Board of Prison Terms
Victim Assistance Coordinator
1515 K Street, Suite 600
Sacramento, CA 95814
(916) 445-5242 Fax
kjames@bpt.ca.gov

CONFIDENTIAL

VICTIM'S NEXT-OF-KIN DECLARATION

I, _____ declare as follows:
(name)

Pursuant to the provisions of Penal Code Section 3043, I am requesting notification of the

parole hearing of _____ _____ as next of kin of
(name of prisoner) CDC number

the victim, _____ who is deceased.
(name of victim)

I am related to the victim by blood, marriage, or adoption. The nature of the relationship I bear to the victim is that of : **(circle one)**

Spouse Son Daughter Father Mother Brother Sister Grandchild Grandparent

Please select either (a) or (b):

a. ____ I have no personal relationship with the prisoner.
b. ____ My relationship to the prisoner is _____.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, at _____, _____.
(month/day) (year) (city) (state)

_____
(Print or Type Name)

_____ _____ _____
(Signature) (Driver's License Number) (State)

_____ _____
(Address) (Social Security Number)

_____ _____
(City/State/Zip Code) (Date of Birth)

_____
(Phone Number)