

# Louisiana Commission on Law Enforcement

Louisiana Victim  
Notice and  
Registration Form



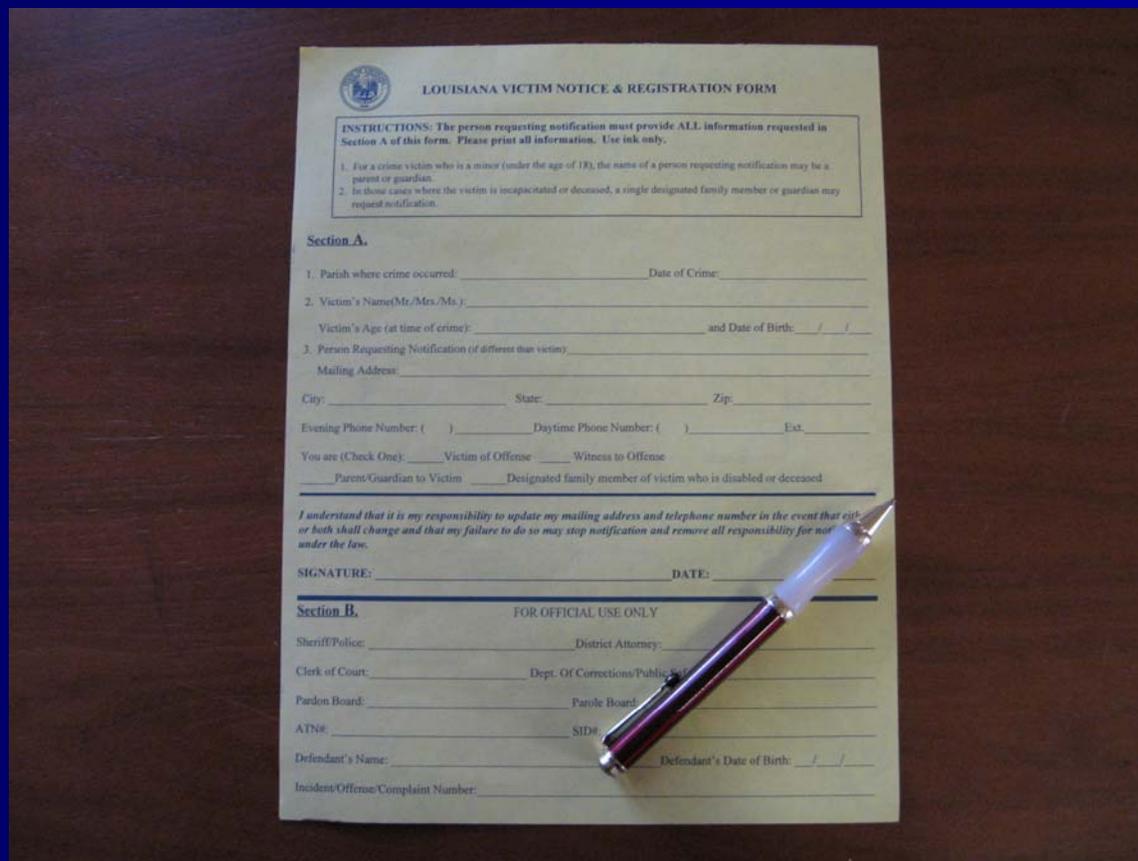
## Lafourche Parish Sheriff's Office

**It's Your Duty!**

# Victim Notification – a life saving measure



# How many Victim Notification Forms have you completed?



**LOUISIANA VICTIM NOTICE & REGISTRATION FORM**

**INSTRUCTIONS:** The person requesting notification must provide ALL information requested in Section A of this form. Please print all information. Use ink only.

- For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
- In those cases where the victim is incapacitated or deceased, a single designated family member or guardian may request notification.

**Section A.**

1. Parish where crime occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_

2. Victim's Name (Mr./Mrs./Ms.): \_\_\_\_\_  
Victim's Age (at time of crime): \_\_\_\_\_ and Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Person Requesting Notification (if different than victim): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Evening Phone Number: ( ) \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense  
\_\_\_\_\_ Parent/Guardian to Victim \_\_\_\_\_ Designated family member of victim who is disabled or deceased

*I understand that it is my responsibility to update my mailing address and telephone number in the event that either or both shall change and that my failure to do so may stop notification and remove all responsibility for not under the law.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section B.** FOR OFFICIAL USE ONLY

Sheriff/Police: \_\_\_\_\_ District Attorney: \_\_\_\_\_  
Clark of Court: \_\_\_\_\_ Dept. Of Corrections/Public Safety: \_\_\_\_\_  
Pardon Board: \_\_\_\_\_ Parole Board: \_\_\_\_\_  
ATN#: \_\_\_\_\_ SID#: \_\_\_\_\_  
Defendant's Name: \_\_\_\_\_ Defendant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Incident/Offense/Complaint Number: \_\_\_\_\_

# Formerly known as the “yellow form”

- Act 783 of the 1999 Legislative Session mandated the use of the “yellow form” effective January 2000.
- Been in effect nearly **10 years**
- Many officers admit that they have never heard of the yellow form, the Louisiana Victim Notice and Registration Form.

Victims are **NOT** being  
**NOTIFIED!**

**It's the law...It's your  
duty...**

**R.S. 46:1844 T**

**READ IT**

**(back of the yellow copy)**

# Time for a CHANGE

## Advisory Committee convened

Louisiana Commission on Law Enforcement

Lafourche Parish Sheriff's Office

Louisiana District Attorneys Association

Louisiana Dept. of Public Safety and Corrections

Crime Victims

Developed a **NEW** Louisiana Victim  
Notice and Registration Form

# The NEW form

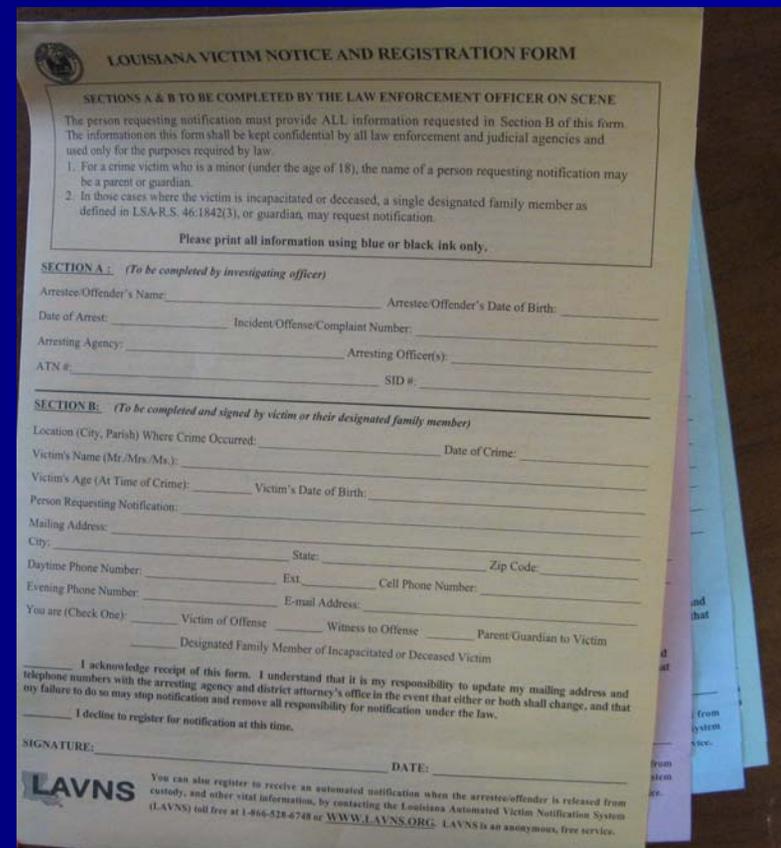
- 4 part duplicate

District Attorney

Jail

Victim

Arresting Agency



**LOUISIANA VICTIM NOTICE AND REGISTRATION FORM**

**SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER ON SCENE**

The person requesting notification must provide ALL information requested in Section B of this form. The information on this form shall be kept confidential by all law enforcement and judicial agencies and used only for the purposes required by law.

- For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
- In those cases where the victim is incapacitated or deceased, a single designated family member as defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

Please print all information using blue or black ink only.

**SECTION A: (To be completed by investigating officer)**

Arrestee/Offender's Name: \_\_\_\_\_ Arrestee/Offender's Date of Birth: \_\_\_\_\_  
Date of Arrest: \_\_\_\_\_ Incident/Offense/Complaint Number: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_ Arresting Officer(s): \_\_\_\_\_  
ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

**SECTION B: (To be completed and signed by victim or their designated family member)**

Location (City, Parish) Where Crime Occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_  
Victim's Name (Mr./Mrs./Ms.): \_\_\_\_\_  
Victim's Age (At Time of Crime): \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_  
Person Requesting Notification: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense \_\_\_\_\_ Parent/Guardian to Victim  
\_\_\_\_\_ Designated Family Member of Incapacitated or Deceased Victim

I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

I decline to register for notification at this time.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LAVNS** You can also register to receive an automated notification when the arrestee/offender is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-828-6748 or [WWW.LAVNS.ORG](http://WWW.LAVNS.ORG). LAVNS is an anonymous, free service.



# LOUISIANA VICTIM NOTICE AND REGISTRATION FORM

## SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER ON SCENE

The person requesting notification must provide ALL information requested in Section B of this form. The information on this form shall be kept confidential by all law enforcement and judicial agencies and used only for the purposes required by law.

1. For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member as defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

Please print all information using blue or black ink only.

### SECTION A: (To be completed by investigating officer)

Arrestee/Offender's Name: \_\_\_\_\_ Arrestee/Offender's Date of Birth: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Incident/Offense/Complaint Number: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Arresting Officer(s): \_\_\_\_\_

ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

### SECTION B: (To be completed and signed by victim or their designated family member)

Location (City, Parish) Where Crime Occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_

Victim's Name (Mr./Mrs./Ms.): \_\_\_\_\_

Victim's Age (At Time of Crime): \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_

Person Requesting Notification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense \_\_\_\_\_ Parent/Guardian to Victim  
\_\_\_\_\_ Designated Family Member of Incapacitated or Deceased Victim

\_\_\_\_\_ I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

\_\_\_\_\_ I decline to register for notification at this time.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



You can also register to receive an automated notification when the arrestee/offender is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-628-6748 or [WWW.LAVNS.ORG](http://WWW.LAVNS.ORG). LAVNS is an anonymous, free service.

District Attorney's Copy

### Important Information About Victim Notification

Victims or designated family members of victims of certain crimes are entitled to certain rights under Louisiana's Crime Victim Bill of Rights, including but not limited to:

- The right to receive emergency social or medical services as soon as possible.
- The right to be notified of a defendant's arrest, release on recognizance, posting of bond, release pending charges being filed, release due to rejection of charges by the district attorney, escape, or re-apprehension.
- The right to be interviewed in a private setting and to a secure area during criminal proceedings.
- The right to requests for assistance by judicial and law enforcement agencies in informing employers that the need for cooperation in the prosecution of the case may necessitate absence from work.
- The right to be notified of scheduling changes of criminal justice proceedings.
- The right to consult with the prosecution prior to the trial and final disposition of the case.
- The right to refuse to be interviewed by the accused or a representative of the accused.
- The right to review and comment upon the pre-sentence report prior to imposition of sentencing, and the right to be notified of the minimum and maximum sentence allowed by law.
- The right to be present at all phases of the court proceedings, including the sentencing hearing.
- The right to make a written or oral impact statement.
- The right to seek restitution.
- The right to a reasonably prompt conclusion to the case.

LSA R.S. 46:1844.T mandates:

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(1) In order for a victim or designated family member to be eligible to receive notices hereunder and exercise the rights provided in this Chapter, the victim or designated family member must complete a form promulgated by the Louisiana Commission on Law Enforcement and Administration of Criminal Justice. The form shall be completed by the victim or designated family member and shall be filed with the law enforcement agency investigating the offense of which the person is a victim, as defined in this Chapter. The completed victim notice and registration form shall be included in the documents sent by the law enforcement agency to the district attorney for prosecution. The district attorney shall include the completed victim notice and registration form with any subsequent bill of information or indictment that is filed with the clerk of court. Upon conviction, the victim notice and registration form shall be included in the documents sent by the clerk of court to the Department of Public Safety and Corrections, the law enforcement agency having custody of the defendant, or the division of probation and parole.

(2) All victim notice and registration forms, and the information contained therein, shall be kept confidential by all law enforcement and judicial agencies having possession. The information shall be used only for the purposes required by this Chapter, and shall be released only upon court order after contradictory hearing.

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By completing and properly filing this form, a victim has officially registered for notification and every attempt should be made to notify them of the above events based on the contact information they provided.

To qualify for these statutory rights, the registrant or their family member must be a victim of a homicide, felony crime of violence as defined or enumerated in R.S. 14:2 (B), sexual offense, certain vehicular related offenses, or attempts to commit any of them, including but not limited to:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Solicitation for murder</li> <li>• 1<sup>st</sup> degree murder</li> <li>• 2<sup>nd</sup> degree murder</li> <li>• Manslaughter</li> <li>• Aggravated battery</li> <li>• 2<sup>nd</sup> degree battery</li> <li>• Aggravated assault</li> <li>• Mingling harmful substances</li> <li>• Aggravated rape</li> <li>• Forcible rape</li> <li>• Simple rape</li> <li>• Sexual battery</li> <li>• Aggravated sexual battery</li> <li>• Oral sexual battery</li> <li>• Stalking</li> <li>• Incest</li> <li>• Aggravated incest</li> <li>• Felony carnal knowledge of a juvenile</li> <li>• Indecent behavior with juveniles</li> </ul> | <ul style="list-style-type: none"> <li>• Aggravated oral sexual battery</li> <li>• Intentional exposure to AIDS virus</li> <li>• Aggravated kidnapping</li> <li>• 2<sup>nd</sup> degree kidnapping</li> <li>• Simple kidnapping</li> <li>• Aggravated arson</li> <li>• Terrorism</li> <li>• Aggravated burglary</li> <li>• Armed robbery</li> <li>• 1<sup>st</sup> degree robbery</li> <li>• Simple robbery</li> <li>• Purse Snatching</li> <li>• Extortion</li> <li>• Assault by drive-by shooting</li> <li>• Molestation of a juvenile</li> <li>• Crime against nature</li> <li>• Aggravated crime against nature</li> <li>• Sexual battery of the infirm</li> <li>• Pornography involving juveniles</li> </ul> | <ul style="list-style-type: none"> <li>• Aggravated crime against nature</li> <li>• Carjacking</li> <li>• Illegal use of weapons/dangerous instrumentalities</li> <li>• Aggravated criminal damage to property</li> <li>• Aggravated 2<sup>nd</sup> degree battery</li> <li>• Aggravated assault upon police officer</li> <li>• Terrorism</li> <li>• Aggravated assault with a firearm</li> <li>• Armed robbery, use of a firearm</li> <li>• Aggravated degree robbery</li> <li>• Disarming of a peace officer</li> <li>• Stalking</li> <li>• 2<sup>nd</sup> degree cruelty to juveniles</li> <li>• Aggravated flight from an officer</li> <li>• Vehicular negligent injuring</li> <li>• 1<sup>st</sup> degree vehicular negligent injuring</li> <li>• Domestic Battery Abuse</li> <li>• Abuse / Neglect of Adults</li> <li>• Video voyeurism</li> </ul> |
|--|---|--|

District Attorney's Copy



### Important Information About Victim Notification

If you have been a victim or designated family member of a victim of certain crimes, you may be entitled to certain rights under Louisiana's Crime Victim Bill of Rights, including but not limited to:

- The right to receive emergency social or medical services as soon as possible.
- The right to be notified of a defendant's arrest, release on recognizance, posting of bond, release pending charges being filed, release due to rejection of charges by the district attorney, escape, or re-apprehension.
- The right to be interviewed in a private setting and to a secure area during criminal proceedings.
- The right to requests for assistance by judicial and law enforcement agencies in informing employers that the need for cooperation in the prosecution of the case may necessitate absence from work.
- The right to reasonable notice and to be present and heard during all critical stages of pre-conviction and post-conviction proceedings, and the right to be notified of scheduling changes of criminal justice proceedings.
- The right to consult with the prosecution prior to the trial and final disposition of the case.
- The right to refuse to be interviewed by the accused or a representative of the accused.
- The right to review and comment upon the pre-sentence report prior to imposition of sentencing, and the right to be notified of the minimum and maximum sentence allowed by law.
- The right to be present at all phases of the court proceedings, including the sentencing hearing.
- The right to make a written or oral impact statement.
- The right to seek restitution.
- The right to a reasonably prompt conclusion to the case.

In order for a victim or designated family member to be eligible to receive notices and exercise the rights listed above, the victim or designated family member must complete a "Louisiana Victim Notice and Registration Form" and file it with the law enforcement agency investigating the offense of which the person is a victim, or the district attorney's office that has jurisdiction over the case. By completing and properly filing this form you have officially registered for notification and every attempt will be made to notify you of the above events based on the contact information you have provided. *It is important that you notify the investigating law enforcement agency and district attorney's office of any changes in your contact information.*

To qualify for these statutory rights, you or your family member must be a victim of a homicide, felony crime of violence as defined or enumerated in R.S. 14:2 (B), sexual offense, certain vehicular related offenses, or attempts to commit any of them, including but not limited to:

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Solicitation for murder</li> <li>• 1<sup>st</sup> degree murder</li> <li>• 2<sup>nd</sup> degree murder</li> <li>• Manslaughter</li> <li>• Aggravated battery</li> <li>• 2<sup>nd</sup> degree battery</li> <li>• Aggravated assault</li> <li>• Mingling harmful substances</li> <li>• Aggravated rape</li> <li>• Forcible rape</li> <li>• Simple rape</li> <li>• Sexual battery</li> <li>• Aggravated sexual battery</li> <li>• Oral sexual battery</li> <li>• Stalking</li> <li>• Incest</li> <li>• Aggravated incest</li> <li>• Felony carnal knowledge of a juvenile</li> <li>• Indecent behavior with juveniles</li> </ul> | <ul style="list-style-type: none"> <li>• Aggravated oral sexual battery</li> <li>• Intentional exposure to AIDS virus</li> <li>• Aggravated kidnapping</li> <li>• 2<sup>nd</sup> degree kidnapping</li> <li>• Simple kidnapping</li> <li>• Aggravated arson</li> <li>• Terrorism</li> <li>• Aggravated burglary</li> <li>• Armed robbery</li> <li>• 1<sup>st</sup> degree robbery</li> <li>• Simple robbery</li> <li>• Purse Snatching</li> <li>• Extortion</li> <li>• Assault by drive-by shooting</li> <li>• Molestation of a juvenile</li> <li>• Crime against nature</li> <li>• Aggravated crime against nature</li> <li>• Sexual battery of the infirm</li> <li>• Pornography involving juveniles</li> </ul> | <ul style="list-style-type: none"> <li>• Aggravated crime against nature</li> <li>• Carjacking</li> <li>• Illegal use of weapons/dangerous instrumentalities</li> <li>• Aggravated criminal damage to property</li> <li>• Aggravated 2<sup>nd</sup> degree battery</li> <li>• Aggravated assault upon police officer</li> <li>• Aggravated assault with a firearm</li> <li>• Armed robbery, use of a firearm</li> <li>• Aggravated degree robbery</li> <li>• Disarming of a peace officer</li> <li>• Stalking</li> <li>• 2<sup>nd</sup> degree cruelty to juveniles</li> <li>• Aggravated flight from an officer</li> <li>• Vehicular negligent injuring</li> <li>• 1<sup>st</sup> degree vehicular negligent injuring</li> <li>• Domestic Battery Abuse</li> <li>• Abuse / Neglect of Adults</li> <li>• Video voyeurism</li> </ul> |
|--|---|---|

**NOTE: If the District Attorney declines prosecution, or reduces the charges to a charge not included in the list above, victim notification may not apply. You should contact the district attorney's office that has jurisdiction over the case if you have any questions or concerns about charges or the court proceedings.**

<p style="text-align: center;"><b>Crime Victims Reparations Program</b></p> <p>The State of Louisiana has established a program for the payment of compensation to innocent victims of violent crimes with unrecovered costs associated with personal injury, death, or catastrophic property loss. Applications and assistance for Crime Victims Reparation may be obtained from any Sheriff's Office or by contacting the Louisiana Commission on Law Enforcement, Crime Victims Reparation program at 1-888-6-VICTIM or 1-225-925-4437.</p>	<p style="text-align: center;"><b>Louisiana Department of Public Safety and Corrections Crime Victim Services Bureau</b></p> <p>Victims and other persons directly affected by the criminal actions of an individual in the custody of the Department of Corrections are encouraged to contact the Crime Victim Services Bureau at 1-888-342-6110.</p>
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*Nothing in this Section (R.S. 46:1844) shall be construed as creating a cause of action by or on behalf of any person for an award of costs or attorney fees, for the appointment of counsel for a victim, or for any cause of action for compensation or damages against the state of Louisiana, a political subdivision, a public agency, or a court, or any officer, employee, or agent thereof.*

*LSA-R.S. 46:1844.A(1) mandates the distribution of the Louisiana Victim Notice and Registration Form by law enforcement to the victim or designated family member of the victim of a homicide, felony crime of violence as defined or enumerated in LSA-R.S. 14:2 (B), sexual offense, certain vehicular related offenses, or attempts to commit same.*

**Directions for Completion:**

- Please print all information using blue or black ink, only.
- Section “A” to be completed by investigating officer– please include offender’s name, date of birth, date of arrest, and charges. Also include investigating agency and officer’s name.
- Section “B” to be completed and signed by the victim, parent or guardian if victim is a minor, or designated family member.
- If the crime victim is a minor, please include the parent or guardian’s name as the person requesting notification.
- If the crime victim is incapacitated or deceased, a designated family member as defined under LSA-R.S. 46:1842(3) may request notification.
- Provide victim with copy of completed form marked “Victim’s Copy.”
- Forward copy marked “District Attorney’s Copy” with copy of arrest report to District Attorney’s office.
- **IMPORTANT: Copy marked “Jail Copy” must be delivered or faxed to the jail IMMEDIATELY! Any delay in this process will result in a failure to notify the victim upon defendant’s release as required by law. LSA-R.S. 46:1844(3) states:**

*All law enforcement agencies having custody of those accused or convicted of the offenses enumerated in R.S. 46:1842(9) shall, pursuant to Article I, Section 25 of the Constitution of Louisiana, notify crime victims or designated family members who have properly registered concerning an accused’s or a defendant’s arrest, release on recognizance, posting of bond, release pending charges being filed, release due to rejection of charges by the district attorney, escape, or re-apprehension.*

**The crimes listed below qualify for victim notification:**

- Solicitation for murder
- 1<sup>st</sup> degree murder
- 2<sup>nd</sup> degree murder
- Manslaughter
- Aggravated battery
- 2<sup>nd</sup> degree battery
- Aggravated assault
- Mingling harmful substances
- Aggravated rape
- Forcible rape
- Simple rape
- Sexual battery
- Aggravated sexual battery
- Oral sexual battery
- Stalking
- Incest
- Aggravated incest
- Felony carnal knowledge of a juvenile
- Indecent behavior with juveniles
- Aggravated oral sexual battery
- Intentional exposure to AIDS virus
- Aggravated kidnapping
- 2<sup>nd</sup> degree kidnapping
- Simple kidnapping
- Aggravated arson
- Terrorism
- Aggravated burglary
- Armed robbery
- 1<sup>st</sup> degree robbery
- Simple robbery
- Purse Snatching
- Extortion
- Assault by drive-by shooting
- Molestation of a juvenile
- Crime against nature
- Aggravated crime against nature
- Sexual battery of the infirm
- Pornography involving juveniles
- Aggravated crime against nature
- Carjacking
- Illegal use of weapons/dangerous instrumentalities
- Aggravated criminal damage to property
- Aggravated 2<sup>nd</sup> degree battery
- Aggravated assault upon police officer
- Aggravated assault with a firearm
- Armed robbery, use of a firearm
- Aggravated degree robbery
- Disarming of a peace officer
- Stalking
- 2<sup>nd</sup> degree cruelty to juveniles
- Aggravated flight from an officer
- Vehicular negligent injuring
- 1<sup>st</sup> degree vehicular negligent injuring
- Domestic Battery Abuse
- Abuse / Neglect of Adults
- Video voyeurism

*In accordance with LSA-R.S. 46:1844.T(2), “All victim notice and registration forms, and the information contained therein, shall be kept confidential by all law enforcement and judicial agencies having possession. The information shall be used only for the purposes required by this Chapter, and shall be released only upon court order after contradictory hearing.”*

# Filling Out the Form

- Should be done immediately while the victim is still present
- Use blue or black ink only
- This form must be completed even if the victim declines to register for notification.
- Every victim identified by the qualifying crimes must be offered the opportunity to register for victim notification.....**IT'S THE LAW.**

# Filling out the form

Law Enforcement officer completes **SECTION A**



## LOUISIANA VICTIM NOTICE AND REGISTRATION FORM

### SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER ON SCENE

The person requesting notification must provide ALL information requested in Section B of this form. The information on this form shall be kept confidential by all law enforcement and judicial agencies and used only for the purposes required by law.

1. For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member as defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

Please print all information using blue or black ink only.

#### SECTION A : (To be completed by investigating officer)

Arrestee/Offender's Name: John Doe Arrestee/Offender's Date of Birth: 6/6/69  
Date of Arrest: 8/19/2009 Incident/Offense/Complaint Number: H-25252-12  
Arresting Agency: Lafourche Parish S. O. Arresting Officer(s): Dty. James Smith # 1289  
ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

#### SECTION B: (To be completed and signed by victim or their designated family member)

Location (City, Parish) Where Crime Occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_  
Victim's Name (Mr./Mrs./Ms.): \_\_\_\_\_  
Victim's Age (At Time of Crime): \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_  
Person Requesting Notification: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense \_\_\_\_\_ Parent/Guardian to Victim  
\_\_\_\_\_ Designated Family Member of Incapacitated or Deceased Victim

\_\_\_\_\_ I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

\_\_\_\_\_ I decline to register for notification at this time.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



You can also register to receive an automated notification when the arrestee/offender is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-528-6748 or [WWW.LAVNS.ORG](http://WWW.LAVNS.ORG). LAVNS is an anonymous, free service.



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 Date of Arrest: 8/19/2009 Incident/Offense/Complaint Number: H-25252-12  
 Arresting Agency: Lafourche Parish S. O. Arresting Officer(s): Dty. James Smith # 1289  
 ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

### SECTION B: (To be completed and signed by victim or their designated family member)

Location (City, Parish) Where Crime Occurred: Thibodaux, Lafourche Date of Crime: 8/19/2009  
 Victim's Name (Mr./Mrs./Ms.): Jane Doe  
 Victim's Age (At Time of Crime): 35 Victim's Date of Birth: 3/15/1974  
 Person Requesting Notification: Same  
 Mailing Address: 200 Patriot Street  
 City: Thibodaux State: Louisiana Zip Code: 70301  
 Daytime Phone Number: (985) 449-4477 Ext. \_\_\_\_\_ Cell Phone Number: (985) 637-1111  
 Evening Phone Number: (985) 532-2255 E-mail Address: jdoe32564@email.com  
 You are (Check One):  Victim of Offense  Witness to Offense  Parent/Guardian to Victim  
 Designated Family Member of Incapacitated or Deceased Victim

JD I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

\_\_\_\_\_ I decline to register for notification at this time.

SIGNATURE: Jane Doe DATE: 8/19/09



You can also register to receive an automated notification when the arrestee/offender is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-528-6748 or [WWW.LAVNS.ORG](http://WWW.LAVNS.ORG). LAVNS is an anonymous, free service.

Victim completes Section B

Officer should assist the victim if he or she is unable to write.

Make sure that the victim initials and signs the form in the correct place.

- There are four (4) copies on the Louisiana Victim Notification and Registration Form.

- To assure all four copies get the information applied, use a ball point pen.

- Press Hard

- Do not use a felt or gel style pen.

**LOUISIANA VICTIM NOTICE AND REGISTRATION FORM**

**SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICE**

The person requesting notification must provide ALL information requested in Section A. The information on this form shall be kept confidential by all law enforcement and judicial agencies used only for the purposes required by law.

1. For a crime victim who is a minor (under the age of 18), the name of a person requesting notification must be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

**Please print all information using blue or black ink only.**

**SECTION A: (To be completed by investigating officer)**

Arrestee/Offender's Name: \_\_\_\_\_ Arrestee/Offender's Date of Birth: \_\_\_\_\_  
 Date of Arrest: \_\_\_\_\_ Incident/Offense/Complaint Number: \_\_\_\_\_  
 Arresting Agency: \_\_\_\_\_ Arresting Officer(s): \_\_\_\_\_  
 ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

**SECTION B: (To be completed and signed by victim or their designated family member)**

Location (City, Parish) Where Crime Occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_  
 Victim's Name (Mr./Mrs./Ms.): \_\_\_\_\_  
 Victim's Age (At Time of Crime): \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_  
 Person Requesting Notification: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense \_\_\_\_\_ Parent/Guardian  
 \_\_\_\_\_ Designated Family Member of Incapacitated or Deceased Victim

\_\_\_\_\_ I acknowledge receipt of this form. I understand that it is my responsibility to update my telephone numbers with the arresting agency and district attorney's office in the event that either or both change. My failure to do so may stop notification and remove all responsibility for notification under the law.

\_\_\_\_\_ I decline to register for notification at this time.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LAVNS**

You can also register to receive an automated notification when the arrestee is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-528-6748 or [WWW.LAVNS.ORG](http://WWW.LAVNS.ORG). LAVNS is an

# What happens next...

- Victim is given the blue copy
- Pink copy is brought to the jail when the suspect is brought in
- Green copy is kept on file by the arresting agency
- Yellow copy is sent to the DA's office

# Pink Copy

- By law, it is the responsibility of the jail to notify the victim of the offender's release



It's the LAW

R.S. 46:1844 (3)



# Pink Copy

- Once the offender is released, the form should be kept on file.
- It is your **proof** that you complied with the law.
- Each agency should determine the best method for filing the pink forms.
- Remember...these forms contain confidential information!

# Green copy

- Kept on file by the arresting agency
  - Records Department
  - Victim Services Section, etc.

These forms are CONFIDENTIAL!

- not part of the case file
- not public record!

# Confidentiality

R.S. 46:1844 T (2)

*"All victim notice and registration forms, and the information contained therein, shall be kept confidential by all law enforcement and judicial agencies having possession. The information shall be used only for the purposes required by this law, and shall be released only upon court order after contradictory hearing."*

# What if a victim chooses **NOT** to register for notification?

- Still complete the form
- Offender's name  
(Section A)
- Incident number  
(Section A)
- Victim's name  
(Section B)





# LOUISIANA VICTIM NOTICE AND REGISTRATION FORM

## SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER ON SCENE

The person requesting notification must provide ALL information requested in Section B of this form. The information on this form shall be kept confidential by all law enforcement and judicial agencies and used only for the purposes required by law.

1. For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member as defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

Please print all information using blue or black ink only.

### SECTION A : (To be completed by investigating officer)

Arrestee/Offender's Name: John Doe Arrestee/Offender's Date of Birth: \_\_\_\_\_  
 Date of Arrest: \_\_\_\_\_ Incident/Offense/Complaint Number: H-25252-12  
 Arresting Agency: \_\_\_\_\_ Arresting Officer(s): \_\_\_\_\_  
 ATN #: \_\_\_\_\_ SID #: \_\_\_\_\_

### SECTION B: (To be completed and signed by victim or their designated family member)

Location (City, Parish) Where Crime Occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_  
 Victim's Name (Mr./Mrs./Ms.): Jane Doe  
 Victim's Age (At Time of Crime): \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_  
 Person Requesting Notification: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 You are (Check One):  Victim of Offense  Witness to Offense  Parent/Guardian to Victim  
 Designated Family Member of Incapacitated or Deceased Victim

I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

JD I decline to register for notification at this time.

SIGNATURE: Jane Doe DATE: 8/19/09



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Arresting agency should keep the entire form on file .

(Victim may be provided the blue copy if they desire)

Proves your compliance with the law.

Initial and sign the form in the correct space..."I decline.."

**LOUISIANA  
VICTIM NOTICE &  
REGISTRATION FORM**

***DISTRICT ATTORNEY'S  
RESPONSIBILITIES***



# Let's talk about LAVNS

- Enhances the victim notification process
- Does NOT replace the form
- **Anyone** can register for LAVNS...even you!



# FAQ

What happens if I forget how to fill out this form?

Turn it over and read the back!

# FAQ

What if I'm not sure if a crime qualifies for notification?

When in doubt...fill it out!

# FAQ

What happens if I forget to offer the form to the victim?

It's the law....It's your duty

**LIABILITY**

# FAQ

Is law enforcement the only discipline that can offer notification and initiate the form?

**NO, any discipline can offer notification at any point.**

# FAQ

What should I do if the victim does not answer the phone and does not have an email address?

Make every attempt to contact the victim.

LPSO – sends a deputy to the door

# Other Questions????



# Victim Notification

*Pass it on...*



Karla-beck@lpsa.net