



## 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 denying, granting, modifying, or revoking conditional release and the results of such proceedings.

Patient Name:		
County:	Case No.:	PSRB No.:

**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 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.)

**PREFERENCES:**

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

- I prefer that my name does not appear on notices and orders issued by the PSRB.

Your Name (or lawful representative): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Psychiatric Security Review Board; 150 N. 18th Ave.  
Suite 410, Phoenix, AZ 85008 or [PSRB@azdhs.gov](mailto:PSRB@azdhs.gov). Phone: 602-364-3061.**