

This section must be completed:

I _____ request that my details be entered onto the Victim Information Register operated by the Department of Communities. I understand that my details will be kept on the register until either I notify the Department of Communities in writing that I wish my details to be removed or the court order to which the young person is subject expires.

I understand and accept that the information supplied through the register is confidential.

I agree not to publicly release any information supplied to me by the register.

I agree not to use any information supplied to me by the register for any unlawful purpose which could cause harm or detriment to any person.

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

Signature: _____

Date: _____

Please enclose, before adhesion, a **photocopy** of a document in order for your signature to be verified, eg driver's licence or passport.

Do not send original documents.

No stamp required
if posted in Australia



Reply Paid 899
The Victim Information Register Officer
Statewide Quality Service Team — Youth Justice
Department of Communities
PO Box 899
Lutwyche Qld 4030



Queensland Government
Department of Communities