Claim No. _____

Date Received _____

(Office Use Only)

# Victims Compensation
## Application Form – Homicide Witness

This form must be filled out for each homicide witness requesting compensation for counselling services as a result of observing a homicide.

A homicide witness, as outlined in *The Victims of Crime Regulations, 1997,* means a victim who:

(a) is in close proximity to another victim at the time an act or omission occurs that results in that other victim's death; and

(b) either directly witnesses the occurrence, or witnesses the homicide victim in the immediate aftermath of the act.

**Victim Information**

Name of Homicide Victim: _____
(If known) First Name Middle Name Last Name

Location of Crime: _____
Street Address

_____
City/Town Province

Name of Law Enforcement Agency: _____

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

**Homicide Witness Application**

Name of Homicide Witness: _____
First Name Middle Name Last Name

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

***(Note: If homicide witness is under 18 years of age, parent or guardian must apply on his/her behalf)***

Name of Applicant: _____
(If the Homicide Witness is a minor)

Mailing Address of Applicant: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ _____ _____
Home Work Mobile

Email Address: _____

_____ _____
Relationship of Applicant to Homicide Witness 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**

May 2021

Saskatchewan