THIS FORM SHOULD BE COMPLETED WITH THE ASSISTANCE OF INDIVIDUALS WHO HAVE BEEN TRAINED BY THE COURT

Application	form	for	individuals

All and a second	International Criminal Court Application form for individuals			
Surr	name of victim		First and/or other	r names of victim
Any	names by which the victim is commonly known can be gi	ven here		
	e of birth <i>or</i> age		Gender	Victim application number// If previously applied, please give the application number
Nati	ionality		Ethnic group	
1.	What process is the victim applying fo	r?		
Pleas	se tick both boxes if you want to participate in the proceed	dings as well as reparations in case of	f a conviction	
				ONS (in case of a conviction)
2.	What happened to the victim? Describ	be the events in as much	detail as possible	
	includes any crime that may have been committed agains you may use a separate piece of paper on which you shall		as a result of which the victim	n suffered harm. If you do not have enough space to fully describe what happened to
4. 5. 6. Pleas	What type of personal harm has the vi	sible for these event(s)? ictim suffered?	nd community level. If a box is	s ticked, the corresponding harm should be detailed in the description. You may tick
or i ma res	h as (chronic) pain, wounds, scars, amputation, loss limited use of a limb, body organ or function. Victims ay have also contracted infections or diseases as a sult of the harm suffered. These may include loss of ht/hearing or sexually transmitted diseases, etc.			
est ag dis cor me Su bo mo	PSYCHOLOGICAL HARM ch as anguish, anxiety, anger, sadness, fear, low self- teem vulnerability, shame, isolation, nightmares, gression or distance from relatives, sleeping or eating orders, alcohol or drug addiction, complaints or neems related to experiences of sexual violence, emory loss, lack of concentration, etc. LOSS OF OR DAMAGE TO PROPERTY ch as the loss, damage or destruction of the victims' me(s) or other property including land, business, oney, animals, crops, merchandise, household goods, othing, car, boat, motorbike, etc.			
as los ecc up	OTHER HARM e victim may have experienced other types of harm such loss of income or other support connected to livelihood, s of financial provider, lost opportunities (business, normic, educational, familial, etc.), stigmatization, break of family unit, inability to work, unwanted pregnancy, placement, gender-specific harm, etc.			

Cour Pénale Internationale

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
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.	
YES NO	PERSONAL INFORMATION CONTAINED IN THIS APPLICATION FORM TO THE COURT'S TRUST FUND FOR VICTIMS?
Reparations may be dispersed through the Court's Trust Fund for	or Victims (TFV)
To be completed <u>only</u> if a person is acting on b	ehalf of the victim:
 Victim is a child Victim is a person with a disability 	Relationship to victim

Reparations may be dispersed through the Court's Trust Fund for Victims (TFV)				
To be completed <u>only</u> if a person is acting on beha Victim is a child Victim is a person with a disability				
	Please provide with this application copies of	of proof of identity of the person acting on behalf of the victim and a copy of proof of their kinsh	nip	
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				
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 W	VITH THE SIGNATURE THAT THE INFORMATION CONTAINED	,	

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

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:		
11	Has the victim chosen a lawyer to represent him or her in the proceedings before the Court? Yes No		
	es, please provide the name and contact details of the lawyer		
., ,			
11]	Does the victim have financial resources to pay for a lawyer? Yes No		
-	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 applic	able):
Surname First na	me
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:

- \Box Copy of proof of identity of the victim
- \Box Copy of proof of identity of the person acting on behalf of the victim
- $\hfill\square$ 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 (*if relevant and immediately available at no cost to the victim*)