

Province of Saskatchewan

Victims Compensation Application Form

The Victims of Crime Act, 1995

Claim No. _____

Date Received _____

(Office Use Only)

VICTIM INFORMATION

Name: _____
First Name Middle Name Last Name

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ____ / ____ / ____ Male Female
mm dd yy

APPLICANT INFORMATION (if applicant is not the victim)

Applicant's Name: _____
First Name Middle Name Last Name

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Relationship to Victim: _____

DEPENDANT INFORMATION (if dependant is not the applicant)

Dependant's Name: _____
First Name Middle Name Last Name

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Relationship to Victim: _____

There is no award for loss or damage to property or for pain and suffering.

Victims Services, Saskatchewan Justice
1874 Scarth Street, Regina, Saskatchewan S4P 3V7
Phone: (306) 787-3500 Fax: (306) 787-0081
email: victimsservices@justice.gov.sk.ca
website: www.saskjustice.gov.sk.ca



INFORMATION RELATING TO THE CRIME

Please indicate the type of crime that occurred*:

Assault Murder Robbery Sexual Assault Other (please specify) _____

Location of Crime: _____

Street Address

City/Town

Province

Name of Law Enforcement Agency: _____

Name of Accused: _____

Date Reported: _____ Police File Number (if known): _____

* Eligible offences are identified in *The Victims of Crime Regulations, 1997*.

Note: Property crimes are NOT eligible for compensation.

EMPLOYMENT INFORMATION (Only the victim is eligible for lost wages.)

1 Were you employed when the crime occurred? Yes No

2 Did you miss work and lose pay as a result of crime-related injuries? Yes No

(If you answered no to either of these questions, do not complete this section, as you are not eligible for lost wages.)

Employer Name: _____

Address: _____

Contact Person: _____ Telephone: _____ Fax: _____

Dates absent from work due to crime-related injuries: _____

Name of doctor authorizing disability: _____

Did you receive or will you receive any of the following:

Sick Pay Workers' Compensation Disability Pay Vacation Pay Social Assistance

Employment Insurance Other If none, check here

Please provide details of any benefits checked above: (use additional page if required)

Name of Benefit Provider Address Amounts

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EXPENSES	AMOUNT	STATUS
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AMBULANCE \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)

MEDICAL \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)

EYE GLASSES \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)

TRAVEL EXPENSES \$ _____ From _____ to _____
Reason for expense: _____

DAMAGED CLOTHING \$ _____ (**Does Not** include jewellery or other personal items.)

***PRESCRIPTION DRUGS** \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)
(*Non-prescription items **are not eligible** for reimbursement.)

Name and address of physician who authorized medication:

Name Address

DENTAL \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)

Name and address of dentist:

Name Address

Is future dental work required as a result of this incident? Yes No

If yes, please provide an estimate of costs: \$ _____

Is any of this dental work covered by an insurance plan? Yes No

Name and address of insurer:

Name Address

COUNSELLING \$ _____ Counselling can only be provided during the victim's involvement in the criminal justice process. Victims should first try to access counselling services through their health district's mental health services.

FUNERAL EXPENSES \$ _____ Paid (*Attach Receipt*) Not Paid (*Attach Invoice*)

Name and address of funeral home:

Name Address

If any of the above-mentioned expenses were covered by other sources, please provide details:

Name of agency paying expenses Address

Details

AUTHORIZATION FOR RELEASE OF INFORMATION

I Authorize:

- 1 The doctor, dentist, optometrist, chiropractor or other health care professional who treated the victim's injuries (physical and/or psychological) to give to the minister or designate, on request, medical or other reports.
- 2 The police or other law enforcement authorities to give to the minister or designate, on request, a copy of police reports, statements or other information relevant to this application.
- 3 The Workers' Compensation Board or other authority from which the victim or dependant received payments from provincial or federal funds to give to the minister or designate, on request, information relevant to this application.
- 4 The victim's employer(s), union or similar authority to give to the minister or designate, on request, information as to the earnings of or payments to the victim or dependant.
- 5 Any accident, disability, sickness or life insurance/assurance company or private pension scheme from which payments have been received or are to be received to give to the minister or designate, on request, information relevant to this application.
- 6 The Department of Social Services (Saskatchewan), the Department of Indian Affairs and Northern Development (Canada) or any other authority from which payments were received to give to the minister or designate, on request, information relevant to this application.
- 7 The Employment Insurance Commission or Canada Pension Plan to give to the minister or designate, on request, information as to benefits received or to be received by the victim or dependant relevant to this application.
- 8 Canada Customs and Revenue Agency to give to the minister or designate, on request, information as to the victim's employment income.

I understand that the minister or designate may notify the above authorities that I have submitted an application pursuant to *The Victims of Crime Act, 1995*.

Date

Signature of Victim or Dependand

If this application is made on behalf of a victim or dependant, please complete the following:

Name of Applicant: _____

Address: _____

Relationship to the Victim or Dependand: _____