Application form for individuals

Surname of victim		First and/or other names of victi	im	
Please indicate the names as indicated on the victim's identity of	Jocument			
Date of birth <i>or</i> age		Gender	Victim application number//	
In case the applicant does not know their date of birth, approxi	mate 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 proceed	ings as well as reparations in case of a	conviction		
PARTICIPATION		REPARATIONS (in case	of a conviction)	
2. What happened to the victim? Describe	e the events in as much do	etail 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 you, you may use a separate piece of paper to complete your description on which you shall also append your name and signature				
2 14/1-2- 12-14-1-2-2-2-4/-)				
3. When did these event(s) occur?				
4. Where did these event(s) occur?				
5. Who does the victim believe is respons6. What type of personal harm has the vic				
Please provide a detailed description of the harm as well as th more than one box. If you do not have enough space to fully de				
TYPES OF HARM	DESCRIPTION			
PHYSICAL INJURIES				
Such as (chronic) pain, wounds, scars, amputation, loss or limited use of a limb, body organ or function. Victims				
may have also contracted infections or diseases as a result of the harm suffered. These may include loss of				
sight/hearing or sexually transmitted diseases, etc.				
PSYCHOLOGICAL HARM				
Such as anguish, anxiety, anger, sadness, fear, low self- esteem vulnerability, shame, isolation, nightmares,				
aggression or distance from relatives, sleeping or eating disorders, alcohol or drug addiction, complaints or concerns related to experiences of sexual violence,				
memory loss, lack of concentration, etc.				
LOSS OF OR DAMAGE TO PROPERTY				
Such as the loss, damage or destruction of the victims' home(s) or other property including land, business, money, animals, crops, merchandise, household goods, clothing, car, boat, motorbike, etc.				
OTHER HARM				
The victim may have experienced other types of harm such as loss of income or other support connected to livelihood,				
loss of financial provider, lost opportunities (business, economic, educational, familial, etc.), stigmatization, break up of family unit, inability to work, unwanted pregnancy,				
displacement, gender-specific harm, etc.				

Surname

Signature of person acting on behalf of the victim

7. In the event of a conviction (and if res	ources are available), what form of reparations would you like to claim?			
Please see the examples listed below for potential guidance. Yo	ou may indicate multiple examples of reparations. Reparations can only be awarded in the event of a conviction			
EXAMPLES OF REPARATIONS	DESCRIPTION			
FINANCIAL COMPENSATION Refers to monetary compensation for damages. This may include compensation for material, physical or psychological harm.				
RESTITUTION Refers to awards that seek to restore the victim to the place that they were in before the commission of crime(s). This may include the return to place of residence, the return/reconstruction of specific lost/destructed property, the reinstatement of previous employment, or the restoration of right (such as education support, etc.)				
REHABILITATION Refers to measures such as medical and psychological care for wounds, sickness, disease or any form of psychological harm. Also refers to legal and social services.				
OTHER FORM OF REPARATIONS May include any type of award the victim considers most appropriate to address and repair the harm suffered. This may include:, income generating activities, establishment of the truth, apologies, judicial and legal reforms, apologies, commemoration ceremonies, monuments, educational opportunities, guarantees of non-repetition (of crimes), peace initiatives. etc.				
DOES THE VICTIM CONSENT TO PROVIDING THE PERSONAL INFORMATION CONTAINED IN THIS APPLICATION FORM TO THE COURT'S TRUST FUND FOR VICTIMS? YES NO				
The Court may order the implementation of reparation measures.	es by the Trust Fund for Victims (TFV)			
To be completed <u>only</u> if a person is acting on b	nehalf 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	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:				

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 the victim/person acting on behalf of the victim

Date

Location

First name

Date

Date of birth/age

Location

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	Personal information				
8.	Why does the victim want to participate in the Court proceedings?				
9.	Does the victim have reasons to be concerned about security, including that of his/her family, as a result of interaction with the Court? Yes No If yes, please explain				
10	. Victim's marital status				
11	. I] Number of children the victim has				
	II] Total number of dependents the victim has				
12	. Specify disabilities the victim has, if any				
13	. Specify language(s) spoken by the victim				
14	. Specify occupation the victim has, if any				
I]	15. <u>LEGAL REPRESENTATION:</u> I] Has the victim chosen a lawyer to represent him or her in the proceedings before the Court? 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?				
111]	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 Court? (an independent office of lawyers within the Court, representing victims in proceedings) Yes No				
	b) Does the victim wish to choose a lawyer from the List of Counsel before the Court? Yes No				

CONTACT INFORMATION OF THE VICTIM:
Address ———————————————————————————————————
Phone number(s) or other ways to contact the victim
Priorie number(s) of 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
Audiess
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
\square 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 (<i>if relevant and immediately available at no cost to the victim</i>)