

APPLICATION FOR FINANCIAL ASSISTANCE FOR VICTIMS TO ATTEND NATIONAL PAROLE BOARD HEARINGS

Name of Registered Victim										
PAYMENT										
Address for mailing of information	on and chequ	Je Note: Y	'ou do no	t have to provide	e your pers	onal address				
Cheque payable to										
Fax No. Telephone			(home)		Telephone No. (Office)			Cell Phone		
()	()	()					()		
E-mail	mail			Alternate Contact				Can messages be left Ves		Yes No
HEARING										
Name of Offender Anticipated Date or Month (Y/M/D) of NPB hearing (if known) *										
Have you applied to NPB to attend a hearing?		Yes No	(Y/M/D)		Have you been approved to attend?					Yes No
Is this the First Application for financial assistance?		Yes No	date (Y/M/D)					Amount received \$		
Has the NPB Hearing been postponed?		Yes No			If so, from what date (Y/M/D)?					
TRANSPORTATION					1					
Proposed mode and Route of tra	avel (plane, t	rain, car)	(If travell	ing by car, pleas	se indicate	the approximate distan	ce)			
nticipated Travel Expenses lane Train			Ground Transpo		rtation		Car (ł	Car (kms) Parking		3
Airport Fees	Hotel (generally for 2 nights) or Private Accommodation Meals & incidentals									

* An amended form should be submitted when the date is confirmed

NOTE: Air or train fares are for economy or coach. Government of Canada Travel guidelines establish maximum amounts for meals, with a daily allowance, including incidentals (e.g. telephone calls, tips) of approximately \$75.

For assistance call 1-866-544-1007.

Canada

JUS 700e (2005/10)



