



The Ohio Department of Rehabilitation and Correction

Ohio Parole Board – Notification Unit

Person requesting to opt out of notification, please complete Sections II and III below.

Section I. Victim Notification Opt Out (To Be Completed by the Ohio Department of Rehabilitation and Corrections):

| | | | |
|-----------------|-------|-------------------|------|
| Offender Name | First | MI | Last |
| Offender Number | | | |
| Court Case# | | Sentencing County | |
| Offense(s) | | | |

Section II. Person requesting to opt out of notification, please complete items (1) through (3):

(1) Person Requesting to Opt Out of Receiving Notification

| | | | |
|----------------|-------|-------|-----------------------------------|
| Name | First | MI | Last |
| Street Address | City | State | Zip Code + 4 |
| Phone Number | Day | Night | <input type="checkbox"/> No Phone |
| Cell Number: | | | |
| Email Address: | | | |

(2) Please identify the individual(s) against whom the crime was committed (if different from the person named above):

(3) If you are the person against whom the crime was committed, please proceed to section III of this form. If you are not the person against whom the crime was committed, please identify your relationship to that person by checking one of the following:

- Parent or legal guardian. Check here if the person against whom the crime was committed was younger than 18 years old at the time of the offense. Please provide the birth date of the

Offender Name 0 _____

Offender Number _____

person against whom the crime was committed: _____ .

Family member (other than parent or legal guardian). Please identify your familial relationship to the person against whom the crime was committed (e.g., sibling, spouse, child, etc.):

Other. Please identify how you know the person against whom the crime was committed:

Section III. Amended Substitute Senate Bill 160 of the 129th Ohio General Assembly (“Roberta’s Law”) requires that victims of certain serious felony offenses receive automatic notification of pending hearings, administrative decisions, and other events occurring during an inmate’s incarceration that could potentially affect the offender’s release from incarceration and the length of sentence that the offender ultimately serves. Roberta’s Law requires victim notification of these events so that victims may provide input in the process. By signing below, you are indicating to the Department of Rehabilitation and Correction that you do not wish to receive any notifications of any kind with respect to this offender and the case number identified above. By signing below, you are waiving your rights under Roberta’s Law to receive notifications with respect to events that could potentially affect the offender’s release from incarceration and to provide input into those events. If you later wish to begin receiving notifications from the Department, you must contact the Office of Victim Services at 1-888-842-8464 and complete a Victim Notification Registration.

Signature _____

Date _____

Print Name: _____

Office of Victim Services
4545 Fisher Road, Suite D
Columbus, OH 43228