



NC Department of Adult Correction Victim Support Services

Victim Opposition to Inmate Location Form

Victims and their immediate family members may request that a DAC inmate not be housed in a facility in the county or counties in which they live and work. These requests are allowed for by N.C. General Statute 148-5.1 and Department of Adult Correction policy. Please note this request is not a guarantee that the inmate will not be placed in those counties and you will be notified if the request cannot be accommodated. This request applies only while the offender is in a DAC state prison facility and does not apply to inmates in a NC county jail. Except for minor children, each individual family member of the victim must complete a form and be registered with DAC's Victim Support Services.

Person making the request

First: _____ Middle Initial: _____ Last: _____ Suffix: _____
Mailing Address: _____ Home Phone (_____) _____
City: _____ State: _____ Zip Code: _____ Work Phone (_____) _____
County: _____ Email: _____ Cell Phone (_____) _____

Your relationship to the victim

Please check the appropriate box to indicate how you are related to the victim in this case.

I am: a direct victim of this crime the victim's family member (describe) _____
 an interested party (describe) _____

If you are making a request on behalf of a minor, please provide the minor's name(s): _____

Your relationship to the minor(s) _____

Do you have custody of the minor(s)? Yes No

Offender information

First: _____ Middle Initial: _____ Last: _____ Suffix: _____ Offender's NCDAC ID #: _____

Provide the names of the NC counties that you or a minor in your custody live and/or work

Your Name _____	Child's Name _____
Live: _____	Live: _____
Work: _____	Work: _____
Child's Name _____	Child's Name _____
Live: _____	Live: _____
Work: _____	Work: _____

Please explain why you do not want the inmate in a prison in the county(ies) listed above:

Attach additional paper if you need more space. _____

***Signature: _____ Date: _____

Send this form to:

By Mail NC Dept. of Adult Correction
Victim Support Services
4223 Mail Service Center
Raleigh, NC 27699-4223

By Fax 919-715-1256
By Email SVC_DAC_victimservices@dac.nc.gov

For victim services questions: 1-866-719-0108, Monday-Friday, 8am-5pm

For web information: www.dac.nc.gov