



THIS FORM WILL NOT BE SHARED WITH THE OFFENDER

PUT AWAY ON FILE

▶ Original = PBC Office

**REQUEST TO OBSERVE A PAROLE HEARING**

- ▶ **COMPLETE THIS FORM IF YOU ARE A MEMBER OF THE PUBLIC AND WANT TO OBSERVE A HEARING.**
- ▶ **IF YOU ARE A VICTIM AND WANT TO OBSERVE A PAROLE HEARING, COMPLETE THE REQUEST FOR VICTIM TO OBSERVE A PAROLE HEARING AND/OR PRESENT A VICTIM STATEMENT FORM ([PBC/CLCC 0030E](#)).**

**A. OFFENDER INFORMATION**

*If you wish to observe a hearing for training or educational purposes and do not wish to attend a specific offender's hearing, please indicate requested institution and date only.*

Last name of Offender (print) (if applicable)	First name(s) of Offender (print) (if applicable)	Middle name(s) of Offender (print) (if applicable)
Institution and/or other information		Date of hearing (YYYY-MM-DD) (if known)

**B. REASONS FOR OBSERVING**

I am interested in attending this hearing because: *(use additional pages if required)*

I am interested in attending all future hearings for this sentence.  Yes  No

If yes, the Parole Board of Canada will contact you to inform you of future hearing dates. Please ensure you contact the Parole Board of Canada as soon as possible if any of the information below changes.

**The following information will be used by the Correctional Service of Canada to conduct a security screening that is required before any observer is allowed into a government facility for the purposes of observing a hearing.**

**C. REQUESTOR INFORMATION**

<input type="checkbox"/> Mr.	Last name (print)	First name(s) (print)	Maiden name (print) (if applicable)
<input type="checkbox"/> Ms.			
Date of Birth (YYYY-MM-DD)	Place of Birth - City/Town	Province/State	Country
Current Home Address			
Street	City/Town	Province	Postal Code
Mailing Address (if different than Home Address)			
Street	City/Town	Province	Postal Code
Telephone numbers			
Home	Work	Cellular	Facsimile
( ) -	( ) -	( ) -	( ) -

**PRIVACY NOTICE STATEMENT:** 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 denied. You have the right to the correction of, access to 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 0A4. For more information visit Info Source [www.infosource.qc.ca](http://www.infosource.qc.ca).



**D. INFORMATION REQUIRED TO ENTER A GOVERNMENT FACILITY FOR THE PURPOSES OF OBSERVING A HEARING**

- 1 Have you ever been convicted of a criminal offence for which you have not been granted a pardon/record suspension, or had a pardon/record suspension revoked?  Yes  No
- 2 Do you personally know someone incarcerated in a correctional facility?  Yes  No
- ▶ If so, provide their name and your relationship: \_\_\_\_\_
- 3 Are you on an inmate's visiting list at a correctional facility?  Yes  No

If you have answered YES to any of the above, provide more information below. (use additional pages if required)

**E. SIGNATURE**

In making this application, I hereby give the Correctional Service of Canada my consent to use the information provided on this form to conduct such inquiries with police authorities as may be necessary to ascertain my admissibility. I acknowledge that the Correctional Service of Canada has no responsibility for any harm that may come to me in the course of my activities, except where such harm is a direct result of negligence on the part of an employee of the Service.

**NOTE: Access may be denied for submitting false information. A pass may be issued for anyone receiving clearance approval.**

Requestor's Signature

Date (YYYY-MM-DD)



Please contact the PBC if you have any special needs (such as wheelchair accessibility, hearing impairment, prescription drugs you are required to have with you at all times, etc.)

SEND COMPLETED FORM 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: [www.pbc-clcc.gc.ca](http://www.pbc-clcc.gc.ca) or call: 1-866-789-4636.

**F. FOR OFFICE USE ONLY – RÉSERVÉ AU BUREAU****CSC RECOMMENDATION TO PBC – RECOMMANDATION DU SCC À LA CLCC**

The recommendation from CSC must be submitted to PBC within 10 working days of receiving the form.  
La recommandation du SCC doit être transmise à la CLCC au cours des 10 jours ouvrables suivants la réception du formulaire.

- Approved to enter a CSC facility to observe PBC hearing  
Autorisé à entrer dans l'établissement du SCC pour observer une audience de la CLCC
- Not approved to enter a CSC facility to observe PBC hearing  
Non autorisé à entrer dans l'établissement du SCC pour observer une audience de la CLCC

Security Intelligence Officer – Agent de renseignements de sécurité :

\_\_\_\_\_  
Name (print) – Nom (en lettres moulées) Signature Date (YYAA-MM-DJ)

Assistant Warden, Operations / Area Director – Directeur adjoint, Opérations / Directeur de secteur

\_\_\_\_\_  
Name (print) – Nom (en lettres moulées) Signature Date (YYAA-MM-DJ)

Comments (use additional pages if required) – Commentaires (utiliser des pages supplémentaires au besoin) :

**FOR PBC USE – À L'USAGE DE LA CLCC**

Authorization from PBC Regional Communications Officer  
Autorisation de l'agent régional des communications de la CLCC

Approved to observe the hearing  
Approuvé à observer l'audience

Not approved to observe the hearing  
Non approuvé à observer à l'audience

\_\_\_\_\_  
Name (print) – Nom (en lettres moulées) Signature Date (YYAA-MM-DJ)

The requestor has been advised of the decision by – Le demandeur a été avisé de la décision par :

\_\_\_\_\_  
Name (print) – Nom (en lettres moulées) Signature Date (YYAA-MM-DJ)

Comments (use additional pages if required) – Commentaires (utiliser des pages supplémentaires au besoin) :