

CSNSW Victims Register Application Form

Information for victims of crime

The Corrective Services NSW (CSNSW) Victims Register is a service that provides important information to registered victims about an offender.

We understand that receiving this information may be a difficult or confusing time for you. Our aim is to provide you with a responsive and supportive service.

You can contact the Victims Register Monday to Friday between 9am to 5pm. We are closed on public holidays. We welcome you to call us to ask questions or discuss any concerns.

Phone: (02) 8688 0555

Email: victims.register@correctiveservices.nsw.gov.au

Please call us if you would like help in your preferred language. We will organise a free interpreter for you.

What is a Registered Victim?

A registered victim is someone registered with CSNSW Victims Register to receive information about an offender that committed an offence against them.

Who can register?

To access the Victims Register you must be:

- the victim of an offence; or
- a family representative of a victim who died from the crime; or
- the victim's primary caregiver, if the victim is currently under 18 years or has a legal incapacity.

The offender must be:

- serving a custodial sentence for an offence that relates to you, and
- under the supervision of CSNSW, even if:
 - you are in another State/Territory;
 - the offence happened in another State/Territory;
 - the offender was sentenced under Commonwealth law or in another State or Territory in Australia;
 - the offender has already been in custody for a long time;
 - the offender is on parole.

If you do not meet the eligibility criteria:

- we can still consider your application if your personal safety is at risk. For example, if you can demonstrate a history of violence, stalking, or threats towards you from the offender.

What information can we tell you?

Registered victims can be told:

- The offender's:
 - sentence details,
 - location in custody,
 - security classification,
 - eligibility for unescorted leave,
- If the offender dies while serving a sentence,
- If they escape from custody,
- When they will be released from custody,
- If there are any change to the earliest possible release date,
- If the offender will be considered for parole,
- If parole is revoked.

What we cannot tell you

There is information we cannot tell you, including:

- New charges or sentences not related to you.
- The offender's medical and psychological history, including the cause of death if the offender dies in custody.
- Transfers between Correctional Centres or to a medical facility.
- The offender's location once they are released from custody.
- The offender's immigration status.

How do I apply to be on the Victims Register?

Complete and sign the application form attached. Then send it to the Victims Register with a copy of your photo identification and any other supporting documents.

You can send the form and supporting documents via email or post:

Multiple offenders

If you wish to be registered against multiple offenders in relation to different offences; please submit separate applications for each offender.

What happens after I submit my application?

After we receive your application, we will process it within ten business days. Your application may be delayed if you have not provided all the information we need in the application form.

We may contact other agencies to verify your information or request further information from you.

We will let you know the outcome of your application. If you are registered, we will give you information about the offender.

If you are ineligible, we will let you know and provide details of other services that may help you.

How long will my registration remain active?

Your registration will remain active until the offender has served the full sentence that relates to you. This includes any part of the sentence that the offender spends on parole. After this your registration will be closed and we will no longer be able to provide you with information or updates.

Your registration will also be closed if:

- You request in writing for your registration to be closed.
- The offender dies.
- The offender is transferred to a different State/Territory or overseas.
- The offender's conviction against you is overturned.
- The offender transfers to another Government agency such as an immigration detention or mental health facility.
- You disclose information given to you by the Victims Register to anyone else.

Application to register with the Corrective Services NSW Victims Register

Section 279 Crimes (Administration of Sentences) Act 1999 NSW

The information you provide in this form will be treated confidentially. The Victims Register use the information to confirm your eligibility for the CSNSW Victims Register.

Please send your completed form and supporting documents to us by post or email.

Email: victims.register@correctiveservices.nsw.gov.au

Post: Victims Register
Corrective Services NSW
Locked Bag 5111
Parramatta NSW 2124

Phone us on 02 8688 0555 if you would like help to complete this form.

Please read carefully before signing and sending us this form. You may also like to keep a copy for your records.

Section 1: Eligibility criteria

The CSNSW Victims Register can only register you if the offender is serving a custodial sentence in NSW.

An offender is 'serving a custodial sentence' if they have been found guilty and given a period of time that they will be in custody with Corrective Services NSW because of their crime.

Please complete the details in the sections relevant to you.

Is the offender subject to one of the following?

- Sentenced and in custody (prison)
- On an Intensive Correction Order due to a personal violence offence
- On parole
- On a Supervision or Detention Order issued by the Supreme Court

☐ Yes

☐ Unsure

☐ No: *You are not eligible to be on the Victims Register*

(If the offender is unsentenced, please wait until after the sentencing hearing to submit your application).

Are you over 18 years old?

☐ Yes

☐ No *(a primary caregiver such as your parent or legal guardian needs to register on your behalf. You can register yourself once you turn 18).*

Category A: Direct victim	
Are you the direct victim of a crime committed by the offender for which the offender has received a sentence?	<input type="checkbox"/> Yes: Go to Section 2 <input type="checkbox"/> No: Go to Category B

Category B: Primary caregiver or family representative	
Are you the primary caregiver or family representative of the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Go to Category C
Are you the primary caregiver of a direct victim who is under 18 years old or an adult who has a legal incapacity?	<input type="checkbox"/> Yes: Victim is under 18 <input type="checkbox"/> Yes: Victim has a legal incapacity <input type="checkbox"/> No
Are you a family representative of a deceased victim of an act committed by the offender? <i>If more than one family representative wants to register, each person needs to complete their own application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct victim's details	
Full name:	
Date of birth:	dd/mm/yyyy
What is your relationship to the direct victim? <i>E.g. victim's next of kin, spouse/partner, parent or guardian, guardian under a care order or a guardianship order, grandparent, sibling, child.</i> <i>Please attach supporting documentation in Section 6, showing your relationship to the victim e.g. Marriage Certificate, Birth Certificate, Medicare Card, Guardianship Orders, Care Order.</i>	
--- Go to section 2 ---	

Category C: Other applicant with demonstrated safety concerns related to the offender	
<i>Complete this section if you answered 'No' in Category B.</i>	
Can you demonstrate that your physical safety may be in danger because of a history of personal violence against you by the offender? <i>Attach a copy of a current or expired AVO/ADVO or police report in Section 6</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Category C: Other applicant with demonstrated safety concerns related to the offender

Complete this section if you answered 'No' in Category B.

Can you demonstrate that your physical safety may be in danger because of a connection between you and the offender that led to the offender's incarceration?

☐ Yes

☐ No

Attach a copy of documentation in Section 6 showing that you were a witness in a court proceeding leading to the offender's incarceration

Can you demonstrate that your physical safety may be in danger because of ongoing threats made to you by the offender?

☐ Yes

☐ No

Attach a copy of ongoing threats in Section 6.

Section 2: Applicant's details

(details of the person wishing to be registered)

Title:

☐ Mr

☐ Ms

☐ Miss

☐ Mrs

☐ Mx

☐ Dr

☐ Other: _____

Given name/s:

Surname:

Previous surname:

Date of birth:

Email address:

Mobile number:

Other phone number:

Residential Address:

Postal address
(if different to residential address):

Section 2: Applicant's details

(details of the person wishing to be registered)

Contact preference:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Online video call
Important: We will always send information to your email address. If you don't have an email address, we will send the information by post.	
How did you hear about the Victims Register?	<input type="checkbox"/> Corrective Services NSW <input type="checkbox"/> DPP/Witness Assistance Service <input type="checkbox"/> Victims Services NSW <input type="checkbox"/> Victim support/Advocacy service <input type="checkbox"/> Friend <input type="checkbox"/> Counsellor <input type="checkbox"/> Police <input type="checkbox"/> Other Government Agency <input type="checkbox"/> Other: _____
This following section is optional and providing this information is voluntary. The information in this section will be used for statistical purposes. Knowing this information will also help us to meet your needs.	
Gender:	
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Prefer not to specify
Do you need an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language required: _____
Do you identify as a person with a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes Nature of disability: _____
Would you like any reasonable adjustments made? (For example, getting letters in large print.)	<input type="checkbox"/> Yes Adjustments required: <input type="checkbox"/> No _____

Section 3: Details about the offence and the offender

- Offenders must be sentenced and under the supervision of CSNSW for us to register you.
- To assess whether your application may be eligible, complete Section 3.
- Please provide as much of following information as you can. It is ok if you do not have all of this information.

Offender's given name/s:	
Offender's surname:	
Type of offence:	
Date of offence:	
Date of Court appearance:	
Investigating police officer/station:	
Names of other offenders:	

Section 4: Alternate contact's details

We may need to leave a message with your alternate contact if we cannot reach you. We will let the alternate contact know that we tried to call you. We will never tell them details about your registration or information about the offender.

Alternate contact's name:	
Phone number:	
Email address:	
Alternate contact's relationship to you (for example are they your parent, partner, friend etc)	

By providing the details of an alternate contact you declare that that the alternate contact has consented for their details to be provided to the Victims Register for this purpose.

Section 5: Applicant's declaration

You must sign this declaration and provide identification documentation so that we can process your application.

Please tick every box to declare your acceptance of these conditions.

- ☐ I understand that if my application is approved, my information will be recorded on the CSNSW Victims Register.
- ☐ I have read and understand the information in this form.
- ☐ I give permission for Corrective Services NSW to disclose my personal information to other Government agencies for the purpose of verifying my details and eligibility to register.
- ☐ I understand that my details will be recorded on the CSNSW Victims Register for the duration of the offender's sentence relating to me. If I am registered against an offender where the offence is eligible for proceedings under the *Crimes (High Risk Offender) Act 2006* and *Terrorism (High Risk Offender) Act 2017*, my details will be maintained after the offender's sentence has been served.
- ☐ I understand that I can notify the Register if I no longer wish to be registered.
- ☐ I certify that all information that I have provided is true and correct.
- ☐ I understand and accept that the information supplied to me through the Victims Register is confidential.
- ☐ I will not release or disclose this information to any third parties or for the purpose of public dissemination without approval from Corrective Services NSW.
- ☐ I will not use any information supplied to me through the Victims Register for any purposes other than those for which it has been supplied to me.
- ☐ I will not use any information supplied to me for any purpose which would cause harm or detriment to any person or agency.
- ☐ I understand that legislation restricts the type of information that may be provided.
- ☐ I understand that I am providing my personal information voluntarily, and will keep my contact details current so that the Victims Register can always contact me. I understand if I do not keep my contact details up to date, then the Victims Register may be unable to contact me to provide me a service.
- ☐ By providing the details of an alternate contact I declare that the alternate contact has consented for their details to be provided to the Victims Register for this purpose.
- ☐ If I am applying as a primary caregiver of a direct victim, I understand that my registration may remain with the Victims Register when a direct victim turns 18. I understand that the child will also be able to register.

Signature of
applicant:

Date:

Section 6: Proof of ID and other supporting documentation

Information about an offender's status is highly confidential. Your application **must** be accompanied by proof of identity and, if applicable, the supporting documentation requested. **Please do not send original documents.** Copies *do not* need to be certified by a Justice of the Peace. We may contact you for more information.

All categories: Applicant's proof of identity

You need to provide current photographic proof of identity for yourself. Please tick which one you have attached (*only one is required*).

- | | |
|---|---|
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Australian Proof of Age Card |
| <input type="checkbox"/> Passport | |

Category B: Primary caregiver or family representative (*if applicable*)

If you answered 'yes' in Category B, you need to also provide supporting documentation as proof that you are the legal guardian or family representative of the victim.

Family representatives and primary caregivers of children: Please tick which documentation you have attached. You only need to attach **one**.

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Marriage certificate | <input type="checkbox"/> Guardianship order |
| <input type="checkbox"/> Power of attorney | <input type="checkbox"/> Medicare card | <input type="checkbox"/> Care order |

Primary caregivers of an adult victim must also provide supporting documentation of the victim's legal incapacity. Please tick which documentation you have attached. You only need to attach **one**.

- | |
|--|
| <input type="checkbox"/> Guardianship order that shows their legal function on behalf of the victim |
| <input type="checkbox"/> Letter from a relevant medical practitioner stating that the victim has a legal incapacity and requires a primary caregiver |

Category C: Applicant with demonstrated safety concerns related to the offender (*if applicable*)

If you answered 'yes' to any question in Category C, please select which documentation you have attached. The more documentation you provide, the easier it will be for us to process your application.

- | |
|--|
| <input type="checkbox"/> Apprehended Violence Order (current or expired) |
| <input type="checkbox"/> Apprehended Domestic Violence Order (current or expired) |
| <input type="checkbox"/> Evidence of applicant being witness in court proceedings related to the offence |
| <input type="checkbox"/> Proof of ongoing threats by the offender to the applicant |
| <input type="checkbox"/> Other supporting documentation (specify below) |

If other, specify details about your connection with the offender and how the supporting documentation demonstrates your safety concerns.

Section 7: Application checklist

For your application to be considered, make sure you have completed the sections, provided supporting evidence and signed the declaration relevant to you. Below is a checklist for the various types of applicants.

Category A: Direct Victim *(if applicable)*

Use this check list if you answered 'yes' in Category A

- ☐ Have you answered the questions in the application form?
- ☐ Have you reviewed and signed the applicant's declaration?
- ☐ Have you attached a copy of proof of identity for yourself?

Category B: Primary caregiver or family representative *(if applicable)*

Use this check list if you answered 'yes' in Category B

- ☐ Have you answered the questions in the application form?
- ☐ Have you attached a copy of proof of identity for yourself?
- ☐ Have you attached supporting documentation as evidence of your relationship to the victim?
- ☐ Have you attached supporting documentation as evidence that the adult victim has a legal incapacity? (if applicable)
- ☐ Have you reviewed and signed the applicant's declaration?

Category C: Applicant with demonstrated safety concerns related to the offender *(if applicable)*

Use this check list if you answered 'yes' to any question in Category C

- ☐ Have you answered the questions in the application form?
- ☐ Have you attached a copy of proof of identity for yourself?
- ☐ Have you attached documentation to demonstrate all relevant safety concerns?
- ☐ Have you reviewed and signed the applicant's declaration?

This application form is provided in accordance with Section 279 of the *Crimes (Administration of Sentences) Act 1999* NSW.

The Victims Register will treat your information confidentially. The Victims Register will not let offenders know that you are registered against them.

Your personal information

This section provides information about how Corrective Services NSW will deal with your personal information, and how it will be managed while you are registered.

Corrective Services is part of the Department of Communities and Justice. For information on how the Department of Communities and Justice manages personal information, please see the Department's Privacy Policy at <https://www.justice.nsw.gov.au/Pages/privacy.aspx>

Use of personal information

The provision of personal information for the purposes of the Corrective Services NSW Victims Register is entirely voluntary on the part of the applicant.

Your personal information will be used for the purpose of administering all aspects of the Victims Register, including determining your eligibility to register.

Collection and disclosure - will my personal information be disclosed to third parties?

Your information is recorded on the CSNSW Victims Register.

At the time of application, your personal information may be disclosed to the NSW Police Force, Department of Public Prosecutions, or other Government agencies for the purpose of verifying your details or eligibility to be on the Victims Register. The Victims Register may also need to request supporting documentation from these agencies as a part of the assessment process to determine your eligibility.

Corrective Services NSW Victims Register employees will have access to your information. In some circumstances, your information may be given to the NSW State Parole Authority or the Serious Offenders Review Council so that they may fulfil their obligations towards you as a victim.

Your right to access information

Under section 9(1) of the *Government Information (Public Access) Act 2009* (GIPA Act), you have the right to make an application to access information held by public agencies, including Corrective Services NSW. You will be provided with this information, unless there is an overriding public interest against disclosure of the information. Under section 8 of the GIPA Act, you may also make an informal request for the release of information held by Corrective Services NSW.

You also have the right to access your personal information held by Corrective Services NSW pursuant to section 14 of the *Privacy and Personal Information Protection Act 1998* (PPIP Act). Under section 15 of the PPIP Act you have the right to request the amendment of personal information about you that is held by Corrective Services NSW.

Other people's right to access information

Under Section 9(1) of the GIPA Act, anyone, including the offender, can apply to access information held by Corrective Services NSW. However, the GIPA Act allows Corrective Services to deny access to information in the Victims Register so that we can protect you and the personal information you gave us.