VICTIM SAFETY UNIT Notification Application Form

Victims of crime (and their immediate family members as defined by the <u>Victims of Crime Act</u>) can apply to the Victim Safety Unit (VSU) to receive ongoing notifications about the status of an adult accused/offender who is going through the criminal court process in British Columbia or is being supervised by BC Corrections. Persons named as a protected party on a criminal protection order (such as a peace bond or probation order), or civil protected parties named on a <u>Family Law Act</u> order, can also apply to receive notifications.

Please complete this application form to the best of your ability. If you require assistance in completing the form, please contact us, your <u>Victim Service Worker (VSW</u>), or <u>VictimLinkBC</u> at 1-800-563-0808. VSU staff will contact you once your application has been received to confirm your contact information and to discuss your eligibility to receive notifications.

CASE INFORMATION

Name of Victim/Civil Protected Party			Da	te of	Birth			
				`	Year		Month	Day
(Last)	(First)	(Middle)		I	1	I		
Court File Number			Οοι	urt Lo	ocatior	۱		
Name of Accused/Offender/Respondent			Da	te of	Birth (if kno	wn)	
				١	<i>l</i> ear		Month	Day
(Last)	(First)	(Middle)		I		1		
Name(s) of Additional Accused/Offender(s) on this Court File			Da	te(s)	of Birt	h (if k	nown)	

APPLICANT INFORMATION

I am the: 🗌 Victim 🔲 Civil Protected Party 📋 Victim's Parent/Guardian 🗍 Other family member:							
Name (if different from Victim/Civil Prote	cted Party)			Preferred La	inguage	Interpret	er Needed:
(Last) (First)		(M	liddle)			Yes	🗌 No
Mailing Address (Apt., Street, PO Box)							
City/Town		Province			Postal Co	ode	
May we send correspondence and notification Information to the above address? Yes No (If no, please provide your email address below)							
Please list your contact information (telephone # / cellular # / email address) in order of preference and indicate if we may leave a detailed message (e.g. our organization name, phone number, case information, notification details):							
1)	2)			3)			
May we leave a detailed message?	May we lea message?	ave a detailed	Yes No	May we lea message?	ave a deta	iiled	es 🗌 No

How would you like to receive notifications from us? Please complete sections A and B to indicate the notification recipient(s) and requested details.

A. NOTIFICATION RECIPIENT(S)

I would like notifications to be provided to:

Please check one option:			
Myself only			
My designate only on my behalf (see below)			
My victim service worker only on my behalf (see below)			
Myself plus my designate			
Myself plus my victim service worker			
My designate plus my victim service worker			

VICTIM SERVICE WORKER (VSW) INFORMATION

If you have a VSW, you may choose to provide their contact information here and indicate if you would like them to receive notification information.

VSW Name C	Organization/Agency	City			
VSW Telephone Number Ext.	VSW Email				
Complete the following if you wish to authorize your VSW to receive notifications (Note: Your VSW can obtain court updates through Court Services Online unless there is a publication ban on the court file):					
I authorize my VSW to receive the notifications on my behalf					
OR I authorize my VSW to receive notifications in addition to myself or my designate (i.e. double notification)					

DESIGNATE INFORMATION

Fill out this section if you would like to designate a contact person (other than your VSW) to receive notifications on your behalf.

Name of person to receive notifications		Relationship	o to me			
(Last) (First)		(Middle)				
Contact information for my designate	e is the same	e as mine OR				
Mailing Address (Apt., Street, PO Box)						
City/Town		Province		Postal Code		
May we send correspondence and notification Yes No (If no, please provide your designate's email address below) information to the above address?						
Please list your designate's contact information (telephone # / cellular # / email address) in order of preference and indicate if we may leave a detailed message (e.g. our organization name, phone number, case information, notification details):						
1)	2)		3)			
May we leave a detailed Yes No message?	May we lea message?	ave a detailed 🔲 Yes 🗌 No	May we lea message?	ave a detailed	Yes No	

B. NOTIFICATION DETAILS

I would like updates to be provided on the following:

Please check all that apply:
Significant court updates (e.g. trial dates set, plea entered, sentencing date, etc.)
Final court results (e.g. sentencing outcome, stay of proceedings, etc.)
Updates on all criminal court appearances (e.g. above updates/results plus administrative court dates)
Criminal court orders issued (e.g. bail, probation, etc.)

BC Corrections information (e.g. if the accused/offender is reporting in the community; details of their reporting conditions; admission/transfer/release from provincial custody; changes to potential release dates, etc.)

INFORMATION SHARING

1. If the offender enters federal custody or applies for parole you will need to register with the Correction (CSC) or the Parole Board of Canada (PBC) if you would like to receive federal notifications. CSC/PBC w to register for federal notifications. Call 1-866-806-2275 (CSC) or 1-866-789-INFO/4636 (PBC) for more	will assess your eligibility
I want to register with CSC/PBC for victim notification if the offender enters federal custody parole. By checking this box, I give permission to the VSU to forward this application form to behalf at the time of federal sentencing or parole application, or if the offender is already in	o CSC/PBC on my

2.	I give permission to the VSU to share my contact information (including any updates) with BC Corrections and
	CSC/PBC for the purpose of contacting me regarding the accused/offender.

3.	I give permission to the VSU to contact my VSW or other designate named on this form for the purpose of
	confirming/updating their contact information (to ensure they are able to receive notifications on my behalf).

Additional Comments

I, ______ am the applicant named on this form. I am requesting notification information about the accused/offender/respondent. By signing this application form, I give permission (where applicable) to the Victim Safety Unit to release notification information to the designate(s) that I have named above. I understand that any information provided by the Victim Safety Unit is confidential and is intended only for the named recipient (i.e. myself plus my designate(s) if applicable). This information may not be distributed, copied, or otherwise used without the express permission of the Victim Safety Unit.

Signature:	Date:
Mail, fax or email your completed and signed	Telephone: 604-660-0316 or Toll Free 1-877-315-8822
Notification Application Form to:	Fax: 604-660-0335 Email: vsusg@gov.bc.ca
Victim Safety Unit, Victim Services & Crime Prevention Division	For more information please visit: <u>https://www2.</u> gov.bc.ca/gov/content/justice/criminal-justice/
Ministry of Public Safety & Solicitor General	bcs-criminal-justice-system/if-you-are-a-victim-

of-a-crime/victim-of-crime/victim-notification

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