

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, your [Victim Service Worker \(VSW\)](#), or [VictimLinkBC](#) 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 (Last) (First) (Middle)	Date of Birth Year Month Day
Court File Number	Court Location
Name of Accused/Offender/Respondent (Last) (First) (Middle)	Date of Birth (if known) Year Month Day
Name(s) of Additional Accused/Offender(s) on this Court File	Date(s) of Birth (if known)

APPLICANT INFORMATION

I am the: <input type="checkbox"/> Victim <input type="checkbox"/> Civil Protected Party <input type="checkbox"/> Victim's Parent/Guardian <input type="checkbox"/> Other family member:		
Name (if different from Victim/Civil Protected Party) (Last) (First) (Middle)	Preferred Language	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (Apt., Street, PO Box)		
City/Town	Province	Postal Code
May we send correspondence and notification information to the above address? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we leave a detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we leave a detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<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	Ext.	VSW Email
<p>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):</p> <p><input type="checkbox"/> I authorize my VSW to receive the notifications on my behalf</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I authorize my VSW to receive notifications in addition to myself or my designate (i.e. double notification)</p>		

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)	
<input type="checkbox"/> Contact information for my designate is the same as mine OR	
Mailing Address (Apt., Street, PO Box)	
City/Town	Province
	Postal Code
May we send correspondence and notification information to the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide your designate's email address below)	
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 message? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we leave a detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May we leave a detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 notifications. Call 1-866-806-2275 (CSC) or 1-866-789-INFO/4636 (PBC) for more information.*
 - I want to register with CSC/PBC for victim notification if the offender enters federal custody or applies for parole. By checking this box, I give permission to the VSU to forward this application form to CSC/PBC on my behalf at the time of federal sentencing or parole application, or if the offender is already in federal custody.
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
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: vsug@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>