

Compensation for Victims of Crime Program

Application for Family Member

The Compensation for Victims of Crime Program is part of Manitoba Justice, Victim Services Branch and gives compensation to eligible family members under *The Victims' Bill of Rights* and the Victims' Rights Regulation. The program only covers direct physical or emotional harm caused by a crime in Manitoba. Any property damage from the crime should be covered by private insurance policies.

If you are the immediate family member of a victim who died in a crime, you may be eligible for compensation (money, services, support) for the **emotional injury** you suffered. An **immediate family member** can be a parent, child, spouse, common-law partner, brother or sister. For details on the program or on specific benefits, see the fact sheet *Support for Immediate Family Members* and the general fact sheet *Compensation for Victims of Crime*.

Use this form to apply for compensation if you are an immediate family member and are at least 18 years old. If you are the parent or guardian of the minor (under 18 years) child of the deceased victim, you may use this application form to apply on the child's behalf.

Instructions

1. Complete this application form.
2. Answer all the questions in detail so your application can be assessed quickly.
3. Print all the answers clearly.
4. Sign the authorization form in Section 9 (F8).
5. Sign the declaration form in Section 10 (F9).
Applications that do not include the signed authorization and declaration forms will be returned to the applicant.
6. Mail or fax the original application and any attachments to:
**Compensation for Victims of Crime Program
1410 – 405 Broadway Avenue
Winnipeg MB R3C 3L6
Fax: 204-948-3071**
7. If your address or phone number changes after you have sent your application, let the Compensation for Victims of Crime Program staff know right away.

As part of the review of this application, the program staff will:

- ask the police for a report on the crime
- review the victim's criminal history
- verify medical reports, if necessary

If you have questions about your application, call 204-945-0899 in Winnipeg; toll free in Manitoba at 1-800-262-9344; or go to www.gov.mb.ca/justice/victims/index.html.

Section 1. Information about the immediate family member (applicant)

This section is for details about you, as the immediate family member of a victim who died in a crime.

You must be a parent, child, spouse, common-law partner, brother or sister of the deceased victim.

You must be 18 or older to apply under this section, OR, you must be applying on behalf of the deceased victim's minor (under 18) or mentally disabled child or children.

Other name(s) used (ex: nickname, maiden name, alias): If you have changed your name or use another name, list the name(s).

Mailing address: Give your current mailing address, including street, city or town, province and postal code. All letters from the program will be mailed to this address. Be sure to tell the program staff right away if this information changes.

Phone numbers: Give your main phone number (ex: home) and any other numbers where you can be reached (ex: cell phone, work). Include your area code.

Section 2. Information about the one-year time limit

There is a one-year time limit to apply for compensation for injury caused by a crime. However, the program can give you more time (grant an extension) if there is a good reason for the delay. If you are applying for compensation after the one-year limit, give your reasons for not doing it earlier.

**Compensation for Victims of Crime
Application for Immediate Family Member**

Claim Number: _____

Section 1. Information about immediate family member (the applicant)

You must be 18 or older to apply under this section, OR, you must be applying on behalf of the deceased victim's minor (under 18) or mentally disabled child or children.

Immediate family member's name			Gender <input type="checkbox"/> male <input type="checkbox"/> female	
<i>Last</i> _____	<i>First</i> _____	<i>Middle initial</i> _____		
Other names used <i>(ex: nickname, maiden name, alias)</i>			Birth date: <i>month / day / year</i>	
Mailing address				
<i>Street Number or P.O. box</i> _____		<i>Street</i> _____	<i>Apt. No.</i> _____	
<i>City</i> _____		<i>Province</i> _____	<i>Postal code</i> _____	
Main phone number <i>(ex: home)</i> and alternate numbers <i>(ex: cell phone, work)</i>				
Email address <i>(if you have one)</i>				
Family member's relationship to the victim who died (deceased victim) <i>(ex: spouse, parent)</i>				
Have you ever applied to the Compensation for Victims of Crime Program before? If yes: <i>When?</i>			yes <input type="checkbox"/> no <input type="checkbox"/>	
			Date: <i>month / day / year</i>	

Section 2. Information about the one-year time limit

Is this application being filed within one year of the date of the crime?		yes <input type="checkbox"/> no <input type="checkbox"/>
If no: <i>Briefly explain why you have not applied sooner.</i>		

Section 3. Information about the victim who died in the crime (the deceased victim)

This section is for details about the victim who died in the crime (deceased victim). Attach a copy of the Death Certificate or the funeral director's Statement of Death when you send this application (if available).

Other name(s) used by the victim (ex: nickname, maiden name, alias): If the deceased victim changed his/her name or used another name (ex: maiden name) give the other name(s).

Social Insurance Number (SIN#): Give the deceased victim's social insurance number.

Was the deceased victim ever convicted of a crime (criminal offence) for which he/she did NOT receive a pardon? Check 'yes' or 'no' or 'don't know' box.

If yes: Give the kind of offence(s) and date(s) of conviction(s), if you know. [Use an extra sheet of paper if there are more than three.]

Did the deceased victim have any pending criminal charges at the time he or she died? Check 'yes' or 'no' or 'don't know' box.

If yes: Give the kind of offence(s) and date(s) charges were laid, if you know. [Use an extra sheet of paper if needed.]

Did the deceased victim ever live outside of Manitoba?

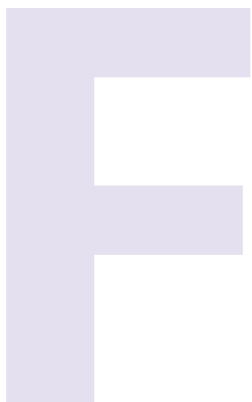
If yes: Give the address where the deceased victim lived (city/town, province/state, country), in the last 10 years.

**Compensation for Victims of Crime
Application for Immediate Family Member**

Claim Number: _____

**Section 3. Information about the victim who died in the crime
(the deceased victim)**

Deceased victim's name			<input type="checkbox"/> <input type="checkbox"/> Gender male female	
Last	First	Middle initial	Birth date: month / day / year	
Other names used (ex: nickname, maiden name, alias)			Date of death: month / day / year	
Social Insurance Number (SIN#)				
Was the deceased victim ever convicted of a criminal code offence, for which he/she did NOT receive a pardon? (Does not include youth convictions)			yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
If yes: Give kind of offence(s) and date(s) of conviction(s), if known			Date convicted: month / day / year	
Offence				
1. _____			_____	
2. _____			_____	
3. _____			_____	
Did the deceased victim have any pending criminal charges at the time he or she died?			yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
If yes: Give the kind of offence(s) and date(s) charges were laid, if you know.			Date charged: month / day / year	
Offence				
1. _____			_____	
2. _____			_____	
3. _____			_____	
Did the deceased victim ever live outside of Manitoba?			yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes: Give address and dates.				
City/town	Province/State	Country	Date: month / day / year	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	



Section 4. Information about the crime



This section gives details about the crime. The program staff will use this to get needed information from the police.

Type of crime: Briefly (a couple of words) describe the kind of crime or injury that caused the victim's death (ex: stab wound, gunshot wound).

Location of crime: Give the city, town or community in Manitoba where the crime took place.

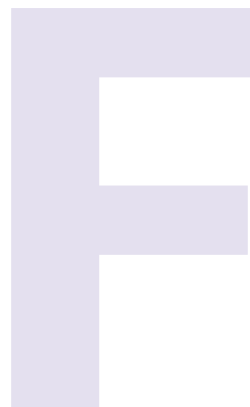
Relationship of the alleged offender to the victim (if any): State the victim's relationship, if any, to the person who allegedly committed the crime (ex: the alleged offender is the victim's ex-husband, friend, relative).

**Compensation for Victims of Crime
Application for Immediate Family Member**

Claim Number: _____

Section 4. Information about the crime

Type of crime <i>(ex: gunshot wound, stab wound)</i>	Date(s) of crime: <i>month / day / year</i>
Location of crime <i>(town/city/community)</i>	
Police force that crime was reported to <i>(ex: Winnipeg Police Service, RCMP)</i>	Police incident number <i>(if known)</i>
Name of person believed to have committed the crime (alleged offender) <i>(if known)</i>	
Relationship of the alleged offender to the victim <i>(if known)</i>	
Has the alleged offender been charged? yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	



Section 5. Information about the immediate family member

Information in this section will help the program staff decide if you are eligible for compensation as an immediate family member.

Section 5a.

Fill in this section, IF you are the spouse or partner of the deceased victim OR if you are applying for compensation on behalf of the dependent child (children) of the deceased victim.

Information about the deceased victim's children: For each child, list:

- the child's full name
- the child's date of birth
- the name of the child's legal guardian, if the guardian is not the spouse of the deceased victim

Attach a copy of:

- the birth certificate for each biological child of the deceased victim OR
- the adoption/guardianship documents for any stepchildren

If any of the children listed in this section are over the age of 18, they must fill in their own application forms to get compensation.

Was the victim financially supporting any other immediate family member at the time of his or her death? Check 'yes' 'no' box.

If yes: Give the name of the dependent family member, date of birth and relationship to the deceased victim.

Section 5b.

Fill in this section, IF you are the parent of the deceased victim.

Information on the deceased victim's parents and siblings (brother/sister): For each parent and sibling list:

- full names of parents and siblings
- their birth dates
- their relationship to the deceased victim (ex: sister, father)

Note: If any of the siblings listed in this section are over the age of 18, they must fill in their own application forms to get compensation.

Section 5. Information about immediate family member

Section 5a.

Fill in this section, IF you are the spouse or partner of the deceased victim OR if you are applying for compensation on behalf of the dependent child (children) of the deceased victim.

Marriage status of deceased victim at the time of death

- Married Common-law (how long?) _____ months / years
 Separated Divorced Single

Were you depending on the income of the deceased victim at the time of his/her death? yes no

Did the deceased victim have any children under the age of 18 at the time of his/her death? yes no

If yes: List all children of the deceased victim

Name	Birth date: month / day / year	Legal guardian
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a copy of the birth certificate for each biological child of the victim (which includes names of parents), or the adoption/ guardianship documents for any stepchildren.

Was the victim financially supporting the children at the time of his/her death? yes no

Was the victim financially supporting any other immediate family member at the time of his/her death? yes no

If yes: Give the following information for each one


Name	Birth date: month / day / year	Relationship to deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 5b.

Fill in this section, IF you are the parent of the deceased victim. Give the following information for each parent or sibling of the deceased victim.

Name	Birth date: month / day / year	Relationship to deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 6. Information about expenses and losses of immediate family member



This section gives information about the compensation you are eligible to claim. Fill in all the questions/boxes that apply to you right now, PLUS any that might apply in the future. This includes expenses such as ambulance or funeral costs.

Section 6. Information about expenses and losses of immediate family member

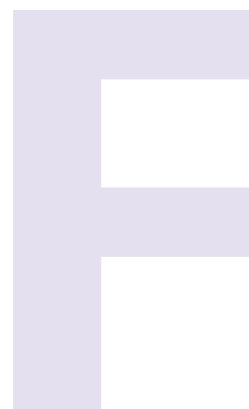
Check all the boxes for the expenses you had as a result of the death of the victim.

Fill in this section if you are an immediate family member.

- Funeral expenses*
- Counselling costs*
- Bereavement leave (including time missed from work to attend the funeral)*
- Transportation and related expenses (ex: hotel, meals)*
- Deceased victim's ambulance costs*
- Crime scene cleaning*

Fill in this section if you are a dependent spouse and/or a legal guardian of the deceased victim's dependent children.

- Replacement of wages (spouse)*
- Replacement of wages (child)*



Section 7. Information about employment and other benefits of immediate family member

Answer all the questions that apply, including addresses and phone numbers.

Medical professional you saw because of the death of the victim:

List the name of any therapist or counsellor you have seen as a result of the death of the victim. Give the address and phone number of each one.

Employment: Give the name, address and telephone number of your employer (if you are employed).

Other benefits: Read this list of other sources of compensation and check off any you think you might be eligible to receive.

**Compensation for Victims of Crime
Application for Immediate Family Member**

Claim Number: _____

Section 7. Information about medical, employment and other benefits for immediate family member

Medical professional you saw because of the death of the victim

Family doctor: _____

Address _____

Phone number _____

Dates treated: month/day/year _____

Counsellor: _____

Address _____

Phone number _____

Dates treated: month/day/year _____

Psychologist or Psychiatrist: _____

Address _____

Phone number _____

Dates treated: month/day/year _____

Other (ex: Aboriginal Elder, spiritual leader): _____

Address _____

Phone number _____

Dates treated: month/day/year _____

Name, address, phone number of your employer (if employed).

Name _____

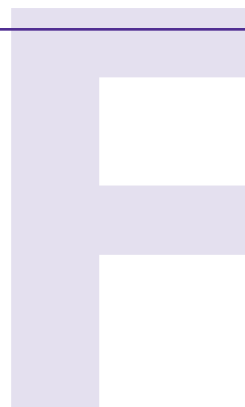
Phone Number _____

Address _____

Fax Number _____

Did you, or will you, receive any of the following benefits as a result of the emotional injuries you suffered as a direct result of the death of the victim? Check all that apply:

- Employer Benefits (ex. EAP) _____
- Extended Health Coverage (ex. Blue Cross) _____
- Disability plan benefits _____
- Employment Insurance benefits (EI) _____
- Social Assistance benefits (ex. EIA) _____
- Indian and Northern Affairs benefits (ex. Treaty benefits) _____
- Other _____



Section 8. Information about deceased victim's employment and other benefits

Employer information: Give the name, mailing address and phone number of the deceased victim's employer.

As an immediate family member of the deceased victim, you may be eligible for compensation from other sources: Check all the boxes that apply and give details.

Section 9. Authorization



READ THIS AUTHORIZATION

This section authorizes the Compensation for Victims of Crime Program staff to get information from police, therapists, employers, other government programs and any other agency/organization. The program staff will only ask for information that is needed to assess if you are eligible for compensation under Manitoba's *Victims' Bill of Rights* and *Victims' Rights Regulation*.

The personal information asked for on this application is collected under the authority of *The Victims' Bill of Rights*. The program staff will use this information according to *The Freedom of Information Act* and *The Personal Health Information and Protection of Privacy Act*.

Your signature on this authorization will be valid for two years from the date that you sign it. If the immediate family members or applicants want to cancel this authorization, they must send a letter to the Compensation for Victims of Crime Program.

Applicant's signature

- You can sign and date this authorization if you are 18 years of age or over.
- If you are under 18 years of age, your parent or legal guardian must sign and date the authorization.

Your application will be returned if this section is not signed and dated.

Section 9. Authorization

Name of deceased victim

Deceased victim's date of birth

Name of applicant

Applicant's date of birth

Relationship to deceased victim

Under *The Victims' Bill of Rights* (Section # 52(2) and 53), the director of Victim Services (or any employee delegated by him/her) may collect information needed to assess the eligibility for compensation from the Compensation for Victims of Crime Program. This authorization is signed by the applicant (listed above) to allow the release of the following information.

I hereby authorize:

1. the police service or any other agency, or government department (ex: medical examiner) involved with the investigation of the crime, to give the director any information directly or indirectly related to the alleged crime(s) noted in this application
2. the victim's or the applicant's employer to give the director information relating to employment and benefits as it relates to eligibility for benefits under the Compensation for Victims of Crime Program
3. any health care professional/provider (ex: doctor, psychiatrist, psychologist or counsellor) who treated my injuries to give any of my personal records that directly or indirectly relate to the crime noted in this application
4. Service Canada, Indian and Northern Affairs Canada, the Workers Compensation Board of Manitoba, Manitoba Public Insurance, Employment Insurance, Canada Pension Plan, or any similar public or private employment insurance or pension plan to give needed information to the Compensation for Victims of Crime Program staff as it relates to this claim
5. the director to get information about pending criminal charges and/or criminal convictions of the deceased victim
6. the director to release information, including relevant sections of the application, to the police, health care facilities, treatment professionals or other agencies if it is needed to get the information asked for (in items 1 through 5 above) to use in assessing the applicant's eligibility for compensation
7. Canada Revenue Agency or a similar agency in any other jurisdiction, to provide the Compensation for Victims of Crime Program with relevant income tax information.

I understand that I may cancel this authorization at any time by writing a letter to the program's director. I understand that if this authorization is cancelled, or if I fail to give information the director asks for, it may affect the program staff's ability to assess this application. A facsimile copy of this application is as valid as the original when presented to a health care facility, health care professional, police service or other agency. This authorization shall be valid for two years from the date of signature, unless it is previously cancelled, in writing, by the victim or the representative (applicant) signing this form.

Applicant's signature

Date

Section 10. Declaration

By signing this section, you state that the information you have given is true and correct.

Your application can be denied if you make a false declaration (don't tell the truth).

If, at any time, it is discovered that false information has been provided, you will be legally required to repay the program, immediately, for any compensation you have already received.

Complete, sign and date this section.

Your application will be returned if this section is not signed and dated.

Section 11. Optional Authorization

Complete this section if you want to allow program staff to discuss your file with another person. Privacy legislation does not allow program staff to speak to anyone but the victim or applicant. Program staff can talk to others about the information in your file, only with your written permission (authorization).

Complete this authorization only if you give program staff permission to talk to another person about your claim.

**Compensation for Victims of Crime
Application for Immediate Family Member**

Claim Number: _____

Section 10. Declaration

This declaration must be signed before any claim will be assessed.

I am applying for compensation available to family members under *The Victims' Bill of Rights* and

I, _____, declare the information in this application is true and correct.
Applicant's name (print clearly)

Applicant's signature

Date

Your application will be returned if this section is not signed and dated.

Section 11. Optional Authorization

This gives program staff the authorization (written permission) to discuss your file with another person.

I, _____, authorize the Compensation for Victims of Crime Program staff
Applicant's name (print clearly)

to discuss my claim with _____.
Name of authorized person you allow program staff to talk to (print clearly)

Authorized person's phone number _____

Authorized person's relationship to the applicant _____

Applicant's signature

Date

Note:

The Compensation for Victims of Crime Program does not cover:

- **injuries or loss from motor vehicle accidents**
- **injuries or loss related to employment, if you are eligible for Workers Compensation Board coverage**
- **pain and suffering**
- **lost or stolen personal property, including money**

Benefits that applicants get from other sources will be deducted from the benefits available under this act.