

Oklahoma Attorney General's Victims' Services Unit

Victim Notification Request Form for Appeals in Homicide Cases

Please Print or Type All Information

Your Name: _____ Relationship to Victim: _____

Address: _____
Street/P.O. Box City State Zip

Telephone: _____
(include area code) Home Cell Work

Email: _____

Victim's Name: _____

Victim's Date of Birth: _____ Victim's Date of Death: _____

Inmate Info

Please provide all known inmate information.

Offender's Name: _____

DOC #: _____ Birth Date: _____

Crime: _____

County: _____ Sentence: _____

If any, your relationship to the offender:

Please give a brief version of the crime and explanation as to why you wish to be notified (i.e. mother of victim, friend, family member)

Upon Completion, Please Return to:
(Mail, Fax, or Email)

**Oklahoma Attorney General
Victim Services Unit**

313 N.E. 21st Street

Oklahoma City, Ok. 73105

-Or- Fax: 405-557-1770

-Or- Email: Karen.cunningham@oag.ok.gov 405-522-4383

Sarah.gass@oag.ok.gov 405-522-3079

Myel.soloranzo@oag.ok.gov 405-522-0042

All contact information is confidential.