Victim service programs play a significant role in offering a positive service to victims (Victims of Crime – Providing Assistance and Information to (VIC 1)), including aiding victims in obtaining the information they are entitled to pursuant to the Canadian Victims Bill of Rights, as well as the BC Victims of Crime Act.

The BC Prosecution Service encourages co-operation with victim service programs and recognizes the importance of providing them with information which is necessary to assist the victim, subject to any restrictions under the Youth Criminal Justice Act or under court orders of non-publication.

Generally, the consent of the victim given to a victim service program should be sufficient for Crown Counsel to provide information to the program; however, if there is any uncertainty about the matter, Crown Counsel should consider obtaining an assurance that written consent has been given. Generally, the victim service program will obtain that written consent; however, where Crown Counsel wish to expedite the matter, the consent form attached as Appendix A may be used.

With the agreement of the victim, Crown Counsel may provide a victim service program with the victim’s contact information.

BC Prosecution Service files are confidential, and personnel from victim service programs should not be given direct access to these files. Except for the victim’s own statement (which can be given with consent of the victim), Reports to Crown Counsel should not be given to victim service programs or anyone else providing assistance to victims, and all persons making requests for copies of Reports to Crown Counsel should be directed to the police or the Information Access and Privacy Coordinator, Headquarters, BC Prosecution Service (Information Requests by Third Parties (INF 1)). The BC Prosecution Service internet site contains a list of victim service programs in British Columbia.
Appendix A

REQUEST FOR VICTIM ASSISTANCE

Ministry of Attorney General

Case: R. v. ____________________________________________
File Number: _______________________________________
Crown Counsel Office Location: ___________________________
Phone: __________________ Fax: _________________________

Victim Serving Agency: _________________________________
Phone: __________________ Fax: _________________________

I, _____________________________________________ (name of requester), am requesting my contact information be provided to ___________________________________________ (a victim service organization)

I, _____________________________________________ (name of requester), also consent to Crown Counsel providing information to ___________________________________________ (victim service organization) that is relevant to providing victim assistance.

VICTIM CONTACT INFORMATION*

Name of Victim: ___________________________________________
Name of Parent or Guardian: ________________________________
Address: _______________________________________________
Phone Number(s): _________________________________________
Alternate contact: (optional) ____________________________ Phone: __________________

* I understand that I must advise the above Victim Service Agency of any change in my address or phone number in order to continue to receive the information requested above.

I confirm that I am not receiving the above service from another Victim Service Agency and that should I begin to do so, I will immediately advise the Victim Serving Agency listed above.

______________________________________________________ (signature of victim)

______________________________________________________ (date)