

Victims' Register Registration Form

Information you provide will remain confidential and will only be held on the Victims' Register. Access to this information is limited to staff with a genuine and essential need to have such access and will not be available to offenders or other persons.

Details of person wishing to be placed on the register:

Title: (please circle) Mr. Mrs. Miss Ms. Dr. Other: _____

Surname: _____ Firstname: _____

Address for Correspondence: _____

Suburb _____ State _____ Postcode _____

Telephone Numbers:

Home () _____ Work () _____

Mobile _____ Facsimile () _____

Email _____ Alternative phone () _____

Are you happy for us to leave a message (please tick): Yes No

Preferred mode of contact: Telephone me at _____

Write to correspondence address provided

Email me at _____

Details of Victim of Crime:

If you are not the victim of crime, please provide details of the victim of crime and your relationship to that person:

Surname of victim: _____

First name of victim: _____

Your relationship to the victim: _____

Details of the Offender(s): Please complete these details if known

Surname of offender: _____

First name of offender: _____

Date of conviction: ____/____/____ Court: _____

Nature of the offence(s): _____

Is the offender held at the Wilfred Lopes Centre for Forensic Mental Health? Yes / No / Unknown

Please add details of other offender(s), if any, on the back of this form or a separate sheet attached to this registration form.

You must complete and sign this section:

I _____ request that my details be entered onto the Victims' Register, operated by the Victims Assistance Unit, Department of Justice and Industrial Relations, until such time as I notify the Unit in writing that I wish my details to be removed.

I understand and accept that the information supplied through the Victims' Register is confidential. I agree not to release this information for the purpose of public dissemination without approval from the Department. I agree not to use this information for any unlawful purpose which could cause harm or detriment to any person.

I understand and accept that if I choose not to provide my home address, or fail to advise of a change of address, that the Department may not be able to provide a complete service to me.

Signature: _____ Date: ____/____/____

Please send the completed form to:

Victims Assistance Unit
Department of Justice
GPO Box 825
HOBART Tas 7001

Please mark the envelope: "Private and Confidential"

If you have any questions about completing this form or the function of the Victims' Register please phone the Victims Assistance Unit on (03) 6233 5002 or 1300 663 773 or call into the unit at 54 Victoria Street, Hobart.