

Request for Notification of Parole Hearings

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.