



Correctional Service
Canada

Service correctionnel
Canada

Parole Board
of Canada

Commission des libérations
conditionnelles du Canada

PROTECTED **B** ONCE COMPLETED

PUT AWAY ON FILE

CSC Victim file
PBC Case file

**THIS FORM IS FOR INTERNAL USE ONLY AND WILL NOT BE
SHARED WITH THE OFFENDER**

REQUEST FOR VICTIM REGISTRATION

Under the *Corrections and Conditional Release Act* (CCRA), victims of crime are entitled to certain information about the offender who harmed them and have a right to convey their views about decisions to be made by authorities in the criminal justice system. Please complete this form to access the services provided to victims by the Correctional Service of Canada (CSC) and the Parole Board of Canada (PBC).

Under the CCRA a person is a victim of crime if:

- they have been harmed as a result of a criminal offence;
- they have experienced property damage or economic loss as a result of a criminal offence;
- they are a spouse, conjugal partner, relative of, or person legally responsible for, a victim who has died or is not able to act for themselves (e.g. the victim is ill or a child);
- they have custody of, or are responsible for, dependants of a victim who is deceased or is unable to act for themselves;
- the person who harmed them may not have been prosecuted or convicted, but a complaint was made to the police or Crown Attorney's office or has Laid an Information under the *Criminal Code*.

NOTE: You must be 18 years of age or older to apply to receive information about an offender. If you were harmed by an offender and you are under 18, a parent or guardian may apply to receive information about the offender on your behalf. To find out more about who is considered a victim under the Act, consult the CSC or PBC websites, at www.csc-scc.gc.ca/victims-victimes or <http://www.canada.ca/en/parole-board/index.html>. You may register electronically at <https://victimsportal-portailvictimes.csc-scc.gc.ca>.

Once you have completed and signed the form, please send it to the CSC or PBC office that you have been in contact with or the office nearest you. If you require more space than what is provided on this form, please use and include an additional piece of paper, with your signature and the date. Additionally, if you would like to provide additional information that is not related to the request, please discuss how to do this with the CSC or PBC office you have been in contact with or the office nearest you. A list of CSC and PBC offices can be found on our websites at www.csc-scc.gc.ca/victims-victimes or <http://www.canada.ca/en/parole-board/index.html>.

PRIVACY NOTICE STATEMENT

The information you provide on this form is collected by CSC/PBC under the authority of the *Corrections and Conditional Release Act* (CCRA) for the purpose of determining your eligibility to receive information about an offender who harmed you. Missing personal information may result in your request being denied. You have the right to the correction of, access to, and protection of your personal information under the *Privacy Act*. Personal information collected through the processing of your request will be stored in the Personal Information Bank CSC PPU 135 and PBC PPU 015 and can be accessed and assessed for accuracy by sending a written request to the Director, Access to Information and Privacy, at either Correctional Service of Canada (340 Laurier Avenue West, Ottawa ON, K1A 0P9) or Parole Board of Canada (410 Laurier Avenue West, Ottawa ON, K1A 0R1).

Please note that your personal contact information, such as your telephone number and address, will not be shared with the offender without your consent. For more information visit Info Source: www.infosource.gc.ca

A. VICTIM INFORMATION

| | | | | | | | |
|--|--|-------------------|--|----------------------------|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms | First name(s) (print) | Last name (print) | Previous full name (print) (if applicable) | Date of Birth (YYYY-MM-DD) | | | |
| | Email Address <table border="0" style="float: right;"> <tr> <td>Language of Preference (written)</td> <td>Language of Preference (verbal)</td> </tr> <tr> <td> <input type="checkbox"/> English <input type="checkbox"/> French </td> <td> <input type="checkbox"/> English <input type="checkbox"/> French </td> </tr> </table> | | | | Language of Preference (written) | Language of Preference (verbal) | <input type="checkbox"/> English <input type="checkbox"/> French |
| Language of Preference (written) | Language of Preference (verbal) | | | | | | |
| <input type="checkbox"/> English <input type="checkbox"/> French | <input type="checkbox"/> English <input type="checkbox"/> French | | | | | | |



B. CONTACT INFORMATION

Civic Address (Home)

Apt., Street, P.O. Box

City/Town

Province

Postal Code

Mailing Address (if different from civic address)

Apt., Street, P.O. Box

City/Town

Province

Postal Code

Phone Number(s)

In the order that you want them called, indicate the following:

- Phone numbers that CSC and PBC can use to contact you
- The phone type of each phone number
- If CSC and PBC may leave a message on your voice mail (i.e. our name, phone number and whether or not it is urgent)

| Phone Number | Extension | Phone Type | Leave Voice Mail |
|--------------|-----------|---|--|
| () - | | <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| () - | | <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| () - | | <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| () - | | <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Can CSC and PBC leave a message if someone other than you answers the phone at any of the above numbers? Yes No*If yes, please provide each person's name:*

Name:

Name:

Name:

C. REPRESENTATIVE PREFERENCE (OPTIONAL)*If you would like to name a person as a representative to receive information about the offender on your behalf, rather than receiving it directly, please provide the following information.*

First Name of Individual or Agency Representative (print)

Last Name of Individual or Agency Representative (print)

Relationship to you (mother, friend, lawyer, victim services, police, etc.)

Agency Name (print) (if applicable)

Individual or Agency Representative Email

Individual or Agency Representative Phone Number

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D. OFFENCE INFORMATION*Name the offender(s) connected to this offence (first name, last name and any known offender alias/alternative names).**In what province and city was/were the offender(s) prosecuted (if applicable)? Please state the name of the court if you know it.*

Province/Territory

City/Town

Court

Please select the statement that best suits your situation:

- I suffered physical or emotional harm, property damage or economic loss as a result of the commission of an offence for which the offender was convicted. ► [Please go to D1.](#)
- I am the spouse, common-law partner or relative of, or am legally responsible for, the person who was harmed as a result of a criminal offence and that person is now deceased, incapable of acting on their own behalf or under the age of 18, or I am the guardian of the dependents of that person. ► [Please go to D2.](#)
- I suffered physical or emotional harm, property damage or economic loss, as a result of an act of an offender (whether or not the offender was prosecuted or convicted of that act) and a complaint was made to the police or the Crown attorney, or an information was laid under the *Criminal Code*, in respect to that act. ► [Please go to D3.](#)

Please fill in one section only (D1, D2 or D3)

D1. I suffered physical or emotional harm, property damage or economic loss as a result of the commission of an offence for which the offender was convicted.

Briefly list the offence(s) committed:

Did you provide a victim impact statement for the court? Yes No

Is your name different now from at the time of the offence? Yes No

If yes, indicate name at the time of the offence:

What is your connection to the offence?

- The offence was committed against me (*Example: I am the person who was assaulted by the offender.*)
- The offence was committed against someone with whom I have a close and direct relationship (*Example: I am the husband of the woman who was assaulted by the offender.*)

First name of person (print)

Last name of person (print)

Relationship to person

- I have a connection to the offence (*Example: I was in the bank while it was being robbed and was named in the police report.*)

Briefly describe connection:

D2. I am the spouse, common-law partner or relative of, or am legally responsible for, the person who was harmed as a result of a criminal offence and that person is now deceased, incapable of acting on their own behalf or under the age of 18, or I am the guardian of the dependents of that person.

Please tell us about the person who was harmed as a result of the offence (who is now deceased, incapable of acting on their own behalf or under the age of 18):

First name of person (print)

Last name of person (print)

Relationship to person

Briefly list the offence(s) committed:

Did you provide a victim impact statement for court? Yes No

D3. I suffered physical or emotional harm, property damage or economic loss, as a result of an act of an offender (whether or not the offender was prosecuted or convicted of that act) and a complaint was made to the police or the Crown attorney, or an information was laid under the *Criminal Code*, in respect to that act.

The law enables the CSC and PBC to provide information about an offender if you demonstrate that you meet both criteria below from sections 26(3) and 142(3) of the *Corrections and Conditional Release Act*.

I suffered physical or emotional harm, property damage or economic loss, as a result of an act of an offender, whether or not the offender was prosecuted or convicted for that act. Yes No

A complaint was made to the police or a Crown attorney, or an information was laid under the *Criminal Code*, Yes No
in respect of that act.

Briefly describe the act(s)/offence(s) that harmed you:

What is your connection to the act(s)/offence(s)?

How were you affected by the act(s)/offence(s)?

Name of Police Office/Crown Office where the complaint was made about the act(s)

Police/Crown File #

E. VICTIM PREFERENCES

Please indicate the information and/or services you are interested in receiving.

- I would like to receive information from the Correctional Service of Canada on the current location and movements of the offender while incarcerated or on conditional release in the community.
- I would like to receive information from the Parole Board of Canada on scheduled parole reviews and release decisions made.
- I would like to receive copies of Parole Board of Canada decisions available through the registry of decisions.
- I would like to observe Parole Board of Canada hearings. (Please submit form [Request for Victim to Observe a Parole Hearing and/or Present a Victim Statement](#))

Please indicate a **single** preferred method of receiving the information and/or services identified above:

- Victim's Portal Phone Mail Fax

F. VICTIM SIGNATURE (You must sign this form in order for CSC and/or PBC to register you as a victim.)

To the best of my knowledge, I am a victim and/or a person harmed as per the definition or criteria in the *Corrections and Conditional Release Act* and the information provided by me in this form is true.

Name (print)

Signature

Date (YYYY-MM-DD)

G. REGISTER AS A VICTIM'S SPOUSE/COMMON-LAW PARTNER (OPTIONAL)

Your spouse or common-law partner can complete and sign this section of the form in order for PBC and CSC to register him or her as a victim.

To the best of my knowledge, I am also a victim and/or person harmed, as per the definition or criteria in the *Corrections and Conditional Release Act* and the information provided by me in this form is true. I have checked the box below that best matches my situation:

1. I suffered physical or emotional harm, property damage or economic loss as a result of the commission of an offence for which the offender was convicted.
2. I am the spouse, common-law partner or relative of, or am legally responsible for, the person who was harmed as a result of a criminal offence and that person is now deceased, incapable of acting on their own behalf or under the age of 18, or I am the guardian of the dependents of that person.
3. I suffered physical or emotional harm, property damage or economic loss, as a result of an act of an offender (whether or not the offender was prosecuted or convicted of that act) and a complaint was made to the police or the Crown attorney, or information was laid under the *Criminal Code*, in respect to that.
 I meet these two criteria (refer to section D3 above)

Briefly list the act or offence that harmed you:

What is your connection to the offence?

How were you affected by the offence?

Name (print)



Signature

Date of Birth
(YYYY-MM-DD)

Date of Signature
(YYYY-MM-DD)