



### APPLICATION FOR FINANCIAL ASSISTANCE FOR VICTIMS AND SUPPORT PERSONS TO ATTEND PAROLE BOARD OF CANADA HEARINGS

Your privacy is important to us. The information you provide is collected under the authority of the *Department of Justice Act* to determine your eligibility under the Victims Fund. Submitting this application is voluntary. However, if you do not fill out this form, the Department of Justice will be unable to process your application. Your personal information is protected in accordance with the *Privacy Act*. You have the right to access your personal information. It will be kept in Personal Information Bank JUS 1.2.9. Instructions for obtaining this information is outlined in the government website: <https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/how-access-information-personal-information-requests-work.html>. You have the right to file a complaint with the Privacy Commissioner of Canada if you are dissatisfied with the Department of Justice’s response to your request for access to your personal information.

**If you make a false or misleading statement, any funds you receive may have to be repaid.**

<b>PERSONAL INFORMATION [ * ] Mandatory Fields</b>	
<b>Salutation:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
<b>Name of Applicant*:</b>	<b>I am applying as a*:</b> <input type="checkbox"/> Victim <input type="checkbox"/> Support Person for _____
<b>PAYMENT</b>	
Address for mailing information*:	
Cheque payable to* :	I am registered for Direct Deposit with the Department of Justice Canada*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tel. No. (home or cell)* :	Tel. No. (office) :
E-mail* :	Alternate Contact :

<b>HEARING</b>			
Name of Offender*:		Anticipated Date or Month (YY/MM/DD) of PBC Hearing (if known):	
Have you been approved to attend*? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of PBC officer (if known)*:		
At which institution will the hearing be held*?			
<b>ANTICIPATED TRAVEL EXPENSES (up to 2 nights, 3 days)</b>			
Personal Car (kms to and from Correctional Institution):	Car toll, ferry, etc.:	Rental Car and Mileage:	Parking Fees:
Airfare (see note):	Train (see note):	Bus:	Taxi:
Hotel or Private Accommodation :	Child Care/Dependant Care (see note) :	Number of Meals (see note):	
<b>Do you require money in advance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Comments:		
<p>I consent to the release to the Department of Justice Canada of information and documents concerning me that the Department considers necessary to process my application, including information obtained by the Parole Board of Canada, Correction Service Canada, or other federal departments or agencies. I also consent to the Department of Justice Canada sharing information or documents related to this application with the Parole Board of Canada or other federal departments or agencies, as necessary, for the purpose of processing the application. Such documents may include my personal records or data which relate to the application.</p> <p>I hereby declare that, to the best of my knowledge and belief, the information given below is true and complete.</p>			
_____ Signature of applicant		_____ Date	

**Note:** Air or Train fares are for economy or coach. Government of Canada Travel guidelines establish maximum amounts for meals. Meals paid depending on the time of departure from home and arrival back home. For refund of child care/dependent care, \$75/day with a receipt, \$35/day without a receipt. You will need to submit receipts after the hearing has taken place.

For assistance call 1-866-544-1007 or locally at 613-946-1077, by fax at 613-954-4893, by email at [victimparole-audiencevictime@justice.gc.ca](mailto:victimparole-audiencevictime@justice.gc.ca) or consult our website at [www.justice.gc.ca/eng/cj-jp/victims-victimes/fun-fin2.html](http://www.justice.gc.ca/eng/cj-jp/victims-victimes/fun-fin2.html).