

Kingdom of Cambodia Nation Religion King



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា

Extraordinary Chambers in the Courts of Cambodia
Chambres Extraordinaires au sein des Tribunaux Cambodgiens

Appendix A/Rev.1

Victim Information Form

PART A

PERSONAL INFORMATION ABOUT THE VICTIM

1. Name and first name:	
1.1. Name and first name in Khmer alphabet:	
2. All other name(s) ever used:	
2.1. All other name(s) ever used in Khmer alphabet:	
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Place of Birth:
5. Age/Date of Birth (dd/mm/yyyy): <input type="checkbox"/> Please tick if date of birth is different from ID document	6. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other:
7. Nationality:	8. Occupation:
9. Father's or Tutor's Name:	9.1. Name in Khmer alphabet:
10. Mother's Name:	10.1. Name in Khmer alphabet:
11. How many dependants do you have? Please write number.	
12. Have you ever had any disability or disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
13. Which of the following proof of identity do you have? Please indicate the number and attach a photocopy.	
Type of proof of identity	Number or other reference
<input type="checkbox"/> Identity card (also student or employee card)	
<input type="checkbox"/> Voting card	
<input type="checkbox"/> Letter from Local Authority	
<input type="checkbox"/> Driver's licence	
<input type="checkbox"/> Passport	
<input type="checkbox"/> Camp registration card	
<input type="checkbox"/> Card from humanitarian agency (such as UNHCR, WFP)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> None	

14. Personal address.	
14.1. Permanent address. <i>If you do not have a specific address, please provide your last residence.</i>	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
14.2. Present address. <i>If this is the same as your permanent address; please do not fill in here after.</i>	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
14.3. Contact telephone number: <input type="checkbox"/> yourself or <input type="checkbox"/> other (<i>Please provide a name if other than your own number</i>):	
14.4. Personal e-mail address:	
15. Means of contact. <i>Please tick as appropriate.</i>	
I would like to be contacted at the address mentioned in question 14.1. <input type="checkbox"/> or at the address mentioned in 14.2. <input type="checkbox"/>	
OR I would like to be contacted through a(n):	
<input type="checkbox"/> Intermediary organisation:	
<input type="checkbox"/> Victims Association:	
<input type="checkbox"/> Individual acting on my behalf:	
<input type="checkbox"/> Lawyer(s):	
Cambodian:	Foreign:
15.1. Address.	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
Telephone number:	
Fax number:	
E-mail address:	

16. Have you already submitted a complaint or a Civil Party application to the ECCC?

Yes No

If yes, please indicate the Victims Support Section registration number, the form of your participation, the place and date of the submission; and indicate the reasons why you are now filling in a new Victim Information Form.

Registration number (if any):

Form of participation:

Place: Day Month Year

Reasons for filling in a new form:

PART B
INFORMATION ABOUT THE ALLEGED CRIME(S)

Please attach answers to this section on a separate sheet of paper if necessary.

1. Please provide details of crime(s), along with any reasons why you believe they took place.

Location (*village, commune, district, province*):

Date (dd/mm/yyyy):

Description of Crime(s) (*what crimes occurred and how they occurred*):

2. Who do you believe is responsible for these crime(s) and why you believe this?

Please answer to the extent possible.

3. Were you a victim of these crime(s)? Yes No

3.1. Do you know any other victim(s) to these crime(s)? Yes No

If yes, please give if possible their names and addresses (if living), unless you know that they wish to remain anonymous, or it would put you or anyone else at risk:

Please also give any other details that help to identify those persons, such as including current age (if deceased, age at death), nationalities, ethnicity, religion and occupation:

3.2. Do you have any relationship with these victims (are they family members, neighbours, friends, etc.)? Yes No
(*If yes, please indicate*):

4. Were you a witness to these crime(s)? Yes No

4.1. Do you know any other witness(es) to these crime(s)? Yes No

If yes, please give if possible their names and addresses (if living), unless you know that they wish to remain anonymous, or it would put you or anyone else at risk:

Please also give any other details that help to identify those persons, such as including current age (if deceased, age at death), nationalities, ethnicity, religion and occupation:

4.2. Do you have any relationship with these witnesses (are they family members, neighbours, friends, etc.)? Yes No
(*If yes, please indicate*):

5. **Your safety:** Do you fear any specific negative consequences for yourself or for anyone named in this form as a result of filling it in and sending it to the ECCC? Yes No

If so, please explain exactly what your fears are:

PART C

APPLICATION TO BE JOINED AS A CIVIL PARTY

You should only complete this Part if you wish to be joined as a Civil Party to a judicial investigation

In order for the Court to accept you as a Civil Party, the injury you suffered must be: a) physical, material or psychological; b) the direct consequence of the offence, personal and have actually come into being. If your claim does not prove your identity and provide sufficient detail on the harm you suffered, it may be rejected by the Court's judges. For information on the connection between this harm and the crimes being investigated by the ECCC that needs to be shown, please contact the Victims Support Section.

1. Please indicate the proceedings to which you wish to be joined:

Case File No:

2. Please state the injury, loss or harm you have suffered, and give a brief description (such as physical injury, mental pain and anguish, loss of or damage to property):

3. Were you examined by a doctor after the event or events occurred? Yes No

4. Did you receive any medical or psychological treatment? Yes No

5. If yes, do you have any records regarding any medical or psychological treatment? Yes No

If yes, please tick as appropriate and provide a photocopy, if available.

Medical report from doctor, hospital or health centre X-rays Prescriptions/Invoices for medicines

Other. *Please specify:* None

6. Does your condition persist today? Yes No

If yes, please give details:

7. In respect of material or property loss, please provide any further details or physical records that help identify the extent of loss suffered:

8. Do you have any preference as to the form of collective or moral reparation that you would like to obtain? Yes No

If yes, please give details:

PART D

SIGNATURES

1. SIGNATURE OF THE VICTIM

Please sign or add your thumbprint and date this Form, whether or not someone is acting on your behalf or assisting you in filling in this Form.

I hereby declare that:

- To the best of my knowledge and belief, the information I have given in the present Form is correct, otherwise I will be liable under the applicable law.

- I wish to participate in the proceedings before the ECCC by submitting this complaint.

In addition to submitting this complaint I also wish to be joined as a Civil Party.

If you apply for Civil Party participation, please tick the box above and ensure that you have filled in Part C of the form.

Location: _____ Day: _____ Month: _____ Year: _____

.....
Witnessed by/Signature or Thumbprint

.....
Signature or Thumbprint of victim

2. SIGNATURE OF THE PERSON ACTING ON BEHALF OF THE VICTIM AND CONSENT OF THE VICTIM

Consent of the victim

I,(Print name of the victim)
 consent to(Print name of the person acting on behalf of the victim),
(Capacity of the person acting on behalf),
 to act on my behalf in submitting this Victim Information Form.

Location: _____ Day: _____ Month: _____ Year: _____

 Signature or Thumbprint of person acting on behalf _____ Signature or Thumbprint of victim _____

Before submitting this Application Form, please review it and tick the following as appropriate:

- I have attached the following documents in support of this Form:
 1. _____
 2. _____
 3. _____
 - I have signed or added my thumbprint on every page of this Form as well as any other documents accompanying it.
- Please indicate total number of pages of this Form including additional pages and photocopies of documentation: _____

Victim:	Person acting on behalf:
<input type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 13 of Part A. <input type="checkbox"/> I have provided contact information in response to Questions 14 and 15 of Part A. <input type="checkbox"/> I have signed or added my thumbprint on the first box in Part D.	<input type="checkbox"/> I have signed or added my thumbprint on the second box in Part D.

NOTE

Once the ECCC receives your Form, you will receive an acknowledgement. This acknowledgement will provide you with a registration number that you should use when communicating with the Court. If you send additional information to the Court, please use this registration number to ensure your application is properly updated. Please note that criminal proceedings take time and it may be a while before the ECCC judges make a decision on your application. This Form and the process of applying are free of charge. The Victims Support Section may be contacted at the address below:

**Victims Support Section
 Extraordinary Chambers in the Courts of Cambodia
 National Road 4,
 Sangkat Chaom Chau, Khan Porsenchey,
 Phnom Penh, Cambodia
 PO Box 71
 Email: vss@eccc.gov.kh
 Tel: +(855) 023 861 893
 Helpline: +(855) 097 742 4218**