



# Application for an Adult Abuse Registry Check by a Designated Officer

Application pursuant to Section 41(2) of *The Adult Abuse Registry Act* for access to the Adult Abuse Registry

## Information and Results

### SECTION A — Access by a DESIGNATED OFFICER

#### A-1 Applicant's Mailing Label. Please print all information clearly.

Department Name:		
Division / Branch:		
Title:		
Address:		
City	Province	Postal Code

#### A-2 Purpose of Registry Check: (You must check box below to confirm purpose of Registry check)

To assist the designated officer in carrying out the officer's duties.

#### A-3 Designated Officer Authorization:

I hereby authorize the Registrar of the Adult Abuse Registry to search the Adult Abuse Registry to determine if the name of the subject below is listed on the Registry, and I further authorize and consent to the release of this information in writing, to the peace officer/office/detachment identified in A-1.

Signature of Designated Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please PRINT your name: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B — SUBJECT'S INFORMATION (to be completed by Designated Officer) (PLEASE PRINT CLEARLY)

**B-1** Name: \_\_\_\_\_  
Surname Given Name Middle Name

Previous and Other Names:

a) Maiden Name: \_\_\_\_\_ b) Legal Name Change: \_\_\_\_\_

c) Also Known As: \_\_\_\_\_ d) Other Names Known by: \_\_\_\_\_

**B-2** Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **B-3** Male  Female

**B-4** Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**B-5** Previous addresses for a minimum of 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### B-6 IDENTIFICATION OF SUBJECT (if known):

SIN No. \_\_\_\_\_ MHSC No. (6 digit) \_\_\_\_\_

Band and Status No. \_\_\_\_\_ Driver's Licence: \_\_\_\_\_

Other (please identify) \_\_\_\_\_

### SECTION C — ADULT ABUSE REGISTRY RESULTS (to be completed by the Registrar of the Adult Abuse Registry) Office Use Only

This is to certify that as of the date indicated in this section, the Subject:

**IS NOT** listed on the Adult Abuse Registry  DATE: \_\_\_\_\_

**IS LISTED** on the Adult Abuse Registry  \_\_\_\_\_  
Registrar, Adult Abuse Registry or Designate

**Note:** The name of a young offender (under 18) may not appear on the Adult Abuse Registry due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose any information provided in Section B or C except for the purpose specified in A-2.





# Instructions for Completing the Application for an Adult Abuse Registry Check by a Designated Officer

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## IMPORTANT INFORMATION

If you require this check **immediately**, contact the Adult Abuse Registrar by telephone at (204)945-4934.

Please keep the ORIGINAL application form provided to your office to make photocopies when required.

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### **SECTION A: ACCESS BY A DESIGNATED OFFICER**

#### **A-1 Applicant's Mailing Label**

Please print clearly, as this will be used as the mailing label to return the completed Adult Abuse Registry check.

#### **A-2 Purpose of Registry Check**

An Adult Abuse Registry check can only be requested by a designated officer to carry out his/her duties.

If this is the reason for the check, please complete sections A and B of the Application.

However, if an Adult Abuse Registry check is required by an individual in your community for **employment purposes**, then the Designated Officer Application **cannot** be used according to legislation.

Please note when a person is applying for employment, WRITTEN CONSENT by the individual is required to do an Adult Abuse Registry check.

Please refer individuals seeking employment checks to the Adult Abuse Registry Unit at (204)945-4934 to obtain the proper application.

#### **A-3 Designated Officer Authorization**

The Designated Officer requesting an Adult Abuse Registry check must ensure that his/her printed name, signature, date, and telephone number on the application is printed clearly and is legible.

### **SECTION B: SUBJECT'S INFORMATION**

**B-1-7** The Designated Officer completes Section B with as much identifying information on the Subject as possible. This assists the Adult Abuse Registry to do a more accurate check.

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#### **PLEASE NOTE:**

*The Adult Abuse Registry Act*, Section 36(1), states: "A designated officer must report to the registrar, for entry in the registry, the name of a person who has abused or neglected a specified adult and the details of the offence, in accordance with the regulations, if the designated officer has information that:

- (a) the person, in a court in Manitoba, was found guilty of, or pleaded guilty to an offence involving abuse or neglect of a specified adult; or
- (b) the person is, or is likely to be, present in Manitoba and the person, in a court outside Manitoba, was found guilty of, or pleaded guilty to an offence involving the abuse or neglect of a specified adult."

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**Completed Designated Officer Applications may be faxed to the attention of the Adult Abuse Registrar at  
(204) 948-3388**