

1 INFORMATION CONCERNING THE VICTIM OR HIS/HER REPRESENTATIVE, WHERE APPLICABLE

| | | |
|---|----|----------------------------|
| First and last name of victim (in block letters) | OR | Date of birth (yyyy-mm-dd) |
| First and last name of victim's representative, where applicable (in block letters), | | Date of birth (yyyy-mm-dd) |
| because the victim: <input type="checkbox"/> is a minor <input type="checkbox"/> is deceased <input type="checkbox"/> has a physical or mental disability | | |

2 INFORMATION CONCERNING THE IDENTITY OF THE OFFENDER

| | |
|---|----------------------------|
| First and last name of the offender (in block letters) | Date of birth (yyyy-mm-dd) |
| Relationship with the victim (family member, uncle, friend, etc.) | |

3 INFORMATION CONCERNING THE OFFENCE

I was the victim of or I represent a victim of: _____
Type of offence

4 WRITTEN REPRESENTATIONS OF THE VICTIM¹

4.1 How did this offence affect me when it was committed?

4.2 How does this offence still affect me today (physically, psychologically, financially or other)?

4.3 Other comments

4.4 Recommendations

I would like the following recommendations to be taken into consideration in the event a conditional release is granted (example: the offender shall not communicate with me directly or indirectly):

1. Information in section 4 of this form may be disclosed to the offender where the offender files a written request, unless there are reasonable grounds to believe that disclosing this information may threaten the safety of a victim or another individual. All information shall remain confidential (section 176 of the Act respecting the Québec correctional system).

5 INFORMATION REQUEST CONCERNING THE OFFENDER

I would like to receive the following information concerning the offender: Yes No

- the date the offender is eligible for conditional release¹;
- the date of the offender's conditional release and destination;
- the date the conditional release ends;
- the date of the offender's full parole from a correctional facility;
- decisions rendered by the CQLC;
- notice that the offender has escaped or is unlawfully at large.

6 CONTACT INFORMATION FOR THE LOCATION WHERE INFORMATION MUST BE SENT

 No. Street Apartment

 City, village or municipality Province Postal code

 Telephone no. Other

I want my telephone number(s) to be blocked to prevent the offender from contacting me during the incarceration period.

7 SIGNATURE OF THE VICTIM OR REPRESENTATIVE OF THE VICTIM, WHERE APPLICABLE

I hereby certify that this statement is true to the best of my knowledge.

 Signature

 Date (yyyy-mm-dd)

Please return this form to the following address as soon as possible:

Direction des programmes
 Direction générale des services correctionnels
 Ministère de la Sécurité publique
 Tour du Saint-Laurent, 11^e étage
 2525, boulevard Laurier
 Québec (Québec) G1V 2L2

For information: 1 866 909-8913 (toll free)

RESERVED FOR SERVICES CORRECTIONNELS DU QUÉBEC

Réception par la personne identifiée au niveau provincial et, le cas échéant, transmission à la CQLC au SCC

| | | | |
|------------------------------------|-----------|-------------------|-----------|
| Nom et prénom (en lettres moulées) | Direction | Date (aaaa-mm-jj) | Téléphone |
| Signature | | | |

Réception par la personne autorisée

| | | |
|------------------------------------|-----------|-------------------|
| Nom et prénom (en lettres moulées) | Fonction | N° de badge |
| Téléphone | Signature | Date (aaaa-mm-jj) |

Vérification par la personne autorisée : Positive Négative

| | | |
|------------------------------------|-----------|-------------------|
| Nom et prénom (en lettres moulées) | Fonction | N° de badge |
| Téléphone | Signature | Date (aaaa-mm-jj) |

Transmission à la CQLC lorsqu'une peine de moins de six mois devient une peine de six mois ou plus

| | | |
|------------------------------------|-----------|-------------------|
| Nom et prénom (en lettres moulées) | Fonction | N° de badge |
| Téléphone | Signature | Date (aaaa-mm-jj) |

1. The types of conditional releases include temporary absences for reintegration purposes, in preparation for conditional release and family visits or release on parole.