



**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

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)