**Date of Document:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrant/Victim Information**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crime Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association to the offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Association to offender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offender Information**

Offender Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offender Identification Number (OID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­**Offender Location Concerns**

1. Do you have concerns about where the offender will reside? Yes No
2. Do you have concerns about where the offender will be employed? Yes  No
3. Do you think the offender would benefit from participation in any community programs? Yes No

Chemical dependency programming

Mental health programming

Domestic violence programming

Parenting classes

Other

Additional Information

**Offender Contact**

1. Did you visit the offender while incarcerated? Yes No

If YES, were there any problems during any of the incarceration visits? Yes No

Please describe

you want to have contact with the offender in the community? Yes No

**Children/Parenting Time**

1. Do you and the offender have any children in common? Yes No

|  |  |
| --- | --- |
| Names of the child(ren | Date of birth of the child(ren) |
|  |  |

1. Do you have a child that is not his/hers? Yes No
2. Are there any court orders regarding custody and parenting time for the children you have with the offender?

Yes No

In what county was the order issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a general explanation of the order.

**Restitution**

1. Do you have a court order for restitution payment from the offender? Yes No

In what county was the restitution order issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the court order number (if known)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restorative Justice**

Restorative justice is a victim-centered approach and seeks to incorporate all stakeholders in the process- those who have been harmed, those who have caused harm, and members of the community from where that harm occurred. Restorative justice is grounded in equity, respect, and accountability. For more information regarding victim initiated restorative practices, please visit the Minnesota Department of Corrections website, [www.doc.state.mn.us/](http://www.doc.state.mn.us/), and click on ‘For Victims’ at the top of the page and then select ‘Restorative Justice.’

Are you interested in speaking with restorative justice staff regarding victim initiated restorative practices available at the Department of Corrections? Yes No

**Protective Orders**

1. Do you or your minor child(ren) have any of the following protective orders against the offender?

**Order for protection (OFP)**

What date was the order issued by the judge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date does the order expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what county was the order was issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of protected party (ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Harassment restraining order (HRO)**

What date was the order issued by the judge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date does the order expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what county was the order was issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of protected party (ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domestic abuse no contact order (DANCO)**

What date was the order issued by the judge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date does the order expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what county was the order was issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of protected party (ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the offender ever violated a protective order while in the community? Yes No

If YES, check any of the following that apply.

By having direct contact with you or other protected persons

By communicating with you or other protected persons by email or social media

By having family members or friends contact you

By sending you letters or gifts

By other means (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the approximate dates when the violation(s) of the protective order(s) occurred.

Did the violation of any protective order ever result in a criminal charge against the offender? Yes No

What is the approximate date of the criminal charge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what county was the criminal charge issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the offender ever violated a protective order while in custody? Yes No

If YES, check any of the following that apply.

County Jail and/or Workhouse

Prison (Department of Corrections)

Please explain

Please provide the approximate dates when the violation(s) of the protective order(s) occurred

Did the violation of any protective order ever result in a criminal charge against the offender? Yes No

What is the approximate date of the criminal charge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what county was the criminal charge issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOC staff creating the reentry plan may not have information about the history you have with the offender and the abuse that may have occurred. The following questions seek information about the nature of the abuse you may have experienced.**

1. Has the offender ever had unwanted contact with you? Yes No

If YES, did the offender (check any of the following that apply):

Break into or attempt to break into your car or house

Threaten to cause harm to you, your family members, or new partner

Attempt to harm or cause harm to you, your family members, or new partner

Threaten to, attempt to, or cause harm to himself/herself

Damage property you, your family, or new partner own

Injure or kill a pet

Read or steal your mail

Make hang-up calls

Send unwanted letters or gifts

Call you at work when you didn’t want him or her to call

Come to your work place or school when you didn’t want him or her to

Attempt to have you fired by making false accusations

Watch you

Check your voice messages, email, text messages, or other social media

Post false or unwanted personal information, pictures or video on social media sites about you

Monitor your actions or behavior in other ways

**Caseworker/Agent Contact**

1. Facility case managers and supervising agents may have questions or need additional information after reviewing your reentry statement.

May the case manager contact you? Yes No

May the agent contact you? Yes No

If YES, what are the best ways for the case manager and/or supervising agent to contact you?

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When is the best time for the case manager and/or agent to contact you?

Daytime

Evening

Weekends

**Additional Comments/Concerns**

1. Please provide any additional information which you believe would be helpful in planning for the offender’s reentry.

Thank you for taking the time to complete this reentry statement.

Your reentry statement will be sent to the facility case manager and the supervising agent.

**Submit this form to:**

Minnesota Department of Corrections Victim Assistance Program

1450 Energy Park Drive, Suite 200

Saint Paul, MN 55108

Fax: 651.642.0457 Email: [victimassistance.doc@state.mn.us](mailto:victimassistance.doc@state.mn.us)

To speak to Victim Assistance Program Staff, please call: 651.361.7250 or 1.800.657.3830