

Compensation for Victims of Crime Program

Application for Victim

The Compensation for Victims of Crime Program is part of Manitoba Justice, Victim Services Branch and gives compensation to eligible victims under *The Victims' Bill of Rights Amendment Act* and 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 victim of a serious crime, you may be eligible for compensation (money, services, support) for the **physical and/or emotional injury** you suffered. A **victim** is anyone who suffered a physical or emotional injury because of a serious crime. For details on the program or on specific benefits, see the fact sheet *Support for Victims* and the general fact sheet *Compensation for Victims of Crime*.

Use this form to apply for compensation if you are the victim of a crime and at least 18 years old. If you are the parent or guardian of a minor (under 18 years) child who is the victim of a crime, 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 (V7).
5. Sign the declaration form in Section 10 (V8).
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 victim (applicant)

This section is for information about you, as the victim of a crime.

If you are the legal guardian of a victim (under 18 years old) or a legal representative applying on behalf of a victim, you must also fill in Section 2 (Information about the applicant), along with the rest of this application form. Do not complete Section 2 if you are only helping a victim fill in the application.

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 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 the area code.

Have you ever been convicted of a crime (criminal offence) for which you 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.]

Do you have any pending criminal charges? 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.]

Have you ever lived outside of Manitoba?

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


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Section 1. Information about the victim (applicant)

Victim's name		Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Last _____	First _____	Middle initial _____	
Other names used <i>(ex: nickname, maiden name, alias)</i>		Birth date month / day / year	
Personal Health Information Number (PHIN) <i>(the nine digit number or your Manitoba Health card)</i>		Treaty or Métis number <i>(if you have one)</i>	
Mailing address			
Street Number or P.O. box _____ Street _____			
City _____ Province _____ Postal code _____			
Main phone number <i>(ex: home)</i> and alternate numbers <i>(ex: cell phone, work)</i>			
Email address <i>(if you have one)</i>			
Have you ever convicted of a criminal code offence, for which you did NOT receive a pardon? If yes: Give kind of offence(s) and date(s) of conviction(s), if known		yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
Offence		Date convicted: month / day / year	
1. _____		_____	
2. _____		_____	
3. _____		_____	
Do you have any pending criminal charges? If yes: Give the kind of offence(s) and date(s) charges were laid, if you know.		yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
Offence		Date charged: month / day / year	
1. _____		_____	
2. _____		_____	
3. _____		_____	
Have you ever lived outside of Manitoba? If yes: Give address and dates.		yes <input type="checkbox"/> no <input type="checkbox"/>	
City/town	Province/State	Country	Date: month / day / year
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Have you ever applied to the Compensation for Victims of Crime Program before? If yes: When?		yes <input type="checkbox"/> no <input type="checkbox"/>	
		Date: month / day / year	

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Section 2. Information about the applicant (if the applicant is not the actual victim of the crime)



This section is for the personal information of the applicant.

Fill in this section only if you are the parent, legal guardian or legal representative applying on behalf of a minor (under 18 years old) or a mentally disabled victim.

You must be 18 years of age or older to be an applicant. Do not complete this section if you are only helping the victim complete the application.

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

Phone numbers: Give your main phone number (ex: home) and any other numbers (ex: cell phone, work). Include the area code.

What is your relationship to the victim?: State if you are a parent, guardian, lawyer, etc.


Are you the victim's legal guardian or legal representative? Check the 'yes' or 'no' box.

If yes: Attach a copy of the court order or authorization that states you have legal authority or guardianship. If you are the parent who has legal custody of the victim, you do not need to attach anything.

A legal representative is someone who has the legal authority to act on behalf of a victim.




Section 3. 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.

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 (ex: home invasion, assault).

Date(s) of crime: Give the date(s) of the crime. If the crime occurred over a period of time, give approximate dates (ex: September 2001 – December 2002).

Location of crime: Give the city/town in Manitoba where the crime took place. If the crime occurred over a period of time in more than one location, give all locations.

Relationship of the alleged offender to the victim (if any): State your relationship, if any, to the person who allegedly committed the crime (ex: the alleged offender is my ex-husband, mother, close family friend).

Briefly describe the crime in your own words: Briefly tell how the crime happened.

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Section 3. Information about the one-year time limit

Is this application being filed within one year of the date of the crime? yes no
If no: *Briefly explain why you have not applied sooner.*


Section 4. Information about the crime

Type of crime <i>(ex: assault, robbery)</i>	Date(s) of crime: <i>month / day / year</i>
Location of crime <i>(town/city/community)</i>	
Was crime reported to police? yes <input type="checkbox"/> no <input type="checkbox"/>	Date crime was reported: <i>month / day / year</i>
Police force that crime was reported to <i>(ex: Winnipeg Police Service, RCMP)</i>	Police incident number <i>(if known)</i>
Name of investigating officer <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 any)</i>	
Has the alleged offender been charged? yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
Briefly describe the crime in your own words	

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Section 5. Information about the victim's injuries




This section gives details about the injuries that the victim had/has as a direct result of the crime.

Briefly describe the injury or injuries you had/have as a result of the crime:

This includes both physical injuries and emotional injuries (ex: broken jaw, black eye, nightmares/lack of sleep).

Section 6. Medical information about the victim



This section gives details about the hospital(s) that you went to, the medical professionals you saw and the treatment(s) you had because of the crime. This information will help program staff get the needed information about your injuries from the people who provided treatment.

Complete all the sections that apply to you, including addresses and phone numbers.

Hospital: Give the hospital name and date of treatment (admission and discharge dates) for each hospital you went to.

Medical professionals who treated the victim's injuries: Give the name, address and phone number of each medical professional (ex: doctor, physiotherapist) that you saw as a result of your injuries. Indicate what type of medical professional it was by checking the boxes that apply to you. List the date(s) you received treatment.

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Section 5. Information about the victim's injuries

Were you injured as a result of the crime? yes no

If yes: *briefly describe the injuries (physical or emotional) you suffered as a direct result of the crime.*

Section 6. Medical information about the victim

Did you get medical treatment because of the crime? yes no

If yes: *Answer the parts that apply to you:*

1. Hospital Name _____ Date of treatment: *month/day/year* _____

2. Hospital Name _____ Date of treatment: *month/day/year* _____

Medical professional (family doctor, counsellor, physiotherapist, psychologist, psychiatrist)

Family doctor Specialist Counsellor/psychologist Other

Name

Address

Phone number

Dates treated: *month/day/year*

Family doctor Specialist Counsellor/psychologist Other

Name

Address

Phone number

Dates treated: *month/day/year*

Family doctor Specialist Counsellor/psychologist Other

Name

Address

Phone number

Dates treated: *month/day/year*

Family doctor Specialist Counsellor/psychologist Other

Name

Address

Phone number

Dates treated: *month/day/year*

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Section 7. Information about expenses and losses of the victim

This section gives details about any expenses or losses that the victim is claiming as a result of the crime. Keep the original receipts for all expenses that you are claiming, in case the program staff ask to see them at a later time.

Expenses and losses: Check all expenses and losses that apply now, plus any that may apply sometime in the future.

Once you file your application, you must claim most expenses or losses within 90 days. If you claim for additional benefits 90 days after you file your application, your request may not be accepted.

Impairment Award: This is a one-time payment for victims who have suffered some degree of permanent physical disability (ex: head injury, loss of mobility, loss of vision, scarring) or a permanent emotional disability (ex: Post Traumatic Stress Disorder) because of a crime. The eligibility of a victim for an impairment award will not be assessed by the program staff until the victim has recovered as best they can.

For more details on this, contact your local Victim Services office; call the program office at 204-945-0899 in Winnipeg or toll free 1-800-262-9344.

Child support for a child born as a result of a crime: Payment to assist victims who give birth to a child as a result of a crime and need financial support for that child.

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Section 7. Expense and Loss Information

Check all expenses or required services that apply to you now or might apply to you in the future.


- Ambulance
- Crime scene cleaning
- Medical services (ex: physiotherapy, chiropractic treatment)
- Medical equipment and supplies (ex: wheelchairs, canes, hearing aids)
- Dental
- Prescription drugs
- Counselling
- Home modification (ex: wheelchair ramp)
- Vehicle modification
- Attendant services (homemaker, childcare or personal care services)
- Transportation or related expenses (ex: hotel, mileage, meals)
- Damaged or destroyed belongings worn at the time of the crime (ex: clothing, eyeglasses)
- Lost wages or income
- Vocational rehabilitation and/or retraining
- Impairment award (see facing page for details)
- Child support for a child born as a result of a crime



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Section 8. Information about medical, employment and other benefits of the victim



This section gives details about your employment status at the time of the crime as well as the status of your medical coverage. Answer all the questions fully, including your employer's name and contact information.

If you are claiming for lost wages because of injuries from a crime, the program staff will ask your employer for a report on your employment status.

Employment information: Answer all the questions, including name, mailing address, phone number and fax number of your employer at the time you were injured because of a crime.

If you are self employed, call the program office at 204-945-0899 in Winnipeg; or toll free 1-800-262-9344 to ask for the *Self Employment Questionnaire*.

Other benefits: If you have received or will receive benefits from any other source because you were injured in the crime, check all the boxes that apply to you. If you have received benefits from a source that's not listed, check the 'other' box and give the details (ex: source, contact information, amount, dates, etc.).

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Section 8. Employment and Benefits

Were you employed at the time of the crime? yes no

Did you miss work because of injuries from the crime? yes no

If yes: Complete the following:

Date you last worked before the crime: month / day / year

Date returned to work after the crime: month / day / year

Did you lose wages because of injuries from the crime? yes no

Name of employer or company

Address

Address _____ Telephone Number _____ Fax Number _____

City _____ Province _____ Postal code _____

How long were you with this employer?
years / months / days

Were you at work at the time of the crime? yes no

Have you had, or will you get, benefits through your employer because of your injuries? yes no

If yes: give details (ex: source, contact information, amounts, dates, etc.)

Do you have extended health coverage? yes no

If yes: give the name of your extended health provider (ex: Blue Cross) and the plan number.

Because you were injured in a crime, will you get any of the following (Check all that apply to you and give the details.):

- Disability and/or insurance plan benefits
- Social assistance (EIA) or band assistance
- Indian and Northern Affairs
- Manitoba Public Insurance (MPI)
- Other (please specify) _____
- Employment Insurance (EI) benefits
- Canada Pension Plan (CPP)
- Workers' Compensation Board (WCB)
- Benefits from a civil action law suit

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 *The Victims' Bill of Rights Amendment Act* and Victims' Rights Regulation.

The personal information asked for on this application is collected under the authority of *The Victims' Bill of Rights Amendment Act*. 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 you want to cancel this authorization, you must send a letter to the Compensation for Victims of Crime Program.

Applicant's signature

- If you are 18 years of age or older, you can sign and date this authorization.
- If you are under 18 years of age, your parent or legal guardian must sign and date the authorization.
- If you are applying on behalf of the victim, you can sign the authorization as the applicant.

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

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Section 9. Authorization

Name of Victim

Victim's date of birth

Under *The Victims' Bill of Rights Amendment Act* (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 victim (named above) or the applicant (someone with legal authority to sign for the victim) 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 crime(s) noted in this application
2. my employer to give the director information about my employment and my benefits as they relate to my 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 the victim's pending criminal charges and/or criminal convictions and any related sentences
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 victim'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 is valid for two years from the date of signature, unless it is cancelled, in writing, by the victim or the representative (applicant) signing this form.

Victim/applicant's signature

Date

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Section 10. Declaration



By signing this section you state that the information you provided 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.

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Section 10. Declaration

You must fill in this section, sign and date it.

I am applying for benefits available to victims under *The Victims' Bill of Rights Amendment Act* and

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

Victim/Applicant's signature

Date


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



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Section 11. Optional Authorization



Fill in 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 us permission to speak to the person you name on your file.

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Section 11. Optional Authorization

This is the authorization (written permission) to discuss your file with another person

I, _____, authorize the Compensation for Victims of Crime Program staff
Victim/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 victim/applicant _____

Victim/Applicant's signature

Date



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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.

