



ARIZONA STATE PSYCHIATRIC SECURITY REVIEW BOARD POST-CONVICTION NOTIFICATION REQUEST FORM

By Completing and returning this form, you are requesting notice of the following:

- Proceedings related to granting, modifying or revoking conditional release and the results of such proceedings.

SECTION A: To be completed by PSRB staff

Patient Name: _____ Cause No.: _____

Admission Date: _____ PSRB Case No.: _____ County: _____ Sentence: _____

Judge: _____ Prosecutor: _____ Defender: _____

SECTION B: To be completed by the victim / lawful representative

PLEASE BE ADVISED IT IS THE YOUR RESPONSIBILITY TO KEEP THE PSRB INFORMED OF YOUR CURRENT CONTACT INFORMATION. FAILURE TO DO SO EFFECTIVELY WAIVES YOUR RIGHT TO NOTICE.

I AM THE VICTIM AND I AM REQUESTING NOTIFICATION BE SENT TO ME.

I prefer to be notified by any of the following: Phone Mail E-Mail

I AM THE VICTIM AND I AM REQUESTING NOT TO BE NOTIFIED.

I AM DESIGNATING THE PERSON NAMED BELOW TO BE MY LAWFUL REPRESENTATIVE AND REQUEST ALL NOTICES BE SENT TO THIS PERSON. (A lawful representative is a person who is designated by the victim or appointed by the court. Minor and vulnerable adult victims are required to have a lawful representative.)

Your Name (or lawful representative): _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Please return this form to:

Psychiatric Security Review Board; 2500 E. Van Buren St., Phoenix, AZ 85008 or PSRB@azdhs.gov