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|  | 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. |

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| Person making the request |
| First: Middle Initial: Last: Suffix:  Mailing Address: Home Phone (\_\_\_\_\_\_\_)  City: State: Zip Code: Work Phone (\_\_\_\_\_\_\_)  County: Email: Cell Phone (\_\_\_\_\_\_\_) |

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| 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 |

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| Offender information |
| First: Middle Initial: Last: Suffix: Offender’s NCDAC ID #: |

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| Provide the names of the NC counties that you or a minor in your custody live and/or work | |
| **Your Name**  Live:  Work: | **Child’s Name**  Live:  Work: |
| **Child’s Name**  Live:  Work: | **Child’s Name**  Live:  Work: |

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| 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:** |

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| Send this form to: |
| **By Mail** NC Dept. of Adult Correction  Victim Support Services **By Fax** 919-715-1256  4223 Mail Service Center **By Email** [SVC\_DAC\_victimservices@dac.nc.gov](mailto:SVC_DAC_victimservices@dac.nc.gov)  Raleigh, NC 27699-4223  **For victim services questions:**  1-866-719-0108, Monday-Friday, 8am-5pm **For web information:** www.dac.nc.gov |

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