

MINNESOTA HAVEN REQUEST FOR NOTIFICATION FORM

If you need assistance in completing this form, please contact DOC Victim Services & Restorative Justice staff at VictimAssistance.doc@state.mn.us

Individuals must submit a request containing current contact information in order to receive information from the Minnesota Department of Corrections (DOC) pursuant to Minn. Stat. §611A.06. Requests may be submitted by mail, fax, or email. The Minnesota Department of Corrections will acknowledge receipt of the request within 10 business days. Victim Services & Restorative Justice staff may follow up with contact if needed.

Date: _____

☐ New registration request

☐ Updated registration information

INFORMATION about the INCARCERATED PERSON Provide as much information as is known. OID is a 6-digit number.

First Name: _____ Last Name: _____

OID (six-digit number): _____ Date of Birth: _____ Court Case Number: _____

Your Contact Information

First Name: _____ Last Name: _____

Pronouns: ☐ She/hers ☐ He/his ☐ They/them ☐ Other _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Email Address(es): _____ Type: ☐ Home ☐ Work ☐ other

Phone Number(s): _____ Type: ☐ Home ☐ Cell ☐ Work ☐ other

Is it okay to leave a voicemail? ☐ Yes ☐ No

NOTIFICATION OPTIONS

Account Type: {Please select those that you feel best describe your association to the offense. Please select at least one.}

- ☐ Victim/Survivor of Offense ☐ Victim/Survivor of Different Offense ☐ Family Member of Victim
☐ Family Member of Incarcerated Person ☐ Community Member ☐ Victim Advocate
☐ Criminal Justice Professional ☐ Law Enforcement ☐ Other _____

Select the primary way you want to receive notification: Notification happens by email unless you indicate that you want to receive a mailed letter.

☐ Email ☐ U.S. Postal Mail (letter) ☐ both (Email and U.S. Postal Mail)

Preferred language: ☐ English ☐ Spanish ☐ Hmong ☐ Somali ☐ other _____

Notifications you would like to receive:

☐ Incarceration Custody Changes ☐ Release Notifications
☐ Early Release Programs ☐ Supervision Custody Changes
☐ Offender Escape or Apprehension (to receive immediate notification of an escape, you must provide a phone number.)

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13.04, we are required to inform you of your rights as they pertain to private information we collect from you. The information we collect from you is classified by law as either public (anyone can see it), private (the public is not given access but you are), or confidential (even you cannot see the information).

When you create a Minnesota Haven account, you will be asked to provide *private information* about you, namely, your contact information. The information collected will be used to provide you with notification and information about the custody status of an individual incarcerated or on supervision with the Minnesota Department of Corrections.

You may choose to provide all, some, or none of the requested information. If you provide information when you create a Minnesota Haven account, you will receive notification of custody status. If you do not provide contact information, you will not be able to register with Minnesota Haven, the Minnesota Department of Corrections will not be able to contact you and you will not receive notification regarding custody status and other available information related to the offender.

You may be entitled to receive notification of custody status from other governmental agencies. If you want notification from these agencies through Minnesota Haven, you must authorize us to share your information with those agencies. When you create your Minnesota Haven account, you will be asked if you authorize sharing of your information with:

1. Department of Human Services (if the person was convicted of a predatory offense);
2. Local law enforcement agencies (if the person was convicted of a predatory offense);
3. Supervising agents with the Department of Corrections or county community corrections agency.

Please note that the information may be shared upon court order or provided to the state or legislative auditor in accordance with the applicable state or federal laws governing disclosure.

If you have any questions about this notice, please contact the Minnesota Department of Corrections' Victim Services & Restorative Justice Program at 800.657.3830 or victimassistance.doc@state.mn.us.

☐ I have read and understand the above Tennesen Warning and acknowledge that I do want to create a Minnesota Haven account.

RELEASE OF INFORMATION

As part of the Haven notification service, we ask whether you grant the DOC permission to provide your contact information to various entities outside of the DOC for notification purposes only. You do NOT have to grant permission to share information. If you do not grant permission, the DOC will not share your information.

Supervising Agents: Registrants have the opportunity to permit the DOC to release their contact information to the supervising agent. This will allow the supervising agent to contact you for any follow up information that may be needed in order to increase the effectiveness of the supervision and/or address safety concerns.

Do you give permission for the DOC to release your information to the supervising agent? ☐ Yes ☐ No

County Attorney Office: Registrant may also permit the DOC to provide their contact information to the county attorney's office in any county that the registrant lists. Providing this information to the county attorney's office allows victim witness staffing that office to contact the registrant for additional information that you may have the right to receive. It is recommended that you list the county where the offense took place.

Do you give permission to release your information to the listed county attorney office? ☐ Yes ☐ No

What county(ies): _____

Law Enforcement: If the registrant is the victim of a predatory offense, the registrant may give permission for their information to be released to law enforcement agencies. Law enforcement has the duty to provide enhanced notification to the victims of predatory offenses for as long as the person is required to register as a predatory offender. Note: if you choose to not share your information with law enforcement, you will not receive information on the person after they are discharged from DOC custody and supervision.

Do you give permission to release your information to law enforcement? ☐ Yes ☐ No

Dept. of Human Services (DHS): If the registrant is the victim of a predatory offense, the registrant has the option to provide a release of information to the Department of Human Services (DHS). If permission is granted, DHS will provide notification about civil commitment for predatory offenses, either during or following their commitment to DHS.

Do you give permission to release information to DHS? ☐ Yes ☐ No

ENHANCED NOTICES

General release notification is available to any individual that registers with Minnesota Haven. Some crime victims may be eligible to receive additional or enhanced notification depending on the nature of the offense and/or the relationship between the registrant and the incarcerated person.

Predatory Offenses (POR)

Victims of predatory offenses may be eligible to receive enhanced notification about the location of the person under DOC control (Minn.Stat. 244.052). This enhanced notification is provided by law enforcement. If the crime victim is a minor, parents/guardians of the child are eligible to receive the enhanced notification on the child's behalf. If the victim is deceased as a result of the offense, next-of-kin are eligible to receive the enhanced notification.

For a list of predatory offenses, please view Minn. Stat. 243.166, subd.1b

If eligible, do you want to receive enhanced notification?

☐ Yes ☐ No ☐ Unsure, I want more information

Qualified Domestic Violence Related Offenses (QDVRO)

Victims of Qualified Domestic Violence Related Offenses (QDVRO) may be eligible to receive notification of the city and five-digit zip code of the incarcerated person's residency upon release from a DOC facility. If the incarcerated person was convicted of a QDVRO and has been a household or family member with you, then you may be eligible for this enhanced notification. QDVRO crimes are listed in Minn. Stat. 609.02, subd.16.

If eligible, do you wish to receive enhanced notification?

☐ Yes ☐ No ☐ Unsure, I want more information

Persons Sentenced to Life with Possibility of Parole

Persons sentenced to life with the possibility of parole are subject to the life sentence review process. The review process provides victim survivors and/or their next-of-kin the option to provide input into release decisions. Input can be provided in writing, through phone or video appearance, or in-person. This is voluntary.

If eligible, do you wish to receive notice about life sentence review hearings?

☐ Yes ☐ No ☐ Unsure, I want more information

OPTIONAL INFORMATION

The Victim Services & Restorative Justice program receives grant funding from the Department of Justice's Victims of Crime Act. As a condition of receiving those funds, the DOC is asked to collect demographic information on the people who use our services. Completion of this portion of the form is voluntary. You will be registered in the Minnesota Haven notification system whether or not you complete this information.

What is your age:

☐ 0-12 ☐ 13-17 ☐ 18-24 ☐ 25-59 ☐ 60+

How do you identify your gender:

☐ Female ☐ Male ☐ Non-Binary ☐ Other _____

Ethnicity/Race:

☐ Native American ☐ Asian ☐ Black/African American ☐ Hispanic/Latinx
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multiple Races ☐ Other

Additional Information: (check all that apply)

☐ Deaf/Hard of Hearing ☐ Homeless ☐ Immigrant/Refugee ☐ LGBTQ+
☐ Veteran ☐ Disabled ☐ English as Second Language

Submit this form to:

DOC Victim Services & Restorative Justice 1450 Energy Park Drive Suite 200, St. Paul, MN 55108

Fax: 651.642.0223 or **Email:** VictimAssistance.doc@state.mn.us

For additional information visit <https://mn.gov/doc/victims/>