

Victim Representation Form

This template may be used by victims or persons/organizations representing victims who suffered harm as a result of alleged crimes within the jurisdiction of the International Criminal Court committed in the context of the “War on Drugs” campaign on the territory of the Philippines between 1 November 2011 and 16 March 2019, including the crimes against humanity of murder, torture or other inhumane acts, as well as any other crimes which are sufficiently linked to these events (as set out in the ICC Office of the Prosecutor’s [Request for Authorisation of an Investigation Pursuant to Article 15 of the Rome Statute](#)).

N.B. The current form shall inform the Judges of victims’ views and concerns regarding a potential investigation by the ICC Prosecutor. This form is not an application form for victims’ participation in potential future judicial proceedings against one or more accused persons as a possible result of investigations.

Should the Judges authorize the opening of an investigation, victims may be able at a later stage to apply for participation in potential judicial proceedings. In the context of such judicial proceedings, victims will also be entitled to request reparation.



INDIVIDUAL REPRESENTATION



COLLECTIVE REPRESENTATION

An individual representation can be submitted either by:

- * a direct or indirect victim who refers exclusively to the harm he/she suffered, OR
- * a representative on behalf of only one victim

1. First name(s) of victim(s)

Surname(s) of victim(s)

Fill in Question 1 if you are:

- * an individual victim making a representation on your own behalf, OR
- * a representative submitting the representation for a victim or victims who are willing to reveal name(s)

2. First name of person representing victim(s)

Surname of person representing victim(s)

OR name of organization representing victim(s)

Fill in if you are:

* a person/organization representing a victim or a group of victim(s), OR

* an individual victim can also act as the representative of other family members who suffered harm as a result of similar acts

3. If a collective representation, for how many victims is this form submitted?

Please provide the **exact** number of victims on behalf of whom the representation is submitted. If you can only provide an approximate number, please write down that number and give an explanation.

4. If you are a person/organization representing victim(s), are you acting with the consent of all victims represented in this form?

Yes

No

If no, please explain:

5. If you are a person/organization representing victim(s) briefly describe your relationship to the victim(s)

Family member:

Community relationship:

NGO/Civil society representative:

Lawyer:

Other:

Please provide a description of your relationship to the victim(s) on behalf of whom this representation is made, include details of, for instance:

* how you contacted the victims

* your communication channels (e.g. a lawyer in direct communication with victims; an NGO that has been implementing projects in the Philippines and is a trusted community partner)

6. If available, please provide the following information about the victim(s) submitting this representation:

* For individual representations, please provide all the details requested.

* For collective representations, please include, to the extent possible, a breakdown of the information requested that corresponds to the number of victims provided in Question 3.

Gender:

Date of birth/age:

0-18 years old - how many?

18-55 years old - how many?

55+ years old - how many?

Nationality(ies)/ethnic group(s):

Language(s):

Current residence:

7. What happened to the victim(s)? Who does the victim(s) believe to be responsible for the harm suffered?

Please describe how the events took place, in as much detail as possible, e.g. who was the victim and how the crime/harm was carried out, as well as any other relevant circumstances

8. Where did the event(s) occur?

Please include all **locations where events took place** (if reference to multiple events is made).

9. When did the event(s) occur?

Please provide **dates for all relevant events** included in Question 7.

10. What harm did the victim(s) suffer as a result of the event(s)?

11. Do the victim(s) want the ICC Prosecutor to investigate the alleged crimes?

Yes

No

12. If the victim(s) answered “yes” to Question 11, why do victim(s) want an investigation by the ICC and what do the victim(s) think the investigation should include? (time period, location(s), crimes)?

13. If the victim(s) answered “no” to Question 11, please provide reasons why the victim(s) do not want the investigation.

[Redacted area]

14. Do the victim(s) have any additional views or concerns that they want to inform the ICC Judges about?

[Redacted area]

15. Contact information of the person/organization submitting the form
Place of residence, telephone and email address, if available.

[Redacted area]

[Redacted area]

Signature of victim/representative of victim(s)

Date:

[Redacted area]

Location:

[Redacted area]

No additional documents are required for the representation to be considered complete. Should you, however, wish to provide additional documents connected to this representation, please send them together with the victim representation form to the following address: **International Criminal Court, Victims Participation and Reparations Section (VPRS), P.O. Box 19519, 2500 CM The Hague, The Netherlands**; or contact the VPRS via email at: VPRS.Information@icc-cpi.int