

REQUEST FOR INFORMATION
VICTIM OF CRIME

Victim Service Officer: _____

PLEASE PRINT

I, _____ am a victim of the following offence(s) _____
FULL NAMEcommitted by _____ D.O.B. _____ sentenced to _____
FULL NAME OF INDIVIDUAL INDIVIDUAL'S DATE OF BIRTH PERIOD OF INCARCERATIONby _____ 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 individual 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 individual is incarcerated; ☐
- (b) respecting the transfer of an individual between correctional facilities, and the transfer date between a correctional facility and a penitentiary, but not including routine temporary transfers; ☐
- (c) respecting the date and condition of any unescorted conditional release of the individual; ☐
- (d) respecting an application for parole by an individual; ☐
- (e) respecting the individual's earliest release date from custody and the conditions associated with supervision by the Correctional Services Division after the individual's release from custody; ☐
- (f) respecting the individual'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 REQUESTS Department of Justice, Correctional Services PO Box 7, Halifax, NS B3J 2L6	Fax: (902) 424-0693 Email: victim.request@novascotia.ca
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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.

Contact's Name: _____ Relationship to Victim: _____

Contact's Mailing Address: _____

Contact'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: _____ Date: _____
VICTIM OR PERSON SIGNING ON BEHALF OF THE VICTIM PERIOD OF INCARCERATION