

# 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 the spouse, child, adult child, parent or sibling of a victim.**

- Spouse includes common-law relationships.
- Child includes a stepchild, an unborn child and a child with respect to whom a victim stands in the place of a parent, but does not include a child over the age of 18 years unless otherwise provided.
- Parent includes a step-parent and a person who stands in the place of a parent.
- Sibling includes a step-sibling.

<b>Victim Information</b>		
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

<b>Secondary Victim Application</b>		
Name of Secondary Victim: _____		
First Name	Middle Name	Last Name
Date of Birth: _____ / _____ / _____		<i>(Note: If secondary victim is under 18 years of age, parent or guardian must apply on his/her behalf)</i>
Month	Day	Year
Name of Applicant: _____		
<small>(If not the same as Secondary Victim)</small>		
Mailing Address of Applicant: _____		
City: _____	Province: _____	Postal Code: _____
Phone: _____		
Home	Work	Mobile
Email Address: _____		
Relationship of Applicant to Secondary Victim		Signature of Applicant

Victims Services, Saskatchewan Ministry of Justice  
Room 610, 1874 Scarth Street, Regina, Saskatchewan S4P 4B3  
Phone: (306) 787-3500 Fax: (306) 787-0081  
Toll free: 1-888-286-6664 TTY: 1-800-787-3954

email: [victimsservices@gov.sk.ca](mailto:victimsservices@gov.sk.ca)  
website: [www.saskatchewan.ca/victimsservices](http://www.saskatchewan.ca/victimsservices)

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