

Youth Justice Victim Registration Form (multiple offenders)



Government
of South Australia

Department of Human Services

The information requested on this form will be used to assist the Department for Human Services Youth Justice to confirm your registration details. This information will be treated in the **strictest of confidence**. Under no circumstances will your registration details be released to the offenders.

Please attach copies of any documentation that will assist in confirming your application details.

If you are applying for information about a single offender, do not proceed with this form. Complete *Youth Justice Registration Form (single offender)*.

Applicant Details

Given name: Family name:

Date of birth:/...../..... Male Female Other

I identify as an Aboriginal person Yes No

I identify as a Torres Strait Islander person Yes No

I need an interpreter for this language (None)

Name at time of offence (if different to above):

Given name: Family name:

Current Home Address:

.....

Postal Address: Same as Home

.....

Contact Numbers: Mobile:..... Home.....

Email:

Preferred contact method: Phone Text Post Email Other

How did you first hear that you could apply as a registered victim with DHS?

DPP/Witness Assistance Service Police (SAPOL) DHS

Victim Support Service Other

If applicant is under 18, complete the following

Name of Parent/Guardian/Representative:

Relationship to victim:

Home Address:

.....

Postal Address: Same as Home

.....

Contact Numbers: Mobile:..... Home.....

Email:

If the victim is deceased or incapacitated, complete the following

Given name: Family name:

Relationship to the victim:

Offender 1 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

.....

Police Incident Report Number (if known) Date sentenced:/...../.....

Information Requested

Tick the boxes below to tell us the information you would like to receive.

Under Section 51 of the *Youth Justice Administration Act 2016*, an eligible person (that is, a registered victim) can receive the following information:

- a) The name and address of the place where the young person is being held in custody
- b) Details of any transfer of the young person from one custodial location to another
- c) Details of the sentence or sentences that the young person is serving

- d) The date and the details regarding, of when the young person who was, is or may be, released from custody for any reason
- e) Details of any escape from custody by the young person.

Offender 2 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

.....

Police Incident Report Number (if known) Date sentenced:/...../.....

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- d) The date and the details regarding, of when the young person who was, is or may be, released from custody for any reason
- e) Details of any escape from custody by the young person.

Offender 3 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Offender 4 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Offender 5 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Offender 6 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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- e) Details of any escape from custody by the young person.

Offender 7 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Offender 8 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

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Offender's Sentence (Home Detention, Detention or Imprisonment):

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Offender 9 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

.....

Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Offender 10 Details

Offender's given name: Family name:

Did you know the offender before the offence took place? Yes No

If yes, what was the relationship? (for example, friend, acquaintance, relative, work mate)

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Offender's Sentence (Home Detention, Detention or Imprisonment):

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Police Incident Report Number (if known) Date sentenced:/...../.....

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Training Centre Review Board

- Tick this box if you would like to be invited to provide information to the Training Centre Review Board in any of their proceedings involving the offender.

Naming an Alternative Contact Person

You may choose to name someone we can contact if we cannot contact you. We suggest that you name a person who is aware of your situation as a victim of crime, who is supportive, and is a person you trust to receive information on your behalf (for example, a relative or close friend).

If you would like to name an alternative contact person, make sure that you:

- sign the *Consent to Release the Information Authority* below
- use the check boxes to tell us which information you consent to be released to that person
- provide the alternative contact person's details below, and,
- get their signed consent to receive information on your behalf.

Consent to Release Information Authority

I, (your name)....., authorise the Victims Registrar, DHS to contact and release information to the person I have named below.

Tell us the information you would like released

I hereby consent to my alternative contact person receiving the following information on my behalf:

- The name and address of the place where the young person is being held in custody
- Details of any transfer of the young person from one custodial location to another
- Details of the sentence or sentences that the young person is serving
- The date and the details regarding, of when the young person who was, is, or may be released from custody for any reason
- Details of any escape from custody by the young person.

Alternative Contact Person Details

Given name: Family name:

Home Address:

.....

Postal Address: Same as Home

Contact Numbers: Mobile:..... Home

Email:

Relationship to you:

Signature by Alternative Contact Person

I consent to being the alternative contact person.

Signed:..... Date:/...../.....

Signature by Applicant for Victim Registration

Signed:..... Date:/...../.....

PRINT name in full:

If applicant is under 18, complete the following

Signed by Parent/Guardian:..... Date:/...../.....

PRINT name in full:

Privacy Statement

In submitting this form, I agree to my details being used for the purposes of Victim Registration data collection. The information will only be accessed by necessary DHS staff. I understand my data will be held securely and will not be distributed to third parties, and in accordance with DHS' Privacy Policy, Youth Justice will treat any personal information provided by me as confidential and only for the purposes indicated above.

I have a right to change or access my information. I understand that when this information is no longer required for this purpose, official DHS procedure will be followed to dispose of my data.

Return your completed and signed application to:

Youth Justice Victims Registrar, Department for Human Services
GPO Box 292, Adelaide SA 5001

Questions: phone (08) 8415 4138 or email youthjusticevictimregistration@sa.gov.au