

Request for Notification of **Parole** Hearings Lifetime Supervision

Name (s) of Convicted Offender (s):	Prison (NDOC) # (if known):	Case Number (if known):	Offense

Name of address of person requesting notification:

Name

Mailing Address

City State Zip

E-mail Address Telephone #

Person requesting notification is (check one):

- _____ a victim or relative of victim
- _____ threatened person
- _____ interested person

**Mail this completed form to: Board of Parole Commissioners
1677 Old Hot Springs Road #A
Carson City NV 89706**

Note: If you do not receive a confirmation that we have received your request for notification within 45 days, please call the Parole Board office at 775-684-2684.