



Justice  
Correctional Services

# REQUEST FOR INFORMATION VICTIM OF CRIME

Victim Services Officer: \_\_\_\_\_

## 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:	<b>VICTIM INFORMATION REQUESTS</b> Department of Justice, Correctional Services PO Box 7, Halifax, NS B3J 2L6	Fax: (902) 424-0693 Email: <a href="mailto:victim.request@novascotia.ca">victim.request@novascotia.ca</a>
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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 PERIOD OF INCARCERATION