

# Victims Compensation Application Form - Secondary Victim

Claim No. \_\_\_\_\_

Date Received \_\_\_\_\_

(Office Use Only)

This form must be filled out for each secondary victim requesting compensation for counselling services as a result of the criminally-related death of an immediate family member.

“Secondary victim” is defined in *The Victims of Crime Act, 1995* as follows:

**If the victim is an adult (age 18 and over):**

- The spouse or child of the adult victim is eligible to apply for counselling
  - Spouse includes common-law relationships
  - Child includes step-children

**If the victim is a child (under age 18):**

- The parent or sibling of the child victim is eligible to apply for counselling
  - Parent includes a step-parent or a person who stands in place of a parent
  - Sibling includes step-siblings

**Victim Information**

Name of Victim: \_\_\_\_\_  
First Name Middle Name Last Name

Location of Crime: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town Province

Name of Law Enforcement Agency: \_\_\_\_\_

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Police File Number: \_\_\_\_\_  
Month Day Year

**Secondary Victim Application**

Name of Secondary Victim: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(Note: If secondary victim is under 18 years of age, parent or guardian must apply on his/her behalf)*  
Month Day Year

Name of Applicant: \_\_\_\_\_  
(If not the same as Secondary Victim)

Mailing Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Mobile

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Relationship of Applicant to Secondary Victim Signature of Applicant