

Victims Compensation Application Form - Child Exposed to Domestic Violence

Claim No. _____

Date Received _____

(Office Use Only)

This form must be filled out for each child exposed to domestic violence requesting compensation for counselling services.

A child exposed to domestic violence, as outlined in *The Victims of Crime Regulations, 1997*, means a victim:

- (a) who is a child (under age 18) at the time of the incident; and
- (b) whose parent has applied to the minister for compensation and is a cohabitant whose injury is the result of domestic violence by another cohabitant.

Parental Victim Information

Name: _____
First Name Middle Name Last Name

Date of Incident: ____ / ____ / ____ Police File Number: _____
Month Day Year

Has a Victims Compensation application related to this incident been submitted? Yes No

Child Exposed to Domestic Violence Information

Name of Witness: _____
First Name Middle Name Last Name

Date of Birth: ____ / ____ / ____
Month Day Year

Applicant

Name of Applicant: _____
First Name Middle Name Last Name

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____
Home Work Mobile

Email Address: _____

Relationship of Applicant to Child Exposed to Violence Signature of Applicant

Victims Services, Saskatchewan Ministry of Justice
Room 610, 1874 Scarth Street, Regina, Saskatchewan S4P 4B3
Phone: (306) 798-2667 Fax: (306) 787-0081
Toll free: 1-833-798-2667 TTY: 1-800-787-3954

email: victimsservices@gov.sk.ca
website: www.saskatchewan.ca/victimsservices