

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"/> FINANCIAL COMPENSATION <i>Refers to monetary compensation for damages. This may include compensation for material, physical or psychological harm.</i>	
<input type="checkbox"/> RESTITUTION <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"/> REHABILITATION <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"/> OTHER FORM OF REPARATIONS <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

The Court may order the implementation of reparation measures by the 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. 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)*