

DEPARTMENT OF JUVENILE JUSTICE

VICTIMS REGISTER APPLICATION FORM

IN CONFIDENCE

The Information contained on this form will be treated confidentially. Only those departmental staff involved in the administration of the Victims Register will have access to the information provided.

Details of person(s) wishing to be entered onto the Register:

Title: Family Name:

First Name(s):

Please provide an address for correspondence:

Address:.....

City: State:..... Postcode:.....

Telephone Contact Numbers:

Home: (.....) Work: (.....)

Mobile:.....

Home Fax: (.....) Work Fax: (.....)

Alternative Number: Email address:

Victim's Details:

If you are **NOT** the person against whom the criminal act was committed, please state the victim's name hereunder, your relationship to the victim, and the circumstances by which you seek to have your name placed on the Victims Register. (Please note that the Minister may require the provision of such evidence as the Minister considers appropriate, as proof of any alleged relationship through which a person claims to be the victim of an offender).

Family Name: First Name: Title:

Is the Victim over 18 Years of Age?: Yes No

Are you the person against whom the criminal act was committed: Yes No

If "No" please state your relationship to the victim:

.....

Do you wish to be registered as the victim's representative: Yes No

IN CONFIDENCE

Details of the Offender(s):

Family Name:First Name:

Date of Conviction, if known:/...../..... Court:

Nature of Offence(s):

.....

THE COLLECTION OF PERSONAL INFORMATION:

Please read before signing the form:

Information, which you provide, will be held on the Victims Register, Department of Juvenile Justice. Once registration has been made the information provided will be treated confidentially and will not be made available to the offender. The information held will enable the Victims Register to advise you if an offender is to be considered for a change in security classification which may result in the offender being eligible for unescorted leave of absence, when an offender becomes eligible for day and overnight leave, if an offender is due for parole consideration, if an offender is due for release, and if an offender has escaped from custody. The information held may in the case of "Serious Offenders" be provided to the Children's Court in its Parole jurisdiction. A "Serious Offender" is an offender who is serving a sentence for life, or an offender who has been convicted of murder and who is subject to a sentence in respect of the conviction, or an offender who is serving a sentence (or one of a series of sentences of imprisonment) where the term of the sentence (or the combined terms of all of the sentences in the series) is such that the offender will not become eligible for release from custody, including release on parole, until he or she has spent at least twelve years in custody, or an offender who is for the time being required to be managed as a serious offender in accordance with a decision of the sentencing court, the Children's Court in its Parole jurisdiction or the Director General. The provision of this information to those authorities is a legislative requirement.

Under section 16 of the *Freedom of Information Act 1989* you have the right to apply to the Department of Juvenile Justice for access to any document held by it about you, and under section 14 of the *Privacy and Personal Information Protection Act 1998*, you may request the department to provide you with access to personal information held by it about you.

Under section 39 of the *Freedom of Information Act 1989* you may apply to the Department of Juvenile Justice to have any document held by it about you amended if you consider that the information contained in the document is incomplete, incorrect, out of date or misleading, and under section 15 of the *Privacy and Personal Information Protection Act 1998* you may request the department to amend personal information held by it about you to ensure that the information is accurate, relevant, up to date, complete and not misleading.

IN CONFIDENCE

YOU MUST COMPLETE AND SIGN THIS SECTION:

- I request that my details be entered onto the Department of Juvenile Justice Victims Register, until such time as I notify the department in writing that I no longer wish to be registered or until the young offender is released from custody or transferred to the Department of Corrective Services.
- I understand and accept that the information supplied to me through the Victims Register is confidential.
- I agree not to release any information provided to me by the Department of Juvenile Justice for the purpose of public dissemination without approval from the department.
- I agree not to use this information for any unlawful purpose, which could cause harm or detriment to any person.
- I understand that if I choose not to provide my home address, or fail to advise of a change of address, that the Department of Juvenile Justice may not be able to provide a complete service to me.

Signed: Date:

Please return this document to:

The Victims Register
Department of Juvenile Justice
PO Box K399
HAYMARKET NSW 1240

The Victims Register
Department of Juvenile Justice
Level 24, Sydney Central
477 Pitt Street
SYDNEY NSW 2000

Please mark your envelope **Private and Confidential**.

If you have any questions about completing this form or the function and role of the department and the victims register, please phone the Ministerial Liaison Officer, Executive Services (02) 9219 9527 or fax (02) 9219 9511.