

COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO

VICTIM'S REQUEST FOR NOTIFICATION OF DEFENDANT'S STATUS

RE: Case Name: People v. \_\_\_\_\_, Defendant

Case No: \_\_\_\_\_

County or Judicial District: \_\_\_\_\_ County

Under Section 24-4.1-303, C.R.S., victims of crimes have the right to certain information about the status of the person who committed the criminal offense.

Please indicate below why you are entitled to receive this information:

I am the victim of an offense in the above-listed case.

I am the lawful representative of the victim. (A "lawful representative" is any person who is designated by the victim or appointed by the court to act in the best interests of the victim.)

The victim is deceased or incapacitated, and I am the  spouse,  parent,  child;  sibling;  grandparent;  grandchild;  significant other of the victim;  other.

The information that will be released to you by the Colorado Department of Human Services, while the defendant is committed to the custody of the Colorado Department of Human Services, is as follows:

1. The name and location of the Colorado Department of Human Services facility in which the defendant is residing.
2. The defendant's release from CDHS custody. (If the defendant is discharged from a hospital or other CDHS facility, you will be notified of the discharge. However, you will not be notified when the defendant is on special leave from the facility, but remains in the custody of hospital or facility staff, in the custody of the sheriff, in jail, or otherwise securely confined.)
3. The death of the defendant.
4. Any escape by the defendant from CDHS custody and of his/her recapture.
5. The transfer of the defendant to another facility (other than a jail or correctional facility);

6. Any supervised or unsupervised off-grounds privileges granted to the defendant. These include supervised or unsupervised visits into the community, including work passes; community living under CDHS supervision; and conditional release from the defendant's CDHS commitment.

For information about court proceedings, please contact the Office of the District Attorney in the county or judicial district in which your case was heard.

Please remember to keep the Colorado Mental Health Institute at Pueblo informed of your current address and telephone number. Notification will only be made to the address or telephone number on record.

Name of Person Seeking Notification: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Person to be contacted in an emergency, if you cannot be reached at the above telephone or cell phone numbers: \_\_\_\_\_  
Telephone: \_\_\_\_\_.

Mail the completed form to Susan Province, CMHIP, Medical Records Legal Department, 1600 West 24th Street, Pueblo, CO 81003. For additional information, contact Susan Province at (719) 546-4385, e-mail [susan.province@state.co.us](mailto:susan.province@state.co.us) or fax to (719) 546-4294.