IVAC
Indemnisation des victimes d'actes criminels

NOTICE OF CHANGE IN SITUATION

1. **Fill out the form by entering the necessary information in the appropriate spaces.**

2. **Send the completed document to the *Direction générale de l'IVAC*:**

Online	**By mail**	**By fax**
www.ivac.qc.ca	1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	1 888 927-0003

1. Information on the identity of the person

Surname (as shown on birth certificate)	First Name	IVAC File N°

Address

Number	Street	Apt.
P.O. Box	City/Municipality	
Province/State	Country	Postal Code

Telephone

Main

Other

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 Y Y Y Y M M D D because:

- ☐ I am receiving parental insurance benefits.
- ☐ I am receiving employment insurance benefits.

☐ I have changed or I will change my address on Y Y Y Y M M D D .

New address:	Nº, 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 Y Y Y Y M M D D

☐ I no longer provide for a child born as a result of a sexual aggression since Y Y Y Y M M D D

☐ I've been back to work since Y Y Y Y M M D D

☐ I have not been a full-time student since Y Y Y Y M M D D

☐ Others

B. Description of the change

Please attach any documents attesting to your change of situation.

3. Signature

Y Y Y Y M M D D