

<p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p>	▶	<p>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Online</td> <td style="width: 33%;">By mail</td> <td style="width: 34%;">By fax</td> </tr> <tr> <td>www.ivac.qc.ca</td> <td>1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</td> <td>1 888 927-0003</td> </tr> </table>	Online	By mail	By fax	www.ivac.qc.ca	1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2	1 888 927-0003
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1. Information on the identity of the person

Surname (as shown on birth certificate)	First Name	IVAC File N° <input type="text"/>
Address		Telephone
Number	Street	Main
	Apt.	
P.O. Box	City/Municipality	Other
Province/State	Country	
	Postal Code	<input type="text"/>

2. Nature of changes

A. I wish to bring to the attention of the *Direction générale de l'Indemnisation des victimes d'actes criminels*, the following change(s) in my situation (please check the statement(s) that apply to your situation):

I am requesting a deferral of my financial assistance compensating a loss of income (AFCCI or AFPPR) period until

because :

I am receiving parental insurance benefits.

I am receiving employment insurance benefits.

I have changed or I will change my address on .

New address :	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	N°, Street, Apt. City (Province/State), Postal Code, Country

I have received an amount as a result of the exercise of a legal claim for the same objects, sequelae or injuries as those covered by my application for qualification.

Please indicate the amount received: _____ \$

If you check any of the following, please complete Section B also.

My family situation has changed on the

I've been back to work since

I no longer provide for a child born as a result of a sexual aggression since

I have not been a full-time student since

Others

B. Description of the change

Please attach any documents attesting to your change of situation.

3. Signature