pennsylvania
OFFICE OF VICTIM ADVOCATE

REGISTRATION FORM

800-563-6399
www.ova.pa.gov

Return forms to: 1101 S. Front Street, Suite 5200 | Harrisburg, PA 17104 *or* RA-OVAInfo@pa.gov

What to Expect Next

Victims of crime who register with OVA have access to a myriad of services and programs, as well as the right to receive notification about the movement of their offender throughout the criminal justice system. A letter will arrive in the mail detailing these services. As always, please contact OVA with any questions Monday through Friday 8:00am to 4:00pm.

District Attorney/ victim service provider: complete ALL information regarding the offender.

Offender Name:	Date of Birth:	Sentencing Date:
Committing County:	Charge(s):	Sentence:
Docket #:	OTN #:	Offender SID #:

Registration Type

☐ Victim of Offense	☐ Other: _____
☐ Parent/Guardian of Minor Victim Name of Minor: _____ Date of Birth: _____	☐ Homicide Survivor Name of Deceased: _____ Relationship to Deceased: _____

Victim/survivor: complete ALL information below and on the reverse side of the form. Questions can be answered by your local victim service agency or by calling the Office of Victim Advocate at 800.563.6399. Return the completed form to the above address.

Demographics

Name:	
Birth Date:	Driver's License #: State:
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic or Latino ☐ Native Hawaiian and Other Pacific Islander ☐ White Non-Latino/Caucasian ☐ Other Race ☐ Multiple Races ☐ Undisclosed	Gender: ☐ Male ☐ Female ☐ Transgender ☐ Genderqueer/Gender Non-conforming ☐ Intersex/Non-binary ☐ Undisclosed

Language

Please tell us your preferred language, if it is not English.

Speak: _____ Read: _____

Write: _____

Address

Please note that most notifications are sent by mail; however, in the event of an emergency, we will be unable to send urgent overnight mailings without a physical address. Please provide both addresses and be assured your confidentialiy and safety remain our priority.

Physical Address	Mailing Address

Contact Information

Cell ( )_____	Ok to leave message? ☐ Yes ☐ No	Best time to call:	Special Instructions:
Home ( )_____	Ok to leave message? ☐ Yes ☐ No	Best time to call:	Special Instructions:
Work/Other: _____ ( )_____	Ok to leave message? ☐ Yes ☐ No	Best time to call:	Special Instructions:
Email Address			
Would you prefer to receive notifications via email instead of US mail? ☐ Yes ☐ No			

Security

Please list individuals it is ok to speak with and their relationship to you.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

The below security questions will be used to verify your identity when you interact with OVA staff.

1. What was the last name of your childhood best friend? _____

2. What was your childhood nickname? _____

3. What was the make of your first car? _____

☐ Check here if alternate security questions are needed. An OVA staff member will contact you.

PA SAVIN

The PA Statewide Automated Victim Information & Notification System is a service giving victims & concerned citizens free and confidential notifications about an inmate's release, transfer or escape. SAVIN allows you to have 24/7 updates in the contact method that you choose.

Would you like to register with SAVIN? ☐ Yes ☐ No

If Yes, circle all types of notification you'd like to receive. ☐ Phone ☐ Text ☐ Email

If Phone, you must provide a 4-digit PIN #: ____ ____ ____ ____ Which phone? ○ Cell ○ Home ◉ Work/Other

Inmate Apology Bank Letter Notification

Would you like OVA to contact you if the offender submits an apology letter? ☐ Yes ☐ No