

Interpersonal Violence Disclosure (Clare's Law) Application

Before you Begin

Clare's Law applications are made in accordance with the **Interpersonal Violence Disclosure Protocol Act**. Information regarding Clare's Law, application eligibility, and the application process can be found at www.gov.nl.ca/claresslaw.

The application will take approximately 15 - 20 minutes to complete. For safety reasons, please ensure you have adequate time and a safe space to complete the application. There is no fee associated with Clare's Law applications.

Third Party Applications

Applications can be made by a third party with the consent of the person at risk. Third party applicants must demonstrate proof of consent to police. Consent may be withdrawn by the Person at Risk at any time during the application process. Even if an application is made by a third party, the person at risk will be required to meet with police for disclosure of information.

Applications can also be made by a parent or guardian of someone under 16 who is at risk of interpersonal violence, or a parent or guardian of someone who has been determined by a court to lack capacity. In these circumstances, additional supporting documentation may be required.

Important Information

Applications will be processed by the Royal Newfoundland Constabulary (RNC) or the Royal Canadian Mounted Police (RCMP), depending on where the person at risk resides.

Application processing times may vary depending on a variety of factors, including the complexity of the application and information available to police. Applicants will be contacted directly by police as the application is being processed. For inquiries related to your application, please contact:

RNC: claresslaw@rnc.gov.nl.ca

RCMP: BdivSpecialVictimSection-UniteSpecialiseePourVictimes@rcmp-grc.gc.ca

Please note that if a crime is reported or the police become aware of outstanding warrants, the police have a duty to respond and conduct an investigation in line with standard operating procedures. Police also maintain a duty to report as required under the **Children, Youth and Families Act**.

If you or someone you know are in immediate danger please call 911.

Privacy and Confidentiality Notice

Personal information on this form is collected in accordance with the **Interpersonal Violence Disclosure Protocol Act** and will be used for:

- verifying identities
- confirming eligibility for Clare's Law
- identifying/preventing program misuse
- conducting a risk assessment
- establishing the context of the intimate partner relationship
- providing disclosure

Personal information collected by the Government of Newfoundland and Labrador is protected in accordance with Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. Questions about the collection or use of this information can be directed to the Department of Justice and Public Safety's Access to Information Coordinator at ATIPPJPS@gov.nl.ca or 709-729-0840.

Support Person

A Support Person is an individual who is enabled to assist a person at risk in making an application

Are you, or the person you are concerned about, in immediate danger?

☐ No ☐ Yes ☐ I Don't Know

Intimate Partner Violence is a crime - Call 911 if you or someone you know is in immediate danger. Call or text the Domestic Violence Help Line at 1-888-709-7090 to get help anonymously.

Application Information

Are you making this application for someone else?

☐ Yes ☐ No

In what capacity are you making this application? (if applying for someone else)

- | | |
|---|---|
| <input type="checkbox"/> Parent or guardian of a person under 16 years old | <input type="checkbox"/> Registered Social Worker |
| <input type="checkbox"/> Legal guardian of a person who lacks capacity | <input type="checkbox"/> Medical Practitioner |
| <input type="checkbox"/> Representative of an organization that supports people at risk | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Representative of an Indigenous Government or Organization | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Lawyer |

Do you have the consent of the person you are applying on behalf of?

☐ Yes ☐ No

Consent is required to act on behalf of a person at risk. Police will contact you to verify consent. Consent may be withdrawn by the Person at Risk at anytime during this process.

Third Party Information (proceed to next section if you are applying for yourself)

Name

First

Middle

Last

Date of Birth

Month

Day

Year

Address

Street/P.O. Box

City/Town

Province

Postal Code

Contact

Phone

Email

What is the best way to contact you?

☐ Phone

☐ Email

Person at Risk

A Person at Risk is an individual who is a current or former member of an intimate partner relationship who is at risk of experiencing violence.

Person at Risk Information

Name

First Middle Last

Date of Birth Other Name(s)

Month Day Year For example: Maiden Name, Nickname(s), etc.

Gender Identity ☐ Woman ☐ Prefer not to Answer/I Don't Know Sex at Birth ☐ Woman

☐ Man ☐ Non-Binary/Gender Diverse ☐ Man ☐ Prefer not to Answer/I Don't Know

Address

Street/P.O. Box City/Town Province Postal Code

Contact

Phone Email

Is it safe to call this number? ☐ Yes ☐ No Is it safe to leave a voice message? ☐ Yes ☐ No Is it safe to email? ☐ Yes ☐ No

If there is an alternate phone number that is safer (e.g. work), please provide it

What is the safest way to contact you? ☐ Phone ☐ Email What is the safest time between Monday to Friday to contact you? (Select all that apply) ☐ AM 8-12 ☐ PM 12-5

Relationship Information

Are you applying about a current or past relationship? ☐ Current ☐ Past

Have you, or the person you are applying on behalf of, physically met the Person of Disclosure? ☐ Yes ☐ No

Do you, or the person you are applying on behalf of, currently live with the Person of Disclosure? ☐ Yes ☐ No

Do you, or the person you are applying on behalf of, have child(ren) with the Person of Disclosure? ☐ Yes ☐ No

Length of Relationship ☐ 0-2 Weeks ☐ 2-6 Weeks ☐ 6 Weeks-6 Months ☐ 6 Months-1 Year ☐ 1 Year +

Level of concern that the person of disclosure will cause harm to you or the person you are applying on behalf of:

☐ Little to No Concern ☐ Somewhat Concerned ☐ Moderately Concerned ☐ Very Concerned

Please detail your concerns about the Person of Disclosure and the relationship:

Person of Disclosure

The person of disclosure is the individual whose information is disclosed to a person at risk through either “Right to Ask” or “Right to Know.” This information is being collected in order to verify identity and ensure thorough record searches to inform risk level. **The Person of Disclosure will not be contacted at any point during this process.**

Person of Disclosure Information

Name _____
 First Middle Last

Date of Birth (If known) _____ Estimated Age Range (If date of birth unknown) _____
 Month Day Year

Other Names _____
 For example: Maiden Name, Nickname(s), etc.

Gender Identity ☐ Woman ☐ Prefer not to Answer/ Sex at Birth ☐ Woman
☐ Man I Don't Know ☐ Man
☐ Non-Binary/Gender Diverse ☐ Prefer not to Answer/I Don't Know

Address _____
 Street/P.O. Box City/Town Province Postal Code

Contact _____
 Phone Email

Previous Address (If known) _____
 Street/P.O. Box City/Town Province Postal Code

Licence Plate (If known) _____ Vehicle Information (if known) _____
 Make Model Colour

Is there any other information that would help confirm the identity of the Person of Disclosure? Please include if possible: tattoos, occupation, approximate height and weight, eye color, hair color, piercings, scars and social media profiles

Acknowledgment

1. I have read and understand the information provided at the start of this application.
2. The information I have given in this application is truthful, complete and correct.
3. I understand that any false statements may result in the discontinuation of the application process.
4. I understand that if police cannot verify identity, determine eligibility, or establish the consent of the person at risk (third party applications), the application process will be discontinued.
5. I understand that decisions to discontinue an application rest with the police of jurisdiction. Discontinuation of an application does not mean that risk is not present.
6. I understand that the information I have provided is protected under federal and provincial privacy legislations.

Signature

Date