



## Department of Justice, Corrections Service NWT Victim Notification Program Registration Form

Under the *Corrections Act* (NWT), victims of crime or a designated representative of the victim may request certain information about adult offenders who have been found guilty, and are currently serving a sentence in an NWT correctional facility for the offence(s) that harmed the victim. Please complete this form to access the services of the Northwest Territories Victim Notification Program, which is administered by the Department of Justice, Corrections Service.

The administration of the Victim Notification Program is further guided by the *Canadian Victims Bill of Rights*. A victim is an individual who has suffered physical or emotional harm, property damage or economic loss as the result of the commission or alleged commission of an offence.

**Note:** You must be 18 years of age or older to receive information through the Victim Notification Program about an offender. If you are a victim who is under the age of 18, a parent or guardian may apply to receive information about the offender on your behalf.

Please forward completed registration form to the NWT Victim Notification Administrator.

- a) Phone: (867) 767-9263 ext. 82244 or ext. 82478
- b) Email: [victimnotificationadministrator@gov.nt.ca](mailto:victimnotificationadministrator@gov.nt.ca)
- c) Fax: (867) 873-0299
- d) Mail: Corrections Service, 5th floor, Courthouse 4903-49th Street PO BOX 1320 Yellowknife, NT X1A 2L9

The personal information collected relates directly to and is necessary for the administration of the NWT Victim Notification Program. The privacy provisions of the *Access to Information and Protection of Privacy Act* (NWT) 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: Victim Information

Pronoun of Choice:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
First Name(s): (print)		Previous Name: (print) (if applicable)	
Last Name: (print)		Date of Birth: (YYYY-MM-DD)	

### Part B: Request for Information Made By

This request for registration in the Victim Notification Program is being made by  
(please select the statement that best suits your situation):

Check boxes for the listing below:

<input type="checkbox"/>	a) the victim (identified in Part A of this form)
<input type="checkbox"/>	i. I would like to receive information directly;

<input type="checkbox"/>	ii. I would like to name a designated representative to receive information (identified in Part C of this form);
<input type="checkbox"/>	b) a person acting on the victim's behalf if the victim is dead, or incapable of acting on their own behalf (identified in Part D of this form):
<input type="checkbox"/>	i. the victim's spouse or the individual who was at the time of the victim's death their spouse;
<input type="checkbox"/>	ii. the individual who is or was at the time of the victim's death, cohabiting with them in a conjugal relationship, having so cohabited for a period of at least one year;
<input type="checkbox"/>	iii. a relative or dependant of the victim;
<input type="checkbox"/>	iv. an individual who has in law or fact custody, or is responsible for the care or support, of the victim (e.g. victim is under the age of 18);
<input type="checkbox"/>	v. an individual who has in law or fact custody, or is responsible for the care or support, of a dependant of the victim.

### Part C: Designated Representative

*If you are the victim and would like to name a person as a designated representative to receive information about the offender, rather than receiving it directly, please provide the following information about your designated representative.*

First Name of Individual or Agency Representative (print):	Last Name of Individual or Agency Representative (print):
Relationship to you: (mother, friend, lawyer, etc.)	Individual or Agency Representative Phone Number: ( ) -
Agency Name: (print) (if applicable)	<i>*Victim to authorize designated representative by signing Part H of form</i>

### Part D: Request on Behalf of the Victim

*If you are not the victim, however would like to request to receive information about the offender on behalf of the victim (outlined in Part B), please provide the following information.*

First Name of Individual or Agency Representative (print):	Last Name of Individual or Agency Representative (print):
Relationship to the victim: (mother, friend, lawyer, etc.)	Individual or Agency Representative Phone Number: ( ) -
Agency Name: (print) (if applicable)	<i>*Individual requesting on behalf of victim to sign Part H of form</i>

### Part E: Contact Information for the Individual Receiving Victim Notifications (e.g. victim, designated representative or person on behalf of the victim)

Civic Address (Home)			
Apt., Street, P.O. Box	City / Town	Province / Territory	Postal Code
Mailing Address (if different from civic address)			
Apt., Street, P.O. Box	City / Town	Province / Territory	Postal Code

Phone Number(s)

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

- Phone numbers that VNA can use to contact you
- The phone type of each phone number
- If VNA may leave a message on your voice mail (e.g. 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"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Cellular	<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"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Can VNA leave a message if someone other than you answers the phone at any of the above numbers?  Yes  No

To ensure timely notification, please contact the Victim Notification Administrator if there are any updates to your contact information.

**Part F: Offence Information (please print and provide as much of the following as possible. If not known leave blank)**

Offender's Full Name	Offence that harmed you:	Other Details About the Offence:

**Part G: Information Being Requested (please check those items that you are requesting information on)**

<input type="checkbox"/> a)	location of the correctional centre of imprisonment	<input type="checkbox"/> e)	details about any transfer of the offender from the correctional centre
<input type="checkbox"/> b)	length of sentence	<input type="checkbox"/> f)	details about the offender escaping or otherwise being unlawfully at large and any subsequent apprehension
<input type="checkbox"/> c)	any changes to sentence	<input type="checkbox"/> g)	release date from custody
<input type="checkbox"/> d)	any temporary absences	<input type="checkbox"/> h)	the community where the offender is to be released

**Part H: Confirmation and Signature**

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 by mail at the address identified in Part E of this form.

**Request Made By:**

_____	_____	_____
Print Name	Signature	Date