

# 幫助從這裏開始。

## 關於受害人獲得通知的資訊

### 何謂受害人獲得通知？

受害人獲得通知是指向受害人提供有關被告人(被控犯罪的人)或犯事者(被判罪名成立的人)的狀況的訊息。當被告人或犯事者是由卑詩懲教處(BC Corrections)監督時，受害人安全組(Victim Safety Unit)會提供訊息給受害人。有些訊息也可能會提供給受到《家庭關係法》(Family Relations Act)限制令保護的人士。

### 誰可向受害人安全組登記？

- 罪案受害人及
- 受到《家庭關係法》限制令保護而有重大安全憂慮的人士

這些人士想獲得持續通知有關由卑詩懲教處監督的成年被告人或犯事者的狀況。

### 我應在何時登記？

任何時候你都可以登記，但最好是在卑詩懲教處一介入時就登記。舉例來說，如果被告人是在保釋期間及必須向保釋主任報到，或者如果被告人是被監禁候審，你都可以登記。你不必等候至定罪。卑詩懲教處監督在社區裏(保釋、感化)及被拘禁(監獄)的成人。

### 我要登記嗎？

如果你想收到持續通知，你必須向受害人安全組登記。不然的話，你不會收到我們發出的自動更新訊息。致電受害人安全組查詢詳情則不必登記。

### 我如果登記，將會收到什麼訊息？

這取決於你是罪案受害人還是受到《家庭關係法》限制令保護的人。各種各樣的因素決定什麼訊息可以提供及何時提供，受害人安全組將會和你詳細研究。《罪案受害人法》(Victims of Crime Act)訂明什麼訊息可以提供給受害人，例如：

- 被告人或犯事者是否在獄中
- 被告人或犯事者何時可出獄

- 犯事者的感化官的姓名和所在地點
- 被告人或犯事者是否在社區裏以及被告人或犯事者必須遵從什麼條件

受到《家庭關係法》限制令保護的人可收到有關犯事者何時出獄的訊息。

### 將會怎樣通知我？

通知可能是以電話、郵寄或電郵作出，視乎你的情況和喜好而定。如果你喜歡的話，你可以通過第三者收到通知，例如受害人服務工作人員、家人或朋友。

### 家庭暴力案又怎麼樣？

卑詩懲教處受命向家庭暴力受害人作出通知。不過，受害人仍可能想向受害人安全組登記。

### 如果犯事者是由聯邦拘禁(刑期兩年或以上)，情況會怎樣？

致電加拿大懲教部(Correctional Service Canada)：免費長途電話1-866-806-2275，或加拿大假釋局(Parole Board of Canada)：免費長途電話 1-866-789-4636。

### 我怎樣向受害人安全組登記？

填妥在此資料單張第二頁的申請表(也可上網取得)，然後把簽署了的表格郵寄、傳真或掃描並電郵至受害人安全組(參看下面的聯絡資料)。你可經你區內的受害人服務或受害人安全組取得幫忙填寫表格。你也可致電受害人安全組，通過電話登記。

### 有問題？想登記？聯絡受害人安全組

致電(604) 660-0316(溫哥華都會區)，或免費長途電話1-877-315-8822

302 - 815 Hornby Street, Vancouver, B.C., V6Z 2E6

傳真(604) 660-0335

電郵vsusg@gov.bc.ca



# VICTIM SAFETY UNIT

## Notification Application Form

Victims of crime (and their immediate family members as defined by the [Victims of Crime Act](#)) 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 [Family Law Act](#) 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 or your [Victim Service Worker \(VSW\)](#). VSU staff will contact you once your application has been received to confirm your contact information and to discuss your eligibility to receive notifications.

The Victim Services and Crime Prevention Division, Victim Safety Unit, will collect your personal information for the purpose of providing you with services in accordance with sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA), and the Victims of Crime Act (VOCA). Your personal information will also be collected as per section 26(e) of FOIPPA in order to evaluate the program to better serve you. Should you have any questions about the collection of your personal information, please contact the Victim Safety Unit Manager at 604-660-0316 or 1-877-315-8822 (toll-free) or at Victim Services and Crime Prevention Division, #302-815 Hornby St., Vancouver, BC, V6Z 2E6.

### CASE INFORMATION

Name of Victim/Civil Protected Party		Gender	M	F	X	Date of Birth		
						Year	Month	Day
(Last)	(First)	(Middle)						
Court File Number		Court Location				Relationship to the Accused		
Name of Accused/Offender/Respondent						Date of Birth (if known)		
						Year	Month	Day
(Last)	(First)	(Middle)						
Name(s) of Additional Accused/Offender(s) on this Court File						Date(s) of Birth (if known)		
Does the victim identify as an Indigenous person?								
First Nations      Métis      Inuit      Prefer not to answer      Not applicable								

### APPLICANT INFORMATION

I am the:			Victim	Civil Protected Party	Victim's Parent/Guardian	Other family member:		
Name (if different from Victim/Civil Protected Party)						Date of Birth (if different)		Preferred Language
						Year	Month	Day
(Last)	(First)	(Middle)						
Mailing Address (Apt., Street, PO Box)								Interpreter Needed:
								Yes      No
City/Town				Province			Postal Code	
May we send correspondence and notification information to the above address?						Yes      No (If no, please provide your email address below)		
Please list <b>your contact information</b> (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 leave a detailed message?			May we leave a detailed message?		
Yes      No			Yes      No			Yes      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 notification to be provided to:*

<p>Please check one option:</p> <p><input type="checkbox"/> Myself only</p> <p><input type="checkbox"/> My designate only on my behalf (see below)</p> <p><input type="checkbox"/> My victim service worker only on my behalf (see below)</p> <p><input type="checkbox"/> Myself plus my designate</p> <p><input type="checkbox"/> Myself plus my victim service worker</p> <p><input type="checkbox"/> My designate plus my victim service worker</p>
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## 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	Organization/Agency	City
VSW Telephone Number	VSW Email	
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		

## 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 to me	
(Last)	(First)	(Middle)	
Contact information for my designate is the same as mine <b>OR</b>			
Mailing Address (Apt., Street, PO Box)			
City/Town	Province	Postal Code	
May we send correspondence and notification information to the above address?		Yes No <i>(If no, please provide your designate's email address below)</i>	
Please list your <b>designate's contact information</b> (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? Yes No	May we leave a detailed message? Yes No	May we leave a detailed message? 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

*If the offender enters federal custody or applies for parole you will need to register with the Correctional Service of Canada (CSC) or the Parole Board of Canada (PBC) if you would like to receive federal notifications. CSC/PBC will assess your eligibility to register for federal notification. Call 1-866-806-2275 (CSC) or 1-866-789-INFO/4636 (PBC) for more information.*

1. I request the VSU to forward this application form to CSC/PBC on my behalf if the offender enters federal custody or applies for parole.
2. I acknowledge that the VSU may 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 acknowledge that the VSU may 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: \_\_\_\_\_

By checking this box and typing my name in the signature box on the date entered above, I am giving permission to the Victim Safety Unit without physically signing this form.

Mail, fax or email your completed and signed  
Notification Application Form to:

**Victim Safety Unit, Victim Services & Crime  
Prevention Division  
Ministry of Public Safety & Solicitor General  
#302-815 Hornby Street  
Vancouver, BC V6Z 2E6**

Telephone: 604-660-0316 or Toll Free 1-877-315-8822

Fax: 604-660-0335

Email: [vsusg@gov.bc.ca](mailto:vsusg@gov.bc.ca)

For more information please visit: <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime/victim-of-crime/victim-notification>