF INFORMATION FORM**

Inmate Name: \_\_\_\_\_

Inmate Number: \_\_\_\_\_



PLEASE **PRINT** ALL INFORMATION INTO APPROPRIATE AREAS

<b>Registered Victim's Name:</b>	
<b>Current Telephone:</b>	
<b>Current Email:</b>	
<b>Current Address</b>	
<b>Street</b>	
<b>Apt</b>	
<b>City/Town</b>	
<b>State</b>	
<b>Zip Code</b>	

Please sign the form and return a copy to the Victim Services Unit. The contact information can be found below.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: 1.888.869.7057 ♦ Fax: 860.692.7867  
24 Wolcott Hill Road ♦ Wethersfield, Connecticut 06109  
Website: [www.ct.gov/doc](http://www.ct.gov/doc)  
Email: [DOC.VictimServices@ct.gov](mailto:DOC.VictimServices@ct.gov)

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