



South Carolina Department of Probation, Parole & Pardon Services
Office of Victim Services

Inmate's Name _____ SCDC # (if known) _____

Offense(s) _____

County _____ Date of Sentence _____

Sentence _____

Name of Person Requesting Notification _____

Your Relationship to Victim _____

Address _____ Home Phone # _____

_____ Work Phone # _____

_____ Cell Phone # _____

I request to be notified of any parole hearing regarding the above named inmate. I understand that if my address and/or phone number changes, I am responsible for notifying the Office of Victim Services, SCDPPPS.

_____ Date

_____ Signature

Mail this form to:
Office of Victim Services
S.C. Department of Probation, Parole & Pardon Services
P.O. Box 50666, 2221 Devine St.
Columbia, SC 29250

If you have questions, call toll free:
1-888-551-4118 or
(803) 734-9367 (in Columbia)

****The S.C. Department of Corrections, a separate agency, will notify you in the event of escape or release on a community program, provided they have your notification request on file. Please contact Barbara Grissom at SCDC, (803) 896-1733 or 1-800-835-0304 if you live outside the Columbia area, for more information or to answer questions concerning this matter.***