



Indemnisation
des victimes
d'actes criminels

Application for benefits

For Crime Victims and Rescuers

How to fill out the form

If you are—or a member of your family is—a crime victim or rescuer, the Direction de l'indemnisation des victimes d'actes criminels (IVAC) can support you and assist you in overcoming the physical, psychological and social repercussions of the event.

To benefit from our services, you must fill out certain documents that will enable us to analyze your application. It is essential to fill out all the documents. That way, we can better define your needs and expectations regarding our services and attempt to meet them as effectively as possible within the limits provided for by law.

If need be, you can fill out this form with the help of a friend, relative or worker from an organization such as a crime victims assistance centre (CAVAC), a sexual assault centre (CALACS) or a CLSC. The contact information for these organizations is found in the telephone directory for your city or region and in the "Pour joindre un service d'aide" section of the Direction de l'IVAC Web site at www.ivac.qc.ca.

For additional information, you can contact the Direction de l'IVAC at:

1199, rue De Bleury
C. P. 6056, succursale Centre-ville
Montréal (Québec) H3C 4E1
Montreal area: (514) 906-3019
Toll free in Canada: 1 800 561-4822
Web site: www.ivac.qc.ca

Remember:

- to fill out all sections and appendices that pertain to your circumstances, to avoid having your form returned
- to sign all forms
- to detach and keep the pink copy of the *Application for Benefits* form
- to send in all the documents requested
- to mail all the documents in the return envelope provided
- to place sufficient postage (stamps) on the return envelope



How to fill out the form

Section 4 • Information required for calculation purposes and for the payment of indemnities

According to taxation legislation the notion of spouse includes married persons who live together and *de facto* spouses. To be considered as *de facto* spouses, both persons may be of the same or different sex but they must have lived together as a married couple for 12 consecutive months or be the natural or adoptive parents of the same child.

4 • Information required for calculation purposes and the payment of indemnities

Family situation declared in accordance with taxation legislation Single With dependent spouse With non-dependent spouse Single parent Number of dependent adults (including your spouse)

In order to determine your indemnity, we need to know your family situation as declared in accordance with taxation legislation. Check one of the four boxes that corresponds to your family situation at the time of the crime or the act of good citizenship.

Please indicate the number of your dependents.

An adult is someone 18 years or over for whom, at the time of the event, you could claim:

- at least a full or partial tax credit; or
- a deduction for support.

If your spouse is your dependent, please count him or her as a dependent.

The steps involved in processing an application are as follows:

1. The application is received by the Direction de l'IVAC.

2. A file is opened.

The claimant will be sent an acknowledgment of receipt indicating his or her file number.

N.B.: You must mention the file number whenever you call Direction de l'IVAC staff. You must also indicate this number as well as first and last name of the file holder on the documents you mail us.

3. Information is collected.

An employee is responsible for gathering the information required to analyze the application:

- evidence of the crime (police report, court judgment, etc.)
- evidence of the injury (medical report, psychological report, etc.)

4. Legal eligibility is determined.

The complete file is submitted to a lawyer who will make a decision.

If the application is accepted:

the file will be forwarded to an employee who will assess the victim or rescuer's needs and determine whether he or she is entitled to services and compensation.

If the application is rejected:

and the claimant is dissatisfied with the decision, he or she may appeal it.

Claimant's responsibilities

- Providing all the information requested by the Direction de l'IVAC, because it is essential to the processing of the application. **This information is mandatory and anyone who refuses to supply it may forfeit his or her right to compensation.**
- Informing the Direction de l'IVAC without delay of any change that may result in an amendment to the amount of compensation.

Medical follow-up of the victim or rescuer

- Following the medical treatment that the physician deems necessary.
- Undergoing the medical exams requested by the Direction de l'IVAC or his or her physician within the limits provided for by law.

Protection of personal information

The personal information provided on this form and any information subsequently added to the file (police report, medical reports, etc.) will be treated as confidential. It will be communicated only to the people named in declarations on CSST personal information files, which you may consult at the Commission d'accès à l'information or at other public bodies with which an agreement has been entered into.

You are entitled to consult and amend this information under the *Act respecting access to documents held by public bodies and the protection of personal information*. You may exercise this right by contacting the person in charge of the file or by sending a written request to the CSST employee responsible for the application of the *Act*.

Information on Employee Remuneration

Reserved for Direction de l'IVAC use

File number	Date of event Year Month Day

Important:

This form is intended for the employer.
It must be filled out by the employer and forwarded to the Direction de l'IVAC as quickly as possible.

Identification of company

Name of company

Address

Street number Street name Suite number

P.O. Box City/town

Province/state Country Postal code

Identification of the employee

Last name First name

Social insurance number Employment start date
Year Month Day

Information

Position held when event occurred

Description of responsibilities

Statut when event occurred

On call Permanent Full-time
 Seasonal Casual Part-time

Contract termination date Is the contract renewable? Yes No

Gross salary paid to the employee during the 12 months preceding the date of the event Employee's regular work week Employee's salary when the event occurred Rate

\$ hours \$ Hourly Daily Weekly bimonthly

Was the employee absent immediately after the event occurred? Yes No From To Since the date of the event, have you paid amounts to this employee during his or her disability period?

Were there other subsequent work stoppages related to the event? Oui Non From To Yes No Specify \$

Comments

Name of employer or representative (in block letters)

Position Telephone number
Area code

Signature of employer or representative



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APPENDIX 3

Dependants of a Deceased Victim or Rescuer

Crime or rescue			
Date of crime or rescue	Year	Month	day
Date of death of victim or rescuer	Year	Month	day

First and last name of the deceased

Reserved for Direction de l'IVAC use File number

Information on the dependants (spouse, child or other dependants). See the definition of "dependant" below.

1

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

2

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

3

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

4

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

5

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

6

Last name as indicated on birth certificate		Date of birth		Relationship
First name		Year	Month	day
Address		Apartment number		
Street number	Street name			
P.O. Box	City/town			
Province/state	Country	Postal code		

Enclose the following document(s):

Death Certificate

Original receipts for the funeral expenses

Birth certificates of dependants, including the names of their mother and father

Marriage or civil union certificate

Definition of "dependant"

- "Spouse" means:
- two persons, who are married or in a civil union and who live together; or
 - two persons, of the opposite sex or the same sex, who live together in a factio union and who, at the time of the event:
 - had been living together for three years, or for one year, if a child was born of their union, and
 - were publicly represented as spouses.
 - A person who is or has been married to or in a civil union with the victim or rescuer and
 - is separated de facto or legally, or whose marriage has been dissolved by a decree nisi of divorce or declared null by a judgment in nullity of marriage, or whose civil union has been dissolved, and
 - who, at the time of the event, was entitled to receive alimony from the victim or rescuer under a judgment or an agreement.

- A child of the victim or rescuer, under 18 years of age.
- A child of the victim or rescuer, over 18 years of age, who regularly attends an educational institution in accordance with the terms and conditions provided for by regulation, or who is an invalid.
- Another person related by blood to the victim or rescuer and any stranger who stood in loco parentis (acted as parent) to the victim or rescuer or to whom the victim or rescuer stood in loco parentis (acted as parent) and who, at the time of the event, was wholly or partly dependent upon the victim's or rescuer's income in accordance with the criteria provided for by regulation.



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APPENDIX 4

Authorization to Forward Copy of file

Health insurance number	IVAC file number	Date of birth Year Month Day
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Identification of the victim or rescuer

Last name	First name
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Address

Street number	Street name	Apartment number
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P.O. Box	City/town
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Province/state	Country	Postal code
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Father's name

Mother's name

Fill out an authorization form for each organization or professional consulted

Organization (hospital, CLSC, private clinic, etc.) or professional consulted

Name
Full address
Documents required

Authorization	The authorization must be signed by the victim or rescuer if he or she is 14 years of age or over, or by the guardian if the victim or rescuer is under 14 years of age. I hereby authorize the holder(s) of the file identified on this form to forward a copy of the above-mentioned documents to the Direction de l'IVAC.	Signature:	Date Year Month Day

1711-A(05-12)



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Address

Street number	Street name	Apartment number
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Province/state	Country	Postal code
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Father's name

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Fill out an authorization form for each organization or professional consulted

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Authorization	The authorization must be signed by the victim or rescuer if he or she is 14 years of age or over, or by the guardian if the victim or rescuer is under 14 years of age. I hereby authorize the holder(s) of the file identified on this form to forward a copy of the above-mentioned documents to the Direction de l'IVAC.	Signature:	Date Year Month Day

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