

Victim Services Officer: _____

HRL

PLEASE PRINT

I, _____ am a victim of the following offence(s) _____
(Full Name)

committed by _____, D.O.B: _____ sentenced to _____
(Full Name of Offender) (Offender's Date of Birth) (Period of Incarceration)

by _____ on _____ request the following information:
(Court) (Court Date)

Section 91 of the Correctional Services Act:

Notwithstanding the *Freedom of Information and Protection of Privacy Act*, except where it would adversely impact upon the safety and security of the offender or a correctional facility, and upon receipt of a written request from a victim, a victim's parent, guardian, spouse, child or other person acting on behalf of the victim, the Executive Director shall provide a victim or a victim's parent, guardian, spouse, child or other person with information

- (a) respecting the correctional facility in which an offender is incarcerated;
- (b) respecting the transfer of an offender between correctional facilities or between a correctional facility and a penitentiary;
- (c) respecting the date and condition of any unescorted conditional release of the offender;
- (d) respecting an application for parole by an offender;
- (e) respecting the offender's earliest release date from custody and the conditions associated with supervision by the Correctional Services Division after the offender's release from custody;
- (f) respecting the offender's plans and intended destination upon release from custody.

ADDITIONAL INFORMATION: Reason for Request (optional): _____

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.*

Please forward to:	VICTIM INFORMATION PROGRAM Department of Justice, Correctional Services PO Box 968, Station M, Halifax, NS B3J 2V9 Telephone: (902) 424-5330 Fax: (902) 424-0692 Toll Free: (866) 446-4244
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Note: *If form was not completed by the victim, please print name, title and relationship of person who completed the form on behalf of the victim.*

Name: _____

Victim's Mailing Address: _____

Victim's Home Telephone: _____ Alternate Number: _____

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.

Signature: _____
(Victim or Person signing on behalf of the victim)

Date: _____