



## APPLICATION FORM

Having read the leaflet on the Prisoner Release Victim Information Scheme I would like to apply to receive information about a prisoner.

### MY DETAILS

NAME:

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NUMBER:

IF NOT VICTIM PLEASE STATE RELATIONSHIP TO VICTIM:

I wish to receive the following information (please tick all that apply):

FINAL DISCHARGE DETAILS

TEMPORARY RELEASE DETAILS

If you were contacted by the police on behalf of the Prisoner Release Victim Information Unit about this scheme you are not required to complete the next section on Details of Offence. Instead please quote the case reference number which can be obtained from the PSNI correspondence.

CASE REFERENCE:

SIGNED:

DATE:

### DETAILS OF OFFENCE

To help us identify your case please give us as much details about the offence as possible. Relevant information would be name of offender (if known), date of offence, location of offence and nature of offence

You may wish to have someone act or receive information on your behalf. If so, please provide the following details:

### DETAILS OF REPRESENTATIVE

NAME:

ORGANISATION: (if applicable)

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NUMBER:

I consent to the above named person acting and receiving information on my behalf.

SIGNED:

DATE:

WHEN COMPLETED PLEASE E-MAIL FORM TO: [niprvis@dojni.x.gsi.gov.uk](mailto:niprvis@dojni.x.gsi.gov.uk)