

Victims Compensation Application Form - Child Witness of Domestic Violence

Claim No. _____

Date Received _____

(Office Use Only)

This form must be filled out for each child witness of domestic violence requesting compensation for counselling services.

A child witness of domestic violence, as outlined in *The Victims of Crime Regulations, 1997*, means a victim:

- (a) who is a child (under age 18) at the time of the incident; and
- (b) whose parent has applied to the minister for compensation and is a cohabitant whose injury is the result of domestic violence by another cohabitant.

Parental Victim Information

Name: _____
First Name Middle Name Last Name

Date of Incident: ____ / ____ / ____ Police File Number: _____
Month Day Year

Has a Victims Compensation application related to this incident been submitted? Yes No

Child Witness of Domestic Violence Information

Name of Witness: _____
First Name Middle Name Last Name

Date of Birth: ____ / ____ / ____
Month Day Year

Applicant

Name of Applicant: _____
First Name Middle Name Last Name

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____
Home Work Mobile

Email Address: _____

 Relationship of Applicant to Child Witness

 Signature of Applicant