



DEPARTMENT OF JUSTICE
CORRECTIONS SERVICE
NWT VICTIM NOTIFICATION PROGRAM

APPLICATION FORM

The NWT Victim Notification Program is designed to provide eligible victims of crime with information about convicted adult offenders currently serving a sentence in an NWT correctional facility for the offence(s) that harmed them. Information will only be provided to direct or indirect victims. This information is available to victims when it is determined the interest of the victim outweighs any invasion of the offender's privacy.

The personal information collected relates directly to and is necessary for the administration of the NWT Victim Notification Program. The privacy provisions of the *NWT Access to Information and Protection of Privacy Act* protect the personal information on this form. If you have questions regarding the collection of this information please contact the NWT Victim Notification Administrator.

PART A: Applicant's Contact Information (Please Print)

1.	Last Name:		10.	Are you applying on behalf of a victim?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
2.	First Name:		If Yes, see Part B						
3.	Mailing Address:		11.	Relationship to Victim: (e.g. Spouse, Mother etc.)					
4.	Community:		12.	18 or Over?	<input type="checkbox"/>				
5.	Province:		13.	Under 18?	<input type="checkbox"/>				
6.	Postal Code:								
7.	Telephone: (Home)	()	Can we leave a message on your answering machine:						
8.	Telephone: (Work)	()	At home:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
			At work:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
9.	Fax Number:	()	Can a message be left with anyone who answers your phone:						
			At home:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
			At work:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

PART B: Please check appropriate box:

NOTE: Requested information pertains to a convicted adult offender currently serving a sentence in an NWT correctional facility for the offence(s) that harmed you.

<input type="checkbox"/>	I am the direct victim.
<input type="checkbox"/>	I am an indirect victim (see below for choice)
<input type="checkbox"/>	I am the spouse/partner or relative of a direct victim who is ill, incapacitated or deceased.
<input type="checkbox"/>	I have custody, and/or care of, a direct victim who is underage, ill or incapacitated.
<input type="checkbox"/>	I have custody, and/or care of a dependent of a direct victim who is ill, incapacitated or deceased.

PART C:		Applicant Responsibility
I understand that it is my responsibility to inform the NWT Corrections Service Victim Notification Administrator of any change of address or telephone numbers and that if I cannot be reached by telephone the information I have requested will be sent to me through the mail.		
Print Name (Applicant)		Signature
		Date
Print Name (Legal Guardian)		Signature
		Date
PART D:		Offender Information (Please Print)
Please provide as much of the following as possible. If not known leave blank.		
1.	Offender's Full Name:	
2.	Offence that harmed you:	
3.	Other Details About Offence:	
PART E:		Information Request - Please check the following information request.
1.	<input type="checkbox"/>	Length of Sentence.
2.	<input type="checkbox"/>	Location of Institution of incarceration (includes any transfer of the offender).
3.	<input type="checkbox"/>	Release date from custody and community to which the offender will be released to, if known.
4.	<input type="checkbox"/>	Eligibility dates for Temporary Absences.
5.	<input type="checkbox"/>	Changes to the sentence and/or to the eligibility dates of Temporary Absences.
6.	<input type="checkbox"/>	Temporary absence dates and location of temporary absences.
7.	<input type="checkbox"/>	Special conditions imposed on temporary absences.
8.	<input type="checkbox"/>	Whether the offender's temporary absence is suspended and the offender is returned to custody.
9.	<input type="checkbox"/>	If the offender escapes from custody or is unlawfully at large and subsequent apprehension.
PART F:		Send Complete Application Form to:
<p style="text-align: center;"> Victim Notification Administrator Corrections Service Department of Justice Government of the Northwest Territories PO Box 1320 Yellowknife NT X1A 2L9 </p> <p style="text-align: center;"> Phone: (867) 767-9263 ext. 82244 or ext. 82478 </p> <p style="text-align: center;"> Fax: (867) 873-0299 </p>		