

Introduction

Correctional Services will provide information as described below to victims of crime, a victim's parent, guardian, spouse, child or other person acting on behalf of the victim who submit requests for information to assist them in developing safety plans or taking other action the victim deems necessary.

Request From Victim

Victims of crime may complete a *Request for Information: Victim of Crime form*, to obtain information respecting the:

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

Upon receipt of a completed and signed *Request for Information: Victim of Crime form*, Correctional Services will forward a letter to the victim providing the requested information.

Victim Services Officer: _____

HRDV

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, 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 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 7, Halifax, NS B3J 2L6	Telephone: (902) 424-5330 Fax: (902) 424-0693 Toll Free Phone: (866) 446-4244
--------------------	--	---

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