

(PLEASE PRINT)

I, (Full Name) _____

am a victim of the following offence(s) _____

committed by (Full Name of Offender) _____

(DOB) _____ sentenced to (Period of Incarceration) _____

by (Court) _____ on (Date) _____

request the following information :

- 1. **Location of institution of incarceration;** "
- 2. **Notification of transfer from provincial to federal institution;** "
- 3. **Date of Unescorted Temporary Releases and Administrative Release;** "
- 4. **Notification of Earliest Release Date;** "
- 5. **Conditions attached to release;** "
- 6. **Offender release plans and intended destination on release;** "

(Note: This information is available to victims when it is deemed that the interests of the victim outweighs any invasion of the offender's privacy.)

ADDITIONAL INFORMATION: Reason for Request (optional):

Please forward to :

Sheila Wilneff
Department of Justice, Correctional Services
PO Box 968, Station M
Halifax, Nova Scotia B3J 2V9
Telephone: (902)424-5330 FAX: (902)424-0692

I understand that it is my responsibility to inform Correctional Services, Nova Scotia Department of Justice, of any change of address or telephone number and that if I cannot be reached by telephone the information I have requested will be sent to me through the mail.

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Home Telephone : _____ Alternate Number/Messages: _____