



THIS FORM WILL NOT BE SHARED WITH THE OFFENDER

PUT AWAY ON FILE

▶ PBC Office

### REQUEST TO OBSERVE A PAROLE 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: <https://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 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.gc.ca](http://www.infosource.gc.ca).

#### 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 would like to attend as a:

Offender support	Victim	Victim support
Media	Student	Other (specify):

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.

#### C. REGISTERED VICTIMS (Section C only 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 <http://www.canada.ca/en/parole-board/index.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 <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 contact the Parole Board of Canada as soon as possible if any of the information below changes.

Last name (Print)	First name (Print)	Date of Birth (YYYY-MM-DD)
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**Mailing Address**

Street	City/Town
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Province	Postal Code	E-Mail
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Phone number	Extension	Phone Type				
		Home	Business	Cellular	Fax	Other
		Home	Business	Cellular	Fax	Other
		Home	Business	Cellular	Fax	Other
		Home	Business	Cellular	Fax	Other
		Home	Business	Cellular	Fax	Other

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

E-mail	Mail	Facsimile	Telephone	Victims portal (available for registered victims)
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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. 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. Note that observers attending parole hearings are subject to the security requirements for entry into a Correctional Service of Canada government facility or institution. For more information, refer to the Fact Sheet on Attending a Hearing in a Federal Institution at: <https://www.canada.ca/en/parole-board/corporate/publications-and-forms/fact-sheets/attending-a-hearing-in-a-federal-institution-fact-sheet.html>