PRIVACY NOTICE STATEMENT

NOTE: buttons may not be compatible with some browsers and mobile device based PDF viewers. For best results, please consult the instructions on the PBC website.

THIS FORM WILL NOT BE SHARED WITH THE OFFENDER

PROTECTED **B** ONCE COMPLETED

PUT AWAY ON FILE

▶ PBC Office

REQUEST TO OBSERVE A PAROLE BOARD OF CANADA HEARING

► COMPLETE THIS FORM AND SEND IT TO THE PAROLE BOARD OF CANADA REGION WHERE THE HEARING WILL TAKE PLACE OR THE OFFICE NEAREST YOU. FOR A LIST OF PBC OFFICES, VISIT Parole Board of Canada - Contact Information (https://www.canada.ca/en/parole-board/corporate/contact-information.html) OR CALL: 1-866-789-4636.

The information you provide on this form is collected under the authority of the *Corrections and Conditional Release Act* for the purpose of processing your request to observe a hearing. Failure to provide this personal information may result in your request being

information collected thro (Victims, Observers and I accessed and assessed f of Canada, 410 Laurier A	ugh the processi Requests for Acc for accuracy by s ve West, Ottawa	ing of your application will be stored in the Concess to the Decision Registry) Personal Inform	rmation and Privacy Coordinator, Parole Board
A. OFFENDER INF	ORMATION		
If you wish to observe a h indicate requested institut		g or educational purposes and do not wish to ly.	attend a specific offender's hearing, please
Last name of Offender (pr	int) (if applicable)	First name(s) of Offender (print) (if applicable)	Middle name(s) of Offender (print) (if applicable)
Institution and/or other inf	ormation		Date of hearing (YYYY-MM-DD) (if known)
B. REASONS FOR	OBSERVING		
I would like to attend as a	:		
Victim	Victim support	Offender support (specify relat	ionship to offender)
Media	Student	Other (specify) ►	
I am interested in attendir	ng this hearing be	ecause: (use additional pages if required)	
I am interested in attendir	ng all future hear	ings for this sentence ► Yes 1	No



If yes, the Parole Board of Canada will contact you to inform you of future hearing dates.

C. REGISTERED VICTIMS

(Section C <u>only</u> to be completed by victims registered with the Parole Board of Canada. If you have not already registered as a victim and would like to do so, please visit <u>Parole Board of Canada</u> (https://www.canada.ca/en/parole-board.html) for more information.)

I would like to (select ONE of the following):

Observe the hearing ONLY.

Observe the hearing and read a statement at that time.

Observe the hearing and designate a support person who will be at the hearing to read the statement on my behalf.

Observe the hearing and present my written statement on a recording.

Note: If you do NOT want to observe the hearing you may present your written statement at the hearing via a recording. Contact the Regional Communications Officer you have been in contact with or the office nearest you for more information.

Statements presented at a hearing will form part of the audio recording of the hearing, and may be listened to by registered victims. Please visit <u>Victims – Audio Recordings</u> (https://www.canada.ca/en/parole-board/corporate/publications-and-forms/victims-audio-recordings.html) for more information.

D. REQUESTOR INFORMATION

Note: Contact information provided on this form will replace any contact information that you may have previously submitted to the Parole Board of Canada for any purpose.

Please ensure you	u contact the	Parole Board	of Canada as soo	n as possible if a	any of the information i	below changes.	
Last name (Print)			First name	First name (Print)		Date of birth (YYYY-MM-DD)	
Mailing Address			L				
Apt., Street, P.O. Box					City/Town		
Province			Postal Code		E-Mail		
Phone number (##	##) ###-####	Extension	Phone Type				
			Home	Business	Cellular	Fax	Other
			Home	Business	Cellular	Fax	Other
			Home	Business	Cellular	Fax	Other
Preferred method	for receiving	information pe	ertaining to this red	quest (select one	e)		
E-mail	Mail	Facsim	ile Telephone		Victims portal (available for registered victims)		
Preferred method	for observing	g a hearing (se	lect one)*				
In person	Vid	eoconference	Teleco	onference			
	ents or opera				serving a hearing. Due observing a hearing m		

Indicate any special needs you may have (i.e. wheelchair accessibility, hearing impairment, prescription drugs you are required to have with you at all times, etc.).					
E. TERMS OF PARTICIPATION					
In order to observe a Parole Board of Canada hearing by videoconference or teleconference, observers mustable, private internet connection or adequate telephone or cellular reception. Observers should also ensure secure location, where no one other than those approved to attend the hearing can hear or see the proceed video) of the hearing is prohibited (including taking screen shots or photos). By signing this request form, you these terms of participation. Failure to abide by these terms may result in your removal from the hearing.	e they are in a private, ngs. Recording (audio or				
F. SIGNATURE					
Requestor's Signature	Date (YYYY-MM-DD)				
The Parole Board of Canada will respond to your request prior to the offender's next hearing. For additional observing a hearing, please visit the Observing Parole Board of Canada Hearings - Fact Sheet (https://www.board/corporate/publications-and-forms/observing-parole-board-of-canada-hearings-fact-sheet.html).					
Note that observers attending Parole Board of Canada hearings in person are subject to the security require Correctional Service Canada government facility or institution. For more information, refer to the https://www.canada.ca/en/parole-board/corporate/publications-and-forms/attending-institution-fact-sheet.html).	Hearing in a Federal				