

People I want to receive information

I request the ODPD to provide the following people/support organisations with updates about my matter.

Support organisations

Please tick if you would like the following support organisation(s) to receive information about your matter.

- Victim Assist Queensland**
Provides access to financial assistance and specialised support services
- Protect All Children Today ('PACT')**
Provides court support for children required to give evidence in court
- Court Network**
Provides court support for adults required to give evidence in **Brisbane, Cairns, Ipswich and Townsville** courts only
- Queensland Homicide Victims' Support Group**
Provides support for relatives and friends of victims of homicide
- WWILD Sexual Violence Prevention Association**
Provides counselling and support for people with intellectual and learning disabilities who have been victims of sexual violence
- Queensland Health Victim Support Service (QHVSS)**
Provides specialised counselling, support and information to victims of crime when the person charged has been assessed as having a mental illness or intellectual disability.
- Other**

Name of organisation			
Contact	<i>Name (if known)</i>	<i>Phone</i>	
Postal address	<i>Address Line 1</i>		
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>

Individuals

Add the details of family members or friends if you would like them to receive information about your matter.

Name		Relationship to victim	
Postal address	<i>Address Line 1</i>		Email
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
			Phone

Name		Relationship to victim	
Postal address	<i>Address Line 1</i>		Email
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
			Phone

Please sign this form and return it in the reply paid envelope provided or scan and email it to ODPPVLOSsheehy@justice.qld.gov.au.

I understand that if I choose not to disclose my postal address or fail to advise my victim liaison officer of a change of address, the Victim Liaison Service will not be able to provide a full service and keep me updated in relation to my matter.

Signature		Date	
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