



# Application form for reparations for individual victims

(Form to be used at the reparations stage of the Ntaganda case)

1. Surname of victim \_\_\_\_\_

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

Provide first name and post-name as stated in the proof of identity.

2. Date of birth or age \_\_\_\_\_

Approximate age can be given if the victim does not know his/her/their date of birth.

3. Gender \_\_\_\_\_

4. Nationality \_\_\_\_\_

Ethnic group/tribe \_\_\_\_\_

5. Language(s) spoken by the victim \_\_\_\_\_

6. Marital status of the victim \_\_\_\_\_

If the victim is in a religious, civil or customary marriage, state "married".

7. Number of children of the victim \_\_\_\_\_

Number of dependents whom the victim is responsible for \_\_\_\_\_

8. Did the victim participate in the proceedings against Thomas Lubanga before the ICC?  Yes  No

If so, please provide the victim's reference number in the Thomas Lubanga case \_\_/\_\_\_\_\_/\_\_

Has the victim applied for reparations in the Thomas Lubanga case?  Yes  No

**9. Contact information of the victim:**

Postal Address \_\_\_\_\_

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

Email \_\_\_\_\_

**10. Alternative contact details (of, for example, a family member or close/trusted friend):**

Name \_\_\_\_\_

Contact details \_\_\_\_\_

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

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

**12. What happened to the victim? Describe the events in as much detail as possible.**

This also 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 the victim, please use an additional sheet and ensure that it includes the victim's name and signature.

Multiple horizontal dotted lines for writing the description of events.

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

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

**15. Whom does the victim believe is responsible for these event(s)?** \_\_\_\_\_

Multiple horizontal dotted lines for providing answers to questions 13, 14, and 15.

16. What type of personal harm has the victim suffered? *Please provide a detailed description of the harm and its impact on the individual, family and community.*

If you do not have enough space to fully describe the harm, please use an additional sheet and ensure that it includes the victim's name and signature.

**TYPES OF HARM**

**PHYSICAL HARM**

*Such harm may include pain, suffering and physical hurt caused by the harm suffered such as (chronic) pain, wounds, scars, amputation, loss of mobility, loss or impaired use of a limb or organ or impaired bodily function. Victims may have also contracted infections or diseases as a result of the harm suffered, resulting in e.g. loss of sight or hearing, or chronic conditions such as high blood pressure, diabetes, etc.*

**PSYCHOLOGICAL HARM**

*Such harm may include anguish, anxiety, anger, sadness, fear, low self-esteem, vulnerability, shame, isolation, nightmares, aggression, estrangement from relatives, sleeping or eating disorders, alcohol or drug addiction, memory loss, inability to concentrate, depression, loss of mobility, etc.*

**MATERIAL HARM**

*Such harm may include damage to or loss or destruction of the victim's home(s), assets or other property including land, business, money, animals, crops, merchandise, household goods, clothing, cars, boats, motorbikes, utensils or tools. It can also include loss of main source of income or revenue or the loss of other support connected to livelihood, such as loss of a breadwinner or the ability to earn a living, etc.*

**HARM RESULTING FROM SEXUAL VIOLENCE**

*Such harm may include health issues arising from sexual violence, unwanted pregnancy, rejection by family and/or community, contracting HIV or other sexually transmitted infections, recurrent thoughts and images that make it difficult to lead a normal life, fear of repetition, stigmatization, feelings of shame or humiliation, etc.*

**OTHER HARM**

*The victim may have experienced other types of harm such as lost opportunities (business, economic, educational or family-related, etc.), stigmatization, break-up of the family unit, inability to work, displacement, gender-specific harm, parent-inherited trauma, etc.*

**DESCRIPTION**

Area with horizontal dashed lines for providing a detailed description of the harm.

**17.** Please list anyone, including from the family of the victim, who has suffered harm from the same event(s). Please do not list anyone who the victim knows does not wish to be contacted, or anyone who would be put at risk. *For any person whom the victim wishes to refer to the Victims Participation and Reparations Section, please state the person's names, contact details and relationship with the victim.*

<b>Surname, post-name and first name</b>	<b>Relationship with the victim (family member, neighbour, friend etc.)</b>	<b>Contact details (address, phone number, email address etc.)</b>

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18. In the event that the victim is awarded reparations, would the victim have reasons to be concerned about his/her/their security and that of his/her/their family?

For example, political and/or social pressure could be put on the victim if he/she/they is seen as collaborating with the ICC. The victim could also be affected by the jealousy of others were he/she/they to be awarded reparations.

Yes  No *If yes, please explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. If the victim wishes to express any other views and/or concerns to the ICC, please state them below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Legal Representation**

At the reparations stage of the *Ntaganda* case, lawyers from the Office of Public Counsel for the Victims (OPCV) represent the general interests of victims. A lawyer from OPCV may, among other things, assist those victims whom the Victims Participation and Reparations Section (VPRS) does not consider to be eligible for reparations. In that capacity, the lawyer may help them compile their dossiers and appeal against a decision by VPRS on ineligibility for reparations.

**By signing and submitting this application, the victim:**

- consents to the form and any other appended documentation being provided to the Trust Fund for Victims, which is in charge of the implementation of reparations in the *Ntaganda* case;
- consents to the form and any other appended documentation being provided to a lawyer from the Office of Public Counsel for the Victims so that the lawyer can assist the victim with the application for reparations, if need be; and
- certifies that all of the information submitted is, to the victim’s knowledge, accurate and truthful.

\_\_\_\_\_  
*Signature of the victim* *Date* *Location*

\_\_\_\_\_  
*Signature of the person acting on behalf of the victim (if applicable)* *Date* *Location*

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

- Victim is a child (*under 18*)
- Victim is a person with a disability (*lacks the capacity to complete the form due to disability*)
- Victim is an adult and gives consent for someone to act on their behalf (*consenting victim must sign below or attach a declaration – please see instructions*)

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

Please include a copy of the proof of identity of the person acting on behalf of the victim and a copy of the proof of the person’s relationship to the victim.

**Details of person acting on behalf of victim:**

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

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

- Copy of proof of identity of the victim
- Copy of proof of identity of the person acting on behalf of the victim *(if applicable)*
- Declaration giving consent for someone to act on behalf of the adult victim *(if applicable)*
- Copy of proof of relationship to the victim *(if applicable)*

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

Surname ..... First name .....

Name of organization *(if applicable)* .....

Phone number(s) and email *(if applicable)* .....

Address .....

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