

# 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 type of personal harm has the victim suffered? \_\_\_\_\_

Please provide a **detailed description of the harm as well as the impact on the individual, family and community level**. If a box is ticked, the corresponding harm should be detailed in the description. You may tick more than one box. If you do not have enough space to fully describe the harm, you may use a separate piece of paper on which you shall append your name and signature

TYPES OF HARM	DESCRIPTION
<input type="checkbox"/> <b>PHYSICAL INJURIES</b> <i>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.</i>	
<input type="checkbox"/> <b>PSYCHOLOGICAL HARM</b> <i>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.</i>	
<input type="checkbox"/> <b>LOSS OF OR DAMAGE TO PROPERTY</b> <i>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.</i>	
<input type="checkbox"/> <b>OTHER HARM</b> <i>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.</i>	

7. In the event of a conviction (and if resources are available), what form of reparations would you like to claim?

Please see the examples listed below for potential guidance. You may indicate multiple examples of reparations. **Reparations can only be awarded in the event of a conviction**

EXAMPLES OF REPARATIONS	DESCRIPTION
<input type="checkbox"/> <b>FINANCIAL COMPENSATION</b> <i>Refers to monetary compensation for damages. This may include compensation for material, physical or psychological harm.</i>	
<input type="checkbox"/> <b>RESTITUTION</b> <i>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/destroyed property, the reinstatement of previous employment, or the restoration of right (such as education support, etc.)</i>	
<input type="checkbox"/> <b>REHABILITATION</b> <i>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.</i>	
<input type="checkbox"/> <b>OTHER FORM OF REPARATIONS</b> <i>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.</i>	

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

YES     NO

Reparations may be dispersed through the Court's Trust Fund for Victims (TFV)

*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 the 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 the victim/person acting on behalf of the victim                      Date                      Location

**Personal information**

8. If applicable, 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 \_\_\_\_\_

**15. LEGAL REPRESENTATION:**

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?  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 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 \_\_\_\_\_  
\_\_\_\_\_

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)*