

## **Confidential Annex**

### **Registry's Draft Modified Standard Application Form**

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

THIS FORM AND THE APPLICATION PROCESS ARE FREE OF CHARGE - WE DO NOT CHARGE FOR ANY STAGE OF PROCEEDINGS



# 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: ☐ Female ☐ Male  
In case the applicant does not know their date of birth, approximate age can be given

Nationality:  Ethnic group:

Application number:   
If previously applied, please give the application number

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"/> <u>Physical injuries</u> 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.                                      | <input type="text" value="Click here to enter text."/> |
| <input type="checkbox"/> <u>Psychological harm</u> 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. | <input type="text" value="Click here to enter text."/> |

|                                                                                                                                                                                                                                                                                                                                                                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <input type="checkbox"/> <u>Loss of or damage to property</u> 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.                                                                                                    | Click here to enter text. |
| <input type="checkbox"/> <u>Other harm</u> the victim may have experienced 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. | Click here to enter text. |

### 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"/> <u>Financial compensation</u> refers to monetary compensation for damages. This may include compensation for material, physical or psychological harm.                                                                                                                                                                                                                                                        | Click here to enter text. |
| <input type="checkbox"/> <u>Restitution</u> 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.)                                               | Click here to enter text. |
| <input type="checkbox"/> <u>Rehabilitation</u> 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.                                                                                                                                                                                                                    | Click here to enter text. |
| <input type="checkbox"/> <u>Other form of reparations</u> 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. | Click here to enter text. |

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:

[Click here to enter text.](#)

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: [Click here to enter text.](#)

First name: [Click here to enter text.](#)

Date of birth/age: [Click here to enter a date.](#)

[Click here to enter text.](#)

IN SUBMITTING THIS APPLICATION THE VICTIM ACKNOWLEDGES BY WRITING THEIR NAME BELOW 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

Name of the victim/person  
acting on behalf of the victim:

[Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Location: [Click here to enter text.](#)

**Personal information**

8. If applicable, why does the victim want to participate in the Court proceedings?

[Click here to enter text.](#)

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:*

[Click here to enter text.](#)

10. Victim's marital status: [Choose marital status here.](#)

11. I] Number of children the victim has: [Click here to enter a number.](#)

II] Total number of dependents the victim has: [Click here to enter a number.](#)

12. Specify disabilities the victim has, if any: [Click here to enter text.](#)

13. Specify language(s) spoken by the victim: [Click here to enter text.](#)

14. Specify occupation the victim has, if any: [Click here to enter text.](#)

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:*

[Click here to enter text.](#)

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:*

[Click here to enter text.](#)

IV] Characteristics and qualities that the victim considers necessary in a lawyer representing them in the proceedings:

[Click here to enter text.](#)

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:**[Click here to enter text.](#)**Phone number(s) or other ways to contact the victim:**[Click here to enter text.](#)**Email:**[Click here to enter text.](#)**Name of interpreter, if any:**[Click here to enter text.](#)**CONTACT INFORMATION OF THE PERSON OR ORGANIZATION WHO ASSISTED IN FILLING IN THIS FORM (IF APPLICABLE):****Surname:**[Click here to enter text.](#)**First name:**[Click here to enter text.](#)**Name of the organization (if applicable):**[Click here to enter text.](#)**Phone number(s) and email (*if applicable*)**[Click here to enter text.](#)**Address:**[Click here to enter text.](#)

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)