



# Application form for individuals

Surname of victim \_\_\_\_\_ First *and/or* other names of victim \_\_\_\_\_

Any names by which the victim is commonly known can be given here

Date of birth *or* age \_\_\_\_\_ Gender \_\_\_\_\_ Victim application number \_\_\_/\_\_\_/\_\_\_

In case the applicant does not know their date of birth, approximate age can be given

If previously applied, please give the application number

Nationality \_\_\_\_\_ Ethnic group \_\_\_\_\_

## 1. What process is the victim applying for?

Please tick both boxes if you want to participate in the proceedings as well as reparations in case of a conviction

PARTICIPATION

REPARATIONS (*in case of a conviction*)\*

## 2. What happened to the victim? Describe the events in as much detail as possible

This includes any **crime that may have been committed against family members of the victim and as a result of which the victim suffered harm**. If you do not have enough space to fully describe what happened to you, you may use a separate piece of paper on which you shall append your name and signature

3. When did these event(s) occur? \_\_\_\_\_

4. Where did these event(s) occur? \_\_\_\_\_

5. Who does the victim believe is responsible for these event(s)? \_\_\_\_\_

6. What personal harm did the events cause to the victim? *Proof of harm should be provided if possible* \_\_\_\_\_

To be completed only if a person is acting on behalf of the victim:

Victim is a child

Victim is a person with a disability

Victim is an adult and gives consent for someone to act on their behalf

Relationship to victim \_\_\_\_\_

Please provide with this application copies of proof of identity of the person acting on behalf of the victim and a copy of proof of their kinship

Consenting victim must sign below or attach a declaration - please see instructions

Details of person acting on behalf of victim:

Surname \_\_\_\_\_ First name \_\_\_\_\_ Date of birth/age \_\_\_\_\_

Signature of person acting on behalf of victim \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

In submitting this application the victim acknowledges with the signature that the information contained herein is accurate to the best of the victim's knowledge and should be considered for the truth of its content

Signature of victim \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

DOES THE VICTIM CONSENT TO PROVIDING THE PERSONAL INFORMATION CONTAINED IN THIS APPLICATION FORM TO THE ICC'S TRUST FUND FOR VICTIMS (TFV)?

YES  NO

\*In case of a conviction, reparations may be dispersed through the ICC's TFV

**Personal information**

7. If applicable, why does the victim want to participate in the ICC proceedings? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Does the victim have reasons to be concerned about security, including that of his/her family, as a result of interaction with the ICC?  
 Yes     No    *If yes, please explain* \_\_\_\_\_  
 \_\_\_\_\_
9. Victim's marital status \_\_\_\_\_
10. I] Number of children the victim has \_\_\_\_\_  
 II] Total number of dependents the victim has \_\_\_\_\_
11. Specify disabilities the victim has, if any \_\_\_\_\_
12. Specify language(s) spoken by the victim \_\_\_\_\_
13. Specify occupation the victim has, if any \_\_\_\_\_

**14. LEGAL REPRESENTATION:**

- I] Has the victim chosen a lawyer to represent him or her in the proceedings before the ICC?     Yes     No  
*If yes, please provide the name and contact details of the lawyer* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- II] Does the victim have financial resources to pay for a lawyer?     Yes     No
- III] Does the victim have concerns being represented by a lawyer/legal team that also represents other victims in the proceedings?  
 Yes     No    *If yes, please explain* \_\_\_\_\_  
 \_\_\_\_\_
- IV] Characteristics and qualities that the victim considers necessary in a lawyer representing them in the proceedings  
 \_\_\_\_\_  
 \_\_\_\_\_
- V] If the victim is unrepresented:
- a) Does the victim wish to be represented by a lawyer from the Office of Public Counsel for Victims at the ICC (*an independent office of lawyers within the ICC, representing victims in proceedings*)  
 Yes     No
- b) Does the victim wish to choose a lawyer from the ICC List of Counsel  
 Yes     No

THIS FORM AND THE APPLICATION PROCESS ARE FREE OF CHARGE - THE ICC DOES NOT CHARGE FOR ANY STAGE OF PROCEEDINGS

CONTACT INFORMATION OF THE VICTIM:

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number(s) or other ways to contact the victim \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Name of interpreter, if any \_\_\_\_\_

Contact information of the person or organization who assisted in filling in this form *(if applicable)*:

Surname \_\_\_\_\_ First name \_\_\_\_\_

Name of the organization *(if applicable)* \_\_\_\_\_

Phone number(s) and email *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following documents should be attached to this application form, as applicable. Please tick the boxes of all documents included with this application:**

- Copy of proof of identity of the victim
- Copy of proof of identity of the person acting on behalf of the victim
- Declaration giving consent for someone to act on behalf of the adult victim
- Copy of proof of kinship
- Copy of medical records or other documentation that prove the personal harm suffered by the victim, including names and contacts of individuals who could corroborate the victim's reparation claims *(if relevant and immediately available at no cost to the victim)*