

REQUEST FOR INFORMATION VICTIM OF CRIME

Victim Services Navigator: _____

PLEASE PRINT

I, _____ am a victim of the following offence(s) _____
FULL NAME

committed by _____ D.O.B. _____ sentenced to _____
FULL NAME OF INDIVIDUAL INDIVIDUAL'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 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 pertaining to:

- (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 the form was not completed by the victim, please print name, title and relationship of person who completed the form on behalf of the victim.

By providing an email address, permission is being given to contact the victim via email for the initial information requested and all update information going forward pertaining to this specific request.

Contact's Name: _____ Relationship to Victim: _____

Contact's Email Address: _____

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, email, 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