

# Compensation for Victims of Crime Program

# Application for Witness

The Compensation for Victims of Crime Program is part of Manitoba Justice, Victim Services Branch and gives compensation to eligible witnesses under *The Victims' Bill of Rights Amendment Act* and Victims' Rights Regulation. The program only covers 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 a witness to a serious crime, you may be eligible for compensation (money, services, support) for the **emotional injury** you suffered. A **witness** is anyone who saw a crime take place, but was not involved or physically injured. For details on the program or on specific benefits, see the fact sheet *Support for Witnesses* and the general fact sheet *Compensation for Victims of Crime*.

**Use this form to apply for compensation if you are a witness to a crime, and are at least 18 years old.** If you are the parent or guardian of a minor (under 18 years) child who is a witness to 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 (W5).
5. Sign the declaration form in Section 10 (W6).  
**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 witness'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](http://www.gov.mb.ca/justice/victims/index.html).

## Section 1. Information about the witness (*applicant*)



This section is for details about the witness to a crime.

If you are the legal guardian of a witness (under 18 years old) or a legal representative applying on behalf of a witness, 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 witness 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 have NOT received a pardon?** Check the 'yes' or 'no' box.

**If yes:** Identify the type of crime(s) (criminal offence(s)) and the date of each conviction. List all the crimes (criminal offences) you have been convicted of and the dates that you were convicted.

**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 addresses where you lived (city/town, province/state, country) in the last 10 years.

# Compensation for Victims of Crime Application for Witness

Claim Number: \_\_\_\_\_

## Section 1. Information about the witness (applicant)

Witness's name			Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Last _____	First _____	Middle Initial _____		
Other names used (ex: nickname, maiden name, alias)			Birth date month / day / year	
Personal Health Information Number (PHIN) (the nine digit number or your Manitoba Health card)		Treaty or Métis number (if you have one)		
Mailing address				
Street Number or P.O. box _____ Street _____				
City _____ Province _____ Postal code _____				
Main phone number (ex: home) and alternate numbers (ex: cell phone, work)				
Email address (if you have one)		Relationship to the victim (ex: none, friend, neighbour)		
Have you ever been convicted of a crime (criminal offence) for which you have NOT received a pardon?      yes <input type="checkbox"/> no <input type="checkbox"/>				
<b>If yes:</b> give type of offence(s) and date(s) of conviction(s).				
Offence		Date Convicted: month / day / year		
1. _____		_____		
2. _____		_____		
3. _____		_____		
Do you have any pending criminal charges?      yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>				
<b>If yes:</b> Give the kind of offence(s) and date(s) charges were laid, if you know.				
Offence		Date charged: month / day / year		
1. _____		_____		
2. _____		_____		
3. _____		_____		
Have you ever lived outside of Manitoba?      yes <input type="checkbox"/> no <input type="checkbox"/>				
<b>If yes:</b> Give address and dates.				
City/Town	Province/State	Country	Date: month / year to month / year	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
Have you ever applied to the Compensation for Victims of Crime Program before?      yes <input type="checkbox"/> no <input type="checkbox"/>				
<b>If yes:</b> When?				
		Date: month / day / year		

## Section 2. Information about the applicant *(if the applicant is not the actual witness 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 mentally disabled witness.

**You must be 18 years of age or older to be an applicant.** Do not complete this section if you are only helping the witness 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 where you can be reached (ex: cell phone, work). Include the area code.

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

**Are you the witness'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 witness, you do not need to attach anything.

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

## 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.

**Compensation for Victims of Crime  
Application for Witness**

**Claim Number:** \_\_\_\_\_

**Section 2. Information about the applicant (if the applicant is not the actual witness)**

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

Name of Applicant	
<i>Last</i> _____	<i>First</i> _____ <i>Middle initial</i> _____
Mailing address	
<i>Street Number or P.O. box</i> _____ <i>Street</i> _____	
<i>City</i> _____ <i>Province</i> _____ <i>Postal code</i> _____	
Main phone number (ex: home) and alternate numbers (ex: cell phone, work)	
Email address (if you have one)	What is your relationship to the witness? (ex: parent, guardian, lawyer, other)
Are you the witness's legal guardian or legal representative?      yes <input type="checkbox"/> no <input type="checkbox"/> <b>If yes:</b> Attach a copy of the court order or authorization stating you have legal authority or guardianship. If you are the parent with legal custody of the witness, you do not need to attach anything.	

**Section 3. 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"/>
<b>If no:</b> Briefly explain why you have not applied sooner.

## Section 4. Information about the victim of the crime



This section is for details about the **victim** of the crime. It will help program staff get information needed to assess your eligibility for the program.

## Section 5. Information about the crime



This section is for 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 the victim's relationship, if any, to the person who allegedly committed the crime (ex: the alleged offender is the victim's ex-husband, mother, close family friend).

**Briefly describe the crime in your own words:** Briefly tell us what you saw.

**Compensation for Victims of Crime  
Application for Witness**

**Claim Number:** \_\_\_\_\_

**Section 4. Information about the victim**

Name of Victim			Gender <input type="checkbox"/> <input type="checkbox"/>	
Last	First	Middle initial	male	female
Other names used (ex: nickname, maiden name, alias, if known)			Birth date month / day / year	
Did the injury or death occur during the course of the victim's employment?			yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>	
Did the the victim die in the crime? If yes: give the date of death (if known)			yes <input type="checkbox"/> no <input type="checkbox"/>  Date month / day / year	

**Section 5. Information about the crime**

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

## Section 6. Information about injuries to witness



This section is for details about the injuries a witness suffered as a direct result of witnessing the crime.

**Briefly describe the emotional injury that you suffered because of the crime:**  
(*ex: flashbacks, lack of sleep*).

## Section 7. Medical information about the witness



This section is for details about the treatment you had because of the crime. This information will help program staff get the needed information about your injuries from the people who provided the treatment.

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

**Medical professionals you saw because of the crime:** Give the name, address and telephone number of each medical professional (*ex: doctor, psychologist*) that you saw as a result of your injuries. List the date(s) you received treatment.

## Section 8. Eligible benefits for witness



This section is for details about the benefits you are eligible for. Check all the boxes that apply now, PLUS any boxes that may apply to you sometime in the future.



# Compensation for Victims of Crime Application for Witness

Claim Number: \_\_\_\_\_

## Section 6. Information about injuries to witness

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

**If yes:** Briefly describe the injuries (emotional) you suffered because of this crime.

## Section 7. Medical information about the witness

Medical professional you saw because of the crime:

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

Did you, or will you, get funding for counselling from another source (ex: Blue Cross).      yes     no

**If yes:** Give name of provider (ex: Blue Cross, employee assistance program at work) and the plan number, if there is one.

## Section 8. Eligible benefits for witness

Check all the boxes that apply to you now PLUS any that may apply sometime in the future.

- Counselling services
- Transportation and related expenses (ex: meals, hotel)
- Damaged or destroyed clothing that you were wearing at the time of the crime
- Crime scene clean-up

## 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 in 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 manager of 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 witness, you can sign the authorization as the applicant.

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

## Section 9. Authorization

\_\_\_\_\_  
*Name of witness*

\_\_\_\_\_  
*Witness'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 witness (named above) or the applicant (someone with legal authority to sign for the witness) 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. any health care professional/provider (ex: doctor, psychiatrist, psychologist, counsellor) who treated the witness's injuries to give the director any personal records that directly or indirectly relate to the injuries
3. 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
4. the director to get information about the witness's pending criminal charges and/or criminal convictions
5. the director to release information, including relevant sections of the application, to the police, health care 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 witness's eligibility for compensation

I understand that I may cancel this authorization at any time by writing a letter to the program 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 witness or the representative (applicant) signing this form.

\_\_\_\_\_  
*Witness/applicant's signature*

\_\_\_\_\_  
*Date*

## Section 10. Declaration



By signing this section you state that the information you provided is true and correct.

**This 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.**

**Compensation for Victims of Crime  
Application for Witness**

**Claim Number:** \_\_\_\_\_

**Section 10. Declaration**

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

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

I, \_\_\_\_\_ declare the information in this application is true and correct.

*Witness/applicant's name (print clearly)*

\_\_\_\_\_  
*Witness/applicant's signature*

\_\_\_\_\_  
*Date*

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



## 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 witness 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.

**Compensation for Victims of Crime  
Application for Witness**

**Claim Number:** \_\_\_\_\_

**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 to  
*Witness/applicant's name (print clearly)*

discuss my claim with \_\_\_\_\_  
*Name of authorized person you allow program staff to talk to (print clearly)*

Authorized person's phone number: \_\_\_\_\_

Relationship to witness (ex: spouse, common-law, etc): \_\_\_\_\_

\_\_\_\_\_  
*Witness/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.**