



Application Form for Individuals

Request for Participation in Proceedings and Reparations at the ICC For Individual Victims

PART A

PERSONAL INFORMATION

1. Has the victim already submitted an application for participation or for reparations to the ICC? Yes No

2. If yes and the victim has a registration number, please indicate it here:

/ /

3. Name(s) of the victim:

Please give all names, as completely as possible

4. Sex: Female Male

5. Date of birth:

and / or Age
(day) (month) (year)

6. Place of birth:

(village/town) (country)

7. Number of dependants:

8. Tribe/ethnic group (optional):

9. Occupation (specify any work, duties):

Part A. If any of the information provided here is different from the information on your identity documents, please explain why next to your answer.

5. Where the victim's date of birth and age are unknown, please give approximate date or age or provide any information that will enable the age to be identified.

7. Indicate the number of people such as children, orphans or other family members who are dependant on the victim for financial or other support.

9. Please indicate what work the victim does, if any, or whether the victim is a student or unemployed.

10. What language(s) does the victim speak?

11. What proof of identity is the victim providing?

Please specify:

12. Where does the victim currently live?

Village/City/Town: _____

County/District/Province: _____

Country: _____

11. It is a requirement that the victim provide proof of identity. This can include, for example, national identity card, birth certificate, voting card, passport, driver's licence, student or employee card, letter from a local authority, camp registration card, card from a humanitarian agency, tax document or other document identifying the victim.

13. Is the victim applying on his/her own behalf?

Yes No

If **yes**, go to question 22.

13. Usually a victim will apply for him/herself. In some cases this is not possible, for example because the victim is a child or is disabled, deceased or disappeared. In such cases, another person may be permitted to act on behalf of the victim. The victim should consent to have another person act on his/her behalf if the victim is able to. If somebody is acting on behalf of the victim, then answer 'no' to question 13 and complete questions 14 to 21.

14. If no, what is the name of the person acting on behalf of the victim?

Please give all names, as completely as possible

15. Why is this person acting on behalf of the victim?

Please tick only one box

- a. The victim is a child under 18 years of age
- b. The victim is unable to act for him or herself because of disability
- c. The victim is an adult and gives his or her consent
- d. Any other reason? *Please specify as completely as possible*

16. What is the relationship between the victim and the person acting on behalf of the victim?

Proof of this relationship must be attached

16. Where answer a, b or d has been ticked in question 15, proof must be provided of the relationship between the victim and the person acting on behalf of the victim. See note 11 for examples of documents that might prove the relationship. If c is ticked, the victim must give his/her consent by signing at the end of this form.

17. Sex of the person acting on behalf of the victim:

Female Male

18. Date of birth of the person acting on behalf of the victim:

and/or Age
(day) (month) (year)

19. What language(s) does the person acting on behalf of the victim speak?

20. What proof of identity is the person acting on behalf of the victim providing?

Please specify:

21. Did the person acting on behalf of the victim also suffer harm as a result of the crimes?

Yes No

If yes, the person acting on behalf may complete his or her own standard application form.

22. How can the victim or the person acting on behalf of the victim be contacted?

Please fill in as much information as possible

Contact person / organisation: _____

Street: _____ Number/Plot: _____

P.O. Box: _____ Sector/Cell/Zone: _____

Village/City/Town/Camp: _____

Sub-county/Parish: _____

County/District/Province: _____

Postal Code: _____ Country: _____

Email: _____ Telephone Number(s): _____

23. Is somebody assisting the victim to fill in this form?

Yes No

24. If yes, what is that person's name and organisation (if any)?

(name)

(organisation)

20. See note to question 11.

22. This could be the victim's own address or the address of an organisation, a family member or other individual, if the victim prefers to be contacted through someone else.

PART C

INFORMATION ABOUT THE INJURY, LOSS OR HARM SUFFERED

30. What effect did the events have on the life of the victim and others around him/her?

Describe physical or mental injury, emotional suffering, harm to reputation, economic loss and / or damage to property or any other kind of harm

30. If the victim has documents demonstrating the harm he/she suffered, copies of these can be attached. This includes, for example, medical records or proof of economic loss or damage to property.

PART D

PARTICIPATION IN THE PROCEEDINGS

31. Does the victim want to present his/her views and concerns in ICC proceedings?

Yes No

32. If yes, why does the victim want to participate in the proceedings?

31. Usually a victim presents his/her views and concerns through a lawyer who represents the victim in The Hague. In a small number of cases there may be an opportunity for a victim to be involved in person, but this is not a requirement.

PART E

REPARATIONS

33. Would the victim like to apply for reparations?

i.e does the victim want something to be done for what he / she suffered?

Yes No

34. If yes, what would the victim want?

33/34. What is the victim expecting if the accused person is found guilty? Reparations can be anything which can help the victim to repair the harm suffered. This can include compensation, various forms of assistance, receiving back lost land or property, and / or symbolic or moral measures such as apologies and monuments. Please list any measures which the victim would like.

35. If reparations are ordered, who does the victim want the benefit to go to?

Tick more than one box, if necessary

- The victim
- The victim's family
- The victim's community (please specify the community) _____
- Other: _____

PART F

LEGAL REPRESENTATION

36. Does the victim have a lawyer? Yes No

37. If yes, please provide the lawyer's contact details:

Name: _____

Address: _____

Email: _____ Telephone number(s): _____

36. In order to represent victims before the ICC, a lawyer must be on the ICC list of counsel. Lawyers who are not on the list may apply for inclusion.

38. If the victim does not have a lawyer, would the victim like assistance from the ICC to find a lawyer? Yes No

39. Until the victim has a lawyer, would he/she like to be represented by the Court's lawyers for victims (the Office of Public Counsel for Victims)?

- Yes
- No

39. The OPCV is an independent office within the Court which looks after the legal interests of victims and which represents victims free of charge.

PART G

COMMUNICATION OF IDENTITY

Please note that the present application will be given to the defence (the accused person and his/her lawyers) and to the ICC Prosecutor. When this happens, the Judges may decide not to reveal the identity of the victim.

40. Would the victim have any reason to be concerned about his or her security, well-being, dignity or privacy or that of any other person if his or her identity were to be revealed to the defence or the ICC Prosecutor?

- Yes
- No

If yes, what are the reasons?

40. The victim may have concerns not only about physical danger but also about harm to his or her psychological well-being, reputation, privacy and/or dignity or those of his or her family. The identity of the victim will not be revealed to the public while the application is being considered. If the application is accepted, the victim may be asked again about disclosure of information.

PART H

SIGNATURES

SIGNATURE OF THE VICTIM

I hereby declare that:

- To the best of my knowledge and belief, the information I have given in the present Application Form is correct
- If I have named someone to act on my behalf in question 14 of this form, I hereby give my consent to that person to act on my behalf

Signature, thumbprint or other mark of the victim

Date: _____ Location: _____
(day) (month) (year)

SIGNATURE OF THE PERSON ACTING ON BEHALF OF THE VICTIM

I hereby declare that:

- To the best of my knowledge and belief, the information contained in this Application Form is correct

If the victim is acting on his/her own behalf and has answered "yes" to question 13 then there is no need to fill in this part.

Signature, thumbprint or other mark of the person acting on behalf of the victim

Date: _____ Location: _____
(day) (month) (year)

REMINDER :

THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THIS APPLICATION FORM

For the victim:

- Photocopy of proof of identity (REQUIRED)
- Photocopy of medical records or similar documents

For the person acting on behalf of the victim (if applicable)

- Photocopy of proof of identity (REQUIRED)
- Photocopy of proof of relationship to victim (REQUIRED unless the victim is an adult who has given consent)

NOTE:

This Application Form and the process of applying are free of charge.

The ICC does not charge any fee at any stage of the application process.