



THIS FORM WILL NOT BE SHARED WITH THE OFFENDER

PUT AWAY ON IDS FILE

## REQUEST FOR REGISTRY OF DECISIONS

► COMPLETE THE FORM AND SEND IT TO THE PAROLE BOARD OF CANADA OFFICE NEAREST YOU. FOR A LIST OF PBC OFFICES, VISIT: <http://www.canada.ca/en/parole-board/corporate/contact-information.html> OR CALL: 1-866-789-4636

### PRIVACY NOTICE STATEMENT:

The information you provide on this form is collected under the *Corrections and Conditional Release Act* for the purpose of processing your request for access to the decision registry. Failure to provide this personal information may result in your request being denied. You have the right to the access to, correction of and protection of, your personal information under the *Privacy Act*. Personal information collected through the processing of your application will be stored in the Conditional Release Openness and Accountability (Victims, Observers and Requests for Access to the Decision Registry) Personal Information Bank PBC PPU 015 and can be accessed and assessed for accuracy by sending a written request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Ave West, Ottawa, ON K1A 0R1. For more information contact Info Source [www.infosource.gc.ca](http://www.infosource.gc.ca)

### A. OFFENDER INFORMATION

Last name of offender (print)	First name(s) of offender (print)	Middle name(s) of offender (print)
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Indicate any further identification of the offender if available, such as institution where the offender is incarcerated, court or city where the offender was prosecuted, the type of crime committed, type of conditional release decision:

### B. REQUEST INFORMATION

I am requesting information as a:

Victim	Victim Representative	Victim Organization	Media	Other (specify):
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I am interested in this case because (use additional page if required):

I would like to request a copy of (select all that apply):

The most recent decision during the offender's current sentence

All future decisions during the offender's current sentence

Other (specify):

### C. 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.

Last name (print)	First name(s) (print)	Date of birth (YYYY-MM-DD)
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Mailing address Street	City/Town	Province
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Postal code	E-mail
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Telephone Numbers				
Phone	Extension	Phone Type	Home	Business
			Home	Business
				Cellular

Preferred method for receiving information pertaining to this request (select one):

E-mail      Mail      Facsimile (specify):      Victims portal (available for registered victims)

### D. Signature

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Signature	Date (YYYY-MM-DD)
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