

KENTUCKY PAROLE BOARD VICTIM IMPACT STATEMENT

(Please do NOT use pencil)

Inmate(s): Frankie D. Corington DOC# _____

County of Conviction: Bowling Indictment Number: 10-CR-000602

Name of victim: Sharon R. Muse

Submitted By: Self Relationship to Victim: _____

(If Victim, please enter "Self")

Address: _____

(If your address changes at any time, it is your responsibility to notify our office directly)

Phone: (H) _____ (W) _____

Cell Phone: _____ E mail address: _____

1. Do you wish to meet with the Parole Board for a Victim's Hearing? Yes No
(The inmate will not be present at this hearing. This hearing will be held in our office in Frankfort.)

If Yes, please indicate if you wish to have an OPEN or CLOSED Victim Hearing.

NOTE: All victim hearings are open to the public by statute (KRS 439.340 (8)). You may, however, request a *closed* hearing which means the hearing will remain confidential. Please indicate your preference. Please note that if this is not specifically stated "closed" the hearing will remain OPEN.

2. Do you wish to be notified of the outcome of the Parole Hearing? Yes No

Please return the completed victim impact statement IMMEDIATELY. If you need further information we may be reached at :

Address: Kentucky Parole Board
Attn: Victim Services
PO Box 2400
Frankfort, KY 40602-2400

Phone: Toll-Free: 1-800-221-5991 Fax: 502-696-1967
OR 502-564-3620

E Mail: PBVictimServices@ky.gov

