



**STANDARD APPLICATION FORM FOR REPARATIONS
BEFORE THE INTERNATIONAL CRIMINAL COURT
FOR INDIVIDUAL VICTIMS AND PERSONS ACTING ON THEIR BEHALF**

FORM REPARATIONS-1

Please complete this Application Form if you believe you have suffered harm as a result of a crime under the jurisdiction of the International Criminal Court (ICC) and wish to submit a request for reparations to the ICC, or if you are acting on behalf of such a person.

The purpose of this Application Form is to collect information to help a Chamber of Judges in the ICC decide on matters relating to reparation. Completion of this form will not automatically lead to reparation awards by the ICC.

The information provided in the Application Form will be presented to a Chamber of Judges in the ICC which will consider your request. Please be advised that criminal

proceedings take time and it may be some time before the Court makes decisions on reparations.


Please review the accompanying Booklet before completing the Application Form as it will help you fill it in correctly. The Booklet contains explanations regarding:

- What the International Criminal Court is
- The purpose of this Application Form and what will happen to it
- Instructions on how to complete each section of the Application Form. Please note that each Part of this Application Form corresponds to the same Part of the Booklet.

Who should use this Application Form?

A victim who is seeking to submit a request for reparations to the ICC

For the purposes of the ICC, a victim is a person who has suffered harm as a result of the commission of any crime within the jurisdiction of the Court.

 Victims that are organizations or institutions should use FORM REPARATIONS-2.

A person acting on behalf of a victim

Where a victim is a child, or has a disability that prevents the victim from acting on her or his own behalf, someone else may make an application on their

behalf. Where a victim is deceased, someone else may also make the application. In addition, a person may make the application with the consent of a victim. In any of above circumstances, the person making the application should complete Part B.

A person assisting a victim

Where a victim or a person acting on behalf of a victim is filling in this Application Form, they may be assisted in filling in the Application Form by another person. This would be the case, for example, if either the victim or the person acting on behalf of the victim is unable to read or to write. Where a person assists in filling in this Application Form, she or he should complete Part I.

NOTE

This Application Form and the process of applying are free of charge. The ICC, as a matter of practice, does not charge any fee at any stage of the application process.

Instructions:

Please take into account the following instructions when completing this Application Form:

- Please fill in this Application Form to the extent possible.
- Please type or write your answers clearly.
- Please attach answers to the questions on a separate sheet of paper if you need more space.
- You must sign your Application Form, or add your thumbprint or other mark where indicated at the end of Part J.
- Please also put initials of the applicant in the box located at the bottom of each page of this Application Form as well as of any other documents accompanying it. This will help prevent pages of the Application Form from being lost.
- Please provide photocopies of documents requested to the extent possible. If you do not have the documentation requested your application will still be considered. If possible, please staple all the pages of the Application Form and the accompanying documents. Do not send original documents at this time, but please take good care of original documents, which the Court may request at a later stage.

If you seek help in filling in this Application Form, you may contact the ICC or an ICC Field Office which will put you in touch with someone near you to help you fill in this Application Form.

Note regarding disclosure of information:

The information contained in your Application Form may be forwarded to the Defence and other interested persons, including States, at the relevant stage. In addition, part or all of the information may be made available to the general public in the course of proceedings. If you do not wish for part or all of the information in the form to be disclosed or made public for reasons related to your security or well-being, you should tick the relevant boxes in Part H of the Application Form and provide the information requested. The Chamber of Judges will decide on the request, and their decision will be communicated to you.

The Application Form should be sent directly to one of the following addresses:

ICC HEADQUARTERS**International Criminal Court**

Victims Participation and Reparations Section (VPRS)
P.O. Box 19519, 2500 CM The Hague
The Netherlands
Fax: + 31 70 515 9100
Email: vprsapplications@icc-cpi.int

ICC FIELD OFFICES**ICC Field Office in Kampala**

Victims Participation and Reparations Section (VPRS)
P.O. Box 72735 - Kampala
Telephone: + 256 77 2 706062

ICC Field Office in Kinshasa

Victims Participation and Reparations Section (VPRS)
Telephone: + 243 998011426, + 243 998011403

PERSONAL INFORMATION ABOUT THE VICTIM. See Part A of the Booklet.

Have you already submitted an application for participation or reparations to the ICC?

Yes No

If yes, when?

Day Month Year

If you have a registration number, please indicate it:

VPRS- / - /

1. **Surname(s):** _____

2. **Other name(s):** _____

3. **Please provide the following information as far as relevant:**

Father's name: _____

Mother's name: _____

Name of next of kin or, if you are under 18 years old, guardian: _____

4. **Sex:** Female Male

5. **Age** or, if not known, approximate age:

or **date of birth**, or if not known, approximate date of birth:

Day Month Year

6. **Place of birth:** _____

7. **Nationality (ies):** _____

8. **What is your tribe/ethnic group?**

Initials of applicant

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

9. What is your occupation?

- Agriculture (crops, livestock)
- Seller (self-employed, trade)
- State employee
- Teacher
- Medical worker
- Artisan/skilled labor/ casual worker
- Work for NGO or UN
- Unemployed
- Other - Specify:
-

10. What is your marital status?

- Single
- Married
- Divorced
- Widow/widower
- Other (such as abandoned spouse, co-habitee)
-

11. How many dependants do you have? Please write number.

12. If you have a disability or disabilities, please specify.

Initials of applicant

13. Which of the following proof of identity do you have? Please indicate the number or other reference and attach a photocopy if possible. Please note that one of the following is sufficient. If you have no documentation your application will still be considered.

Type of proof of identity	Number or other reference
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Driver's licence	_____
<input type="checkbox"/> Identity card (such as students, employees)	_____
<input type="checkbox"/> Letter from Local Authority	_____
<input type="checkbox"/> Camp registration card	_____
<input type="checkbox"/> Card from humanitarian agency (such as UNHCR, WFP)	_____
<input type="checkbox"/> Tax document	_____
<input type="checkbox"/> Voting card	_____
<input type="checkbox"/> Other. Please specify and provide number or other reference:	_____
<input type="checkbox"/> None	_____

14. Where do you currently live? Please complete all that apply to you.

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

If you have been displaced from your home, please indicate your place of origin:

Village/Parish/Subcounty/Town: _____

County/District: _____

Country: _____

Initials of applicant

15. Where would you like to be contacted? *Please tick as appropriate.*

- Please use the address mentioned in question 14.
- Please contact me through a person acting on my behalf.
If you tick this box, please fill in Part B of this Application Form as appropriate.
- Please use the following address. *Please complete all that apply to you:*

C/O: _____

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

- Please use the following telephone number (*please give area code*):

- Please use the following mobile phone number:

- Please use the following fax number (*please give area code*):

- Please use the following e-mail address:

16. Which languages do you speak?

17. In which of the following languages are you able to understand written correspondence?

- English
- French
- Other language. *Please specify:* _____
- Cannot read

Initials of applicant

INFORMATION ABOUT A PERSON ACTING ON BEHALF OF THE VICTIM. See Part B of the Booklet.

If this Application Form is being completed by a person acting on behalf of the victim (as outlined on page 1 of the Application Form), that person should provide her or his details below.

1. **Surname(s):** _____

2. **Other name(s):** _____

3. **Sex:** Female Male

4. **Age** or, if not known, approximate age: _____

or **date of birth**, or if not known, approximate date of birth:

Day Month Year

5. **Which of the following proof of identity do you have?** Please indicate the number or other reference and attach a photocopy if possible. Please note that one of the following is sufficient. If you have no documentation your application will still be considered.

Type of proof of identity	Number or other reference
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Driver's licence	_____
<input type="checkbox"/> Identity card (such as students, employees)	_____
<input type="checkbox"/> Letter from Local Authority	_____
<input type="checkbox"/> Camp registration card	_____
<input type="checkbox"/> Card from humanitarian agency (such as UNHCR, WFP)	_____
<input type="checkbox"/> Tax document	_____
<input type="checkbox"/> Voting card	_____
<input type="checkbox"/> Other. Please specify and provide number or other reference:	_____
<input type="checkbox"/> None	_____

Initials of applicant

6. Contact details. Please complete all that apply to you.

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

Telephone number. Please give area code: _____

Mobile phone number: _____

Fax number. Please give area code: _____

E-mail address: _____

7. Which languages do you speak?

8. In which of the following languages are you able to understand written correspondence?

- English
- French
- Other language. Please specify: _____

Cannot read

9. In what capacity are you making this application? Please tick as appropriate.

I am making this application because:

<input type="checkbox"/> (a)	The victim is a child	
<input type="checkbox"/> (b)	The victim is a person with a disability	Nature of disability: _____
<input type="checkbox"/> (c)	The victim is deceased	Date of death: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Is there a death certificate, court document granting entitlement or the equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a photocopy.</i>
<input type="checkbox"/> (d)	The victim gave her/his consent	<i>The victim must indicate her or his consent by signing in Part J of this Application Form.</i>

Initials of applicant

10. What is your relationship to the victim? _____

Do you have proof of the relationship (such as marriage certificate, birth certificate, family registration booklet, will or testament or court document)?

Yes No

If yes, please provide a photocopy.

PART C

NOT APPLICABLE. See Part C of the Booklet.

PART D

INFORMATION ABOUT THE ALLEGED CRIME(S). See Part D of the Booklet.

Please attach answers to this section on a separate sheet of paper if necessary.

1. Please give a detailed description of the alleged crime(s) which form the basis of this application (please explain in detail what happened to you).

When did the event or events occur? If possible, please specify day(s), month(s) and year(s).

Initials of applicant

Where did the event or events take place? If necessary you may attach a drawing or a map of the location.

2. Who do you believe is responsible for the event or events and why do you believe this?
Please answer to the extent possible.

3. Were there any other victims of the event or events?

Yes No

If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous, or it would put the applicant or anyone else at risk.

4. Were there any witnesses?

Yes No

If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous or it would put the applicant or anyone else at risk.

5. Do you have any relationship with these witnesses (are they family members, neighbours, friends, etc.)?

Yes No

If yes, please indicate:

Initials of applicant

INFORMATION ABOUT THE INJURY, LOSS OR HARM SUFFERED. *See Part E of the Booklet.*

1. Please describe the injury, loss or harm you have suffered, and give brief descriptions (such as physical injuries, mental pain and anguish, loss of or damage to property).

2. Were you examined by a doctor after the event or events occurred?

Yes No

3. Did you receive any medical or psychological treatment?

Yes No

4. If yes, do you have (or have access to) any records regarding any medical or psychological treatment? *If yes, please tick as appropriate and provide a photocopy, if available.*

- Medical report from doctor, hospital or health center
- X-rays
- Prescriptions/Invoices for medicines
- Other. *Please specify:*

None

5. Does your condition persist today?

Yes No

If yes, please give details:

Initials of applicant

Reparations. See Part F of the Booklet.

1. Which of the following forms of reparations would you like to claim? Please see the accompanying Booklet for descriptions of the terms listed below. You may tick more than one box.

- Compensation
- Restitution
- Rehabilitation
- Other form of reparations - Specify:

2. Physical injuries

What physical injuries have you suffered as a result of the alleged crime(s) (such as dismemberment, disfigurement, loss or limitation of use of a body organ, member, function or system, including sexual/reproductive health problems)?

3. Mental pain and anguish

Do you experience any of the following reactions as a result of the alleged crime(s)? You may tick more than one box.

Type of harm	Description
<input type="checkbox"/> Emotional problems (such as anxiety, anguish and guilt, shame, sadness, nightmares, irritability and anger, defeat and apathy, feeling overwhelmed)	<hr/>
<input type="checkbox"/> Mental problems (such as intrusive images and thoughts, slowing of thought process, concentration problems, memory dysfunction, confusion)	<hr/>
<input type="checkbox"/> Physical reactions and behavioural changes (such as aches and pains, sleep disturbances, excessive sweating, breathing problem, increased heart rate)	<hr/>
<input type="checkbox"/> Pain, complaints and/or concerns related to experiences of sexual violence	<hr/>

Initials of applicant

4. Loss of or damage to property

Have you lost or suffered damage to any of the following as a result of the alleged crime(s)? *You may tick more than one box.*

Type of loss	Description
<input type="checkbox"/> Home(s)	
<input type="checkbox"/> Land	
<input type="checkbox"/> Personal property, including household goods	
<input type="checkbox"/> Animal(s)	
<input type="checkbox"/> Other	

5. Other damage

Have you lost any of the following as a result of the alleged crime(s)? *You may tick more than one box.*

Type of loss	Description
<input type="checkbox"/> Loss of income, unpaid salaries, loss of support and any other losses connected to employment. <i>Please explain impact of the loss on how you sustain your life.</i>	
<input type="checkbox"/> Loss of savings at banks, stocks and other securities	
<input type="checkbox"/> Social status	
<input type="checkbox"/> Legal rights	
<input type="checkbox"/> Other	

Initials of applicant

6. If resources are available (from a person convicted by the ICC or from the ICC’s Trust Fund for Victims), what would help you and your community the most?

PART G

LEGAL REPRESENTATION. See Part G of the Booklet.

A victim may be represented before the ICC by a legal representative. A victim is free to choose her or his legal representative before the ICC, who must be a person with 10 years’ relevant experience as a criminal lawyer, judge or prosecutor, and be fluent in one of the Court’s working languages (English or French).

1. Do you have a legal representative?

[] Yes [] No

If yes, please provide her/his name, and contact details:

Name: _____

Address:

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____

Country: _____

Telephone number. Please give area code: _____

Mobile phone number: _____

Fax number. Please give area code: _____

Email address: _____

[Empty box for initials]

Initials of applicant

2. If no, would you like assistance from the Court to obtain legal representation?

Yes No

Note regarding victims' legal representation:

The ICC can help victims find a legal representative by providing a list of qualified counsel.

Although the Court's resources for legal aid are limited, the Court may be able to provide some financial assistance. If you believe you will not be able to afford legal representation, a separate form for requesting legal assistance paid by the Court is available at the ICC Field Offices and the website at www.icc-cpi.int

Where there are many victims, a Chamber of Judges may ask victims to choose a common legal representative, in order to make the proceedings more efficient. If for any reason the victims are unable to choose one, the Chamber of Judges may ask the Registrar to do so. If the victims are not happy with the Registrar's choice, they may ask a Chamber of Judges to review it.

Please note that the Office of Public Counsel for Victims within the Court may also be appointed to represent victim(s) or a group of victims free of charge. Such Office provides support and assistance to victims and legal representatives of victims, including legal advice and representation before a Chamber.

PART H

REQUEST FOR NON-DISCLOSURE OF INFORMATION. *See Part H of the Booklet.*

Completing this section does not automatically mean that your request for non-disclosure will be accepted. Please note that a Chamber of Judges will decide on this request.

1. Please tick one or more boxes if you wish to request that your identity be kept from:

The Prosecutor The Defence The general public State or other participant

2. Please tick one or more boxes if you wish to request that any information provided in this Application Form other than your identity be kept from:

The Prosecutor The Defence The general public State or other participant

If yes, which information?

If you have ticked either box, please give reasons:

3. Have you or your family been in contact with any person or organization to discuss your concerns regarding security as a result of filling in this Application Form?

Yes No

If yes, please give details:

Initials of applicant

INFORMATION ABOUT A PERSON ASSISTING IN FILLING IN THIS APPLICATION FORM.*See Part I of the Booklet.**If you are assisting the victim or assisting a person acting on behalf of the victim, please fill in this part.***1. Surname(s):** _____**2. Other name(s):** _____**3. Address.** *Please complete all that apply to you.*

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

Telephone number. *Please give area code:* _____

Mobile phone number: _____

Fax number. *Please give area code:* _____

E-mail address: _____

4. Occupation, place of employment and job title: _____
_____**5. Which languages do you speak?** _____
_____**6. Which language did you use in communicating with the victim?** _____
_____**7. Was an interpreter present?** Yes NoIf yes, please provide his/her name:

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Initials of applicant

SIGNATURES. See Part J of the Booklet.

SIGNATURE OF THE VICTIM

You should sign or add your thumbprint or other mark and date this Application Form, whether or not someone is acting on your behalf or assisting you in filling in this Application Form.

I hereby declare that, to the best of my knowledge and belief, the information I have given in the present Application Form is correct.

Signature, thumbprint or other mark of the victim

Day Month Year

Location: _____

Witnessed by:


Name: _____

Signature: _____


Initials of applicant

SIGNATURE OF THE PERSON ACTING ON BEHALF OF THE VICTIM AND CONSENT OF THE VICTIM

If you ticked box (d) on page 8 (Question 9, Part B — if the victim has consented to you making this application on her or his behalf):

 The victim must sign the consent below, or add her or his thumbprint or other mark, and the person acting on the victim's behalf should also sign where indicated.

If you ticked box (a), (b) or (c) on page 8 (Question 9, Part B — if the victim is a child, disabled or deceased):

 The person acting on behalf of the victim must sign below.

Consent of the victim:

I, _____
Print name of the victim

consent to

_____ *Print name of the person acting on behalf of the victim*

to act on my behalf in making this application.

Signature, thumbprint or other mark of the victim

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

Day Month Year

Location: _____

Witnessed by:

Name: _____

Signature: _____

Initials of applicant

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

REMINDER

Before submitting this Application Form, please review it and tick the following as appropriate:

I have attached the following documents in support of this Application Form:

1. _____
2. _____
3. _____

I have initialed every page of this Application Form as well as any other documents accompanying it.

Please indicate total number of pages of this Application Form including additional pages and photocopies of documentation: _____

If you are the victim:	If you are a person acting on behalf of the victim:
<p><input type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 13 of Part A.</p> <p><input type="checkbox"/> I have provided contact information in response to Question 15 of Part A.</p> <p><input type="checkbox"/> I have signed or made my mark in the first box in Part J.</p>	<p><input type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 5 of Part B.</p> <p><input type="checkbox"/> I have provided contact information in response to Question 6 of Part B.</p> <p><input type="checkbox"/> I have provided a death certificate, court document granting entitlement or the equivalent if the victim is deceased.</p> <p><input type="checkbox"/> I have provided a photocopy of proof of relationship to the victim as requested in Question 10 of Part B.</p> <p><input type="checkbox"/> I have signed or made my mark in the second box in Part J.</p>

What will happen to your application?

Once the ICC receives your Application Form, you will receive an acknowledgement. This acknowledgement will provide you with a registration number that you should use when communicating with the Court. If you send additional information to the Court, please use this registration number to ensure your application is properly updated. Please note that criminal proceedings take time and it may be a while before a Chamber of Judges make a decision on your application.

Initials of applicant