



FD ____ - ____ - ____

Confidential Information Sheet - Applicant Pursuant to Section 13(1) *Intimate Partner Violence Intervention Act of New Brunswick*

(Personal information that must not be disclosed to the respondent or to the public)

For safety reasons, the applicant does not wish to share their current address with the respondent? Yes No

Date form completed _____ (dd/mm/yyyy)

Applicant's full legal name			
Gender		Date of birth (dd/mm/yyyy)	
Address (mailing)			
Address (physical - for personal service of documents)			
Temporary address			
Telephone - home		Telephone - cell	
Telephone - work		Fax number of applicant - if any	
Email address of applicant			
Telephone - other safe contact numbers			
Please send all documentation to the applicant at			

Child's full legal name (First - Middle - Last)	Child's date of birth (dd/mm/yyyy)	Applicant's relationship to the child (i.e. mother, father)	Respondent's relationship to the child (e.g. mother, father)	Child currently resides with

Other individuals subject to the Emergency Intervention Order

Name First - Middle - Last	Date of birth (dd/mm/yyyy)	Address	Phone

Voluntary Aboriginal Identity Question *

Does the applicant self-identify as an Aboriginal person in Canada (i.e., status or non-status First Nation, Métis or Inuit)?

Yes No

If not, does the applicant identify with another aboriginal group? Yes No

* **The applicant is not** obligated to respond to this aboriginal identity question; it is a choice to respond. The applicant may **self-identify** as being an Aboriginal person, regardless of legal status under the *Indian Act*; no proof of ancestry or belonging to a band is necessary. The purpose of collecting this information is for research and program planning purposes, as Aboriginal people in New Brunswick have unique civil justice needs. The aggregate information from this question may be reported in annual reports, government presentations and ad hoc queries for government program planning and research purposes. No individual names or personal identification will be disclosed in these reports. People who will have access to the applicant's responses to this question in this document may include employees with the Department of Justice and Public Safety including but not limited to: court staff, program administrators, policy advisors, project managers and their immediate supervisors. This Confidential information Sheet will be stored in an envelope marked 'confidential' in the applicant's court file. The aggregate responses will be stored in a secure Government of New Brunswick electronic folder with restricted access to specified employees within the Department of Justice and Public Safety. If the applicant has any questions about the purpose of asking this question, the applicant may contact the Department of Justice and Public Safety at 506-462-5100.

I/ the applicant, received help completing this application form from the following designated assister:

Name of person	
Agency / Organization	
Category	<input type="checkbox"/> Municipal Police <input type="checkbox"/> RCMP <input type="checkbox"/> Social Worker, Department of Social Development <input type="checkbox"/> Transition House Intervener <input type="checkbox"/> Second Stage Housing Intervener <input type="checkbox"/> Domestic Violence Outreach <input type="checkbox"/> Victim Services Co-Ordinator DPS <input type="checkbox"/> Victim/Witness (police based)