

# Victims Compensation Application Form

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month date year Male  Female  Other

Email Address: \_\_\_\_\_

Health Registration Number: \_\_\_\_\_ Province: \_\_\_\_\_

## APPLICANT INFORMATION (If the victim is a minor or dependant)

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Victims Services, Ministry of Justice  
Room 610, 1874 Scarth Street, Regina, Saskatchewan S4P 4B3 Phone:  
(306) 798-2667  
Toll free: 1-833-798-2667

e-mail: [victimsservices@gov.sk.ca](mailto:victimsservices@gov.sk.ca)  
website: [www.saskatchewan.ca/victimsservices](http://www.saskatchewan.ca/victimsservices)



**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: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month date year

Date Reported: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Police File Number (if known): \_\_\_\_\_  
month date year

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

**Note: Property crimes are NOT eligible for compensation.**

**EMPLOYMENT INFORMATION** (Only the primary 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, you are not eligible for lost wages.)

Victim's Social Insurance Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_ Email \_\_\_\_\_

Dates absent from work due to crime-related injuries: \_\_\_\_\_

Name and address of physician authorizing disability:

\_\_\_\_\_  
Name Address Telephone

3. 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



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 Saskatchewan Ministry of Social Services, Indigenous and Northern Affairs 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. Employment and Social Development Canada (Employment Insurance 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 Revenue Agency to give to the minister or designate, on request, information as to the victim's employment income.
9. The minister or designate to share the status of my application with the appropriate Police-based Victim Services program.

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 Applicant

*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: \_\_\_\_\_