

## INFORMATION FOR VICTIMS OF CRIME

### Are you eligible to register as a Victim of Crime?

In order to register as a victim of crime and be placed on the Department for Correctional Services Victim Register you will need to show:

- that you are a victim of a criminal offence
- that the person you wish to register against is under the supervision of the Department for Correctional Services
- that the person that you wish to register against is in prison in relation to the offence/s for which you are a victim.

### What information can the Victim Services Unit provide to registered victims?

- The name of the prison in which the prisoner is currently imprisoned
- Sentence Details
- Security Classifications
- Details of any transfer of the prisoner from one prison to another
- Date and circumstances under which the prisoner will be released (for example on bail, leave of absence, home detention or parole.)
- Escape from custody

The Victim Services Unit will make every effort to provide this information to registered victims in a timely manner. However, the Department also invites registered victims to contact the Victim Services Unit should they wish to receive an update at any stage.

### How to Register

Please complete and sign the Application Form. If you cannot complete all the details, please leave blank, or alternatively you can ring the Victim Services Unit for assistance. Please forward any supporting documents that may assist the Victim Services Unit in confirming your application – for example affidavits or restraining orders.

### Alternative Contact Person

The Victim Services Unit makes every effort to contact victims to keep them updated. However, there are occasions when we are unable to do so. To overcome this, you may nominate a person to be contacted and provided with information on your behalf if the Victim Services Unit cannot contact you. If you do this, please ensure that you sign the authorisation on page 2 of the Application Form. We suggest that you nominate a person who is aware of your situation as a victim of crime, who is supportive and with whom you feel comfortable about receiving information on your behalf – for example a close family member or relative.

### Special Needs

If you have any special needs you would like to discuss please contact the Victim Services Unit.

**Victims Under 18 years**

If the applicant is under the age of 18 years, we require details of parent, guardian or representative who will receive any information from the VSU on the child's behalf.

**Registration**

When the Victim Services Unit receives your application, your details will be checked with South Australian Police Victim Contact Officers to confirm that you are the victim of the offence/s. The VSU will also advise the Parole Board of South Australia of your registration.

If there is any difficulty in confirming your registration, the Victim Services Unit will contact you and may ask for further information or clarification of information you have provided.

Once your registration is confirmed by SAPOL, the Victim Services Unit will write to you confirming your registration. If we are unable to register you we will write to you to explain the reasons why you cannot be registered.

**IMPORTANT:**

PLEASE ADVISE THE VICTIM SERVICES UNIT OF ANY CHANGE OF ADDRESS OR CONTACT DETAILS FOR THE REGISTERED VICTIM AND ALTERNATIVE CONTACT PERSON

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO:**

Victim Services Unit  
Department for Correctional Services  
GPO Box 1747 ADELAIDE 5001

Telephone: 8226 4138 or 8226 9067



## VICTIMS OF CRIME REGISTRATION FORM

The information requested on this form will be used to assist the Department to confirm your registration details. This information will be treated in the STRICTEST OF CONFIDENCE. Under no circumstances will your registration details be released to the offender.

**Please complete as much of this form as you can but if you don't know all the information just leave blank.**

Name (in full): ..... D.O.B..... Male/Female .....

Name at time of Offence (If different to above).....

Address .....

**If applicant is under 18 –**

Name of a Parent/Guardian/Representative:..... Relationship to Victim:.....

### Contact Numbers:

Home:.....Work:.....Mobile:.....Email .....

How did you first hear you could apply as a registered victim with the Department for Correctional Services?

DPP/Witness Assistance Service  Police  Dept for Correctional Services  Victim Support Service

Other .....

Name of the Person who referred you (if known) .....

### OFFENDER DETAILS

Offenders Name:.....

Did you know the offender before the offence took place? Yes / No

If YES what was your relationship? (for example, friend, relative, partner, former partner, work associate)

.....

Date of Offence/s: .....Date of Sentence :.....

Offence Description: ..... Police Incident Report Number:.....

**Please include copies of any documentation that may assist in confirming your application details (eg. Restraining Order/ Affidavit) when submitting this form.**

**If there are multiple offenders, please complete a separate application form for each offender.**

In case of Homicide or Causing Death by Dangerous Driving please advise the name of the deceased victim:.....

What is your relationship to deceased victim: .....



Signed: .....

Date: .....

**ALTERNATIVE CONTACT PERSON**

You may nominate a person to be contacted and provided with information on your behalf if the Victim Services Unit cannot contact you or in the event of an emergency. We suggest that you nominate a person who is aware of your situation as a victim of crime, who is supportive and with whom you feel comfortable about receiving information on your behalf – for example a close family member or other relative.

*Please ensure that you sign the authority below to allow information to be released to your chosen contact person.*

**CONSENT TO RELEASE INFORMATION**

I ..... authorise the Victim Services Unit, Department for Correctional Services to contact and release information to the person nominated below. Under Section 85(d) of the Correctional Services Act the Victim Services Unit can release the following information:

- The name of the prison in which the offender is currently imprisoned
- Sentence Details;
- Security Classifications;
- Details of any transfer of the prisoner from one prison to another;
- Date and circumstances under which the prisoner will be released (for example on bail, leave of absence, home detention or parole; and
- Escape from custody.

**Alternative Contact person:**

Name (in full): .....D.O.B:.....Male/Female:.....

Address:.....Postcode:.....

Contact numbers: Home ..... Mobile..... Work..... Email:.....

Relationship to You:.....

 **To be signed by applicant for victim registration:**

..... **Date:**.....

**SPECIAL NEEDS**

If you have any special needs that you would like to discuss, please contact the Victim Services Unit.

**PLEASE RETURN COMPLETED FORM TO:**

Victim Services Unit  
GPO Box 1747  
ADELAIDE 5000

(08) 8226 9067 or (08) 8226 4138

Please ensure that you advise the Victim Services Unit of any change of address or contact details for yourself or your nominated alternative contact person.