

# REGISTRATION INSTRUCTIONS FOR VICTIMS OF OFFENDERS FOUND NOT GUILTY BY REASON OF MENTAL DISEASE OR DEFECT

State Statute 971.17(4m)(6m)

This information is provided to assist the District Attorney's Office and the victim to complete the Victim Notification Registration form, F-25311. This registration form also provides the Department of Health Services with the correct information to help the victim in this difficult situation.

1. THE VICTIM NOTIFICATION REGISTRATION FORM (F-25311) AND BROCHURE P-20429A ARE TO BE GIVEN TO
  - a. Adult crime victim
  - b. Adult family member, if the victim died as a result of the crime
  - c. Custodial parent or legal guardian of a victim who is a minor, under age 18
  
2. DISTRICT ATTORNEY'S OFFICE WILL COMPLETE
  - a. Individual's name and birth date, as indicated on commitment order
  - b. County of commitment
  - c. Court case number  
It must be for the offense for which the individual was found not guilty by reason of mental disease or defect, even if that particular offense did not involve that specific victim (e.g., victim's case may have been dismissed or read-in at commitment hearing)
  - d. Commitment date
  
3. VICTIM TO COMPLETE
  - a. Victim's name, street or mailing address and telephone number
  - b. Relationship to victim
  - c. Indication of whether the victim wants notice of release  
**NOTE: Cards not signed or dated will be returned to the victim for completion**
  - e. District Attorney's return address
  
4. REGISTERED VICTIM WILL BE NOTIFIED IF...
  - a. The court places the person on conditional release
  - b. A court terminates an individual's commitment
  - c. A court discharges an individual because the individual's commitment order expired
  - d. The Department of Health Services grants a patient an extended home visit or leave
  
5. CHANGES  
Victims must notify the Department of Health Services if their address changes or if they no longer wish to receive notices. They do this by submitting a new card, (F-25311) which can be obtained by contacting the District Attorney's office, or by sending a letter directly to the Department of Health Services at the address given below.
  
6. CONTACT  
We hope this information answered your questions regarding registration for the victim's program. If you need additional information or material contact:

Department of Health Services  
Division of Mental Health and Substance Abuse Services  
**Victim Notification Coordinator**  
P.O. Box 7851  
Madison, Wisconsin 53707-7851  
(608) 266-2862