IVAC
Indemnisation des victimes d'actes criminels

ADMINISTRATIVE REVIEW BOARD
APPLICATION FOR REVIEW

Complete the form by entering the information requested in the appropriate fields.

Identification of claimant

Surname (as shown on birth certificate)	First name	IVAC File No.

Address Number, Street, Apt.

City

Province/State | Postal code

Telephone | Telephone (other) | E-mail

Information on your application for review

Date of contested decision and subject	Date of contested decision and subject
Date of contested decision and subject	Date of contested decision and subject

Please explain why you disagree with each decision.

Do you intend to submit documents other than those contained in your file?

☐ Yes (State the nature of these documents)

☐ No

Would you like the person reviewing your file to contact you before a decision is made? ☐ Yes ☐ No

Details on your application for review

You may send the Administrative Review Board any supporting documents you deem relevant to your application for review (medical assessment, medical report, interim medical report, expert opinion, medical file, income-tax return, or any other pertinent document relating to your application). The individual in charge of reviewing your file may also request specific documents in order to examine it.

As obtaining certain documents may take time, we suggest you commence the process as soon as possible.

Signature	Date
	Y Y Y Y M M D D

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AUTHORIZATION FOR REPRESENTATION

I hereby authorize the person mentioned below to represent me in relation to my application for review. That person is entitled to access any information on my application for review and may discuss any matter relating thereto. Accordingly, I authorize the Direction générale de l'IVAC to disclose any information I may provide in this matter to my representative.

Identification of the representative			
Surname (as shown on birth certificate)	First name	IVAC File No.	
Firm			
Address Number, Street, Apt.			
City			
Province/State		Postal code	
Telephone	Telephone (other)	E-mail	

Signature of claimant	**Date**
	Y Y Y Y M M D D

Please print this form and send it to the Direction générale de l'IVAC at:

Administrative Review Board
Direction générale de l'indemnisation des victimes d'actes criminels
1199, rue De Bleury
P.O. Box 6056, Centre-Ville Branch
Montréal (Québec) H3C 4E1

Fax: 514 906-2937