

# Victims Compensation Application Form – Homicide Witness

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

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

(Office Use Only)

This form must be filled out for each homicide witness requesting compensation for counselling services as a result of observing a homicide.

A homicide witness, as outlined in *The Victims of Crime Regulations, 1997*, means a victim who:

- (a) is in close proximity at the time of the homicide; and
- (b) either directly witnesses the occurrence, or witnesses the homicide victim in the immediate aftermath of the act.

<b>Victim Information</b>			
Name of Homicide Victim: _____			
<small>(If known)</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Location of Crime: _____			
<small>Street Address</small>			
<small>City/Town</small>		<small>Province</small>	
Name of Law Enforcement Agency: _____			
Date of Incident: _____ / _____ / _____		Police File Number: _____	
<small>Month</small>	<small>Day</small>	<small>Year</small>	

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