

VICTIM SAFETY UNIT NOTIFICATION APPLICATION FORM

Please complete this form if you are a victim of crime/protected party on a protection order (e.g. bail order, probation order, peace bond or Family Restraining Order). You can request information and register for ongoing notification regarding an accused/ offender who is being supervised by B.C. Corrections, either in custody (jail) or community (e.g. bail, probation).

You can complete this form at your computer, but you will not be able to save it. Make sure you print your completed form before closing the program. If you wish, you may print the form and complete it by hand.

| Name: | |
|---|--|
| am requesting information available to me as a victim of c | rime / protected party. |
| ☐ I am the victim / protected party | |
| ☐ I am requesting information on behalf of the victim / pro | otected party |
| My relationship to the victim is: | |
| CONTACT INFORMATION | |
| Name: | If this offender applies for parole or is transferred |
| | to federal custody, you must also register with the National Parole Board (NPB) / Correctional |
| Address: | Service of Canada (CSC) to continue to receive |
| | notification. |
| | Tick the box below and the Victim Safety Unit will |
| City: Postal Code: | forward this signed and completed form to NPB/ |
| | CSC for federal registration. |
| Phone: | If this offender applies for parole or is transferred to federal custody, I also want to |
| Priorie. | register with NPB / CSC for victim |
| | notification and I authorize the Victim Safety |
| CASE INFORMATION | Unit to forward this form to NPB / CSC. |
| Name of Victim / Protected Party (if different from above): | If this offender is currently under federal |
| | jurisdiction, you may contact NPB / CSC directly at 1-888-999-8828 or visit their website: |
| Victim Date of birth: | http://www.npb-cnlc.gc.ca/victims/victims_e.htm |
| Victim Date of birtin. | |
| Court File #: Criminal Family | Mail or fax the completed registration form to |
| | Victim Safety Unit Victim Services & Community Programs Division |
| Court Location: | Ministry of Public Safety & Solicitor General |
| Name of Accused / Offender / Defendant: | 302-815 Hornby Street |
| Name of Accessed A Chemical A Beleficiality. | Vancouver, B.C. V6Z 2E6 |
| | Fax: 604-660-0335 |
| Offender Date of birth: | |
| | Victim / Applicant Signature |
| | |
| | Date |

If you have any questions, please call the Victim Safety Unit at 604-660-0316 or 1-877-315-8822