



Indemnisation  
des victimes  
d'actes criminels

**QUALIFICATION APPLICATION**  
**FOR MINORS**  
**AND INCAPABLE PERSONS OF FULL AGE**

<b>1. Fill out the form by entering the necessary information in the appropriate spaces.</b>	▶	<b>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</b>	
		<b>Online</b> <a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a>	<b>By mail</b> 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2
			<b>By fax</b> 1 888 927-0003

**1. Identification**

**A. Minor or incapable person of full age for whom the application is being filled out**

Surname (as shown on the birth certificate)		First name	Date of birth YY YY MM DD
Social Insurance Number (N.A.S.)* <i>*if assigned</i>	Health Insurance Number (N.A.M.)		Language of correspondence French English
Address Number Street Apartment		Telephone Main	
P.O. Box	City/Municipality		Other
Province/State	Country	Postal Code	YY YY ZZ

<b>Was the person the direct victim of the criminal offence?</b>	Yes	No
<i>If not, indicate the first and last names of the person who is the victim (if known):</i>		
What is the relationship of the minor or incapable person of full age to this person?		

**In order to help IVAC determine whether the person is eligible for certain services, please answer the following question :**

Is the minor or incapable person of full age an Indigenous person?	Yes	No	I prefer not to answer
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**B. Person filling out the qualification application for the person who is the victim identified in Part A**

Surname		First name	Language of correspondence French English
Address Number Street Apt.		Telephone Main	
P.O. Box	City/Municipality		Other
Province/State	Country	Postal Code	YY YY ZZ

**Relationship to the minor or incapable person of full age for whom you are filing this application**

Parent, guardian or person with parental authority over the minor
Direction de la protection de la jeunesse
Tutor, curator or mandatary of the incapable person of full age <i>Please provide proof.</i>
Other person of full age

**2. Event**

**PART 1**

<b>Single event</b>		<b>OR</b>	<b>Events occurring over a period of time</b>			
Date YY YY MM DD	Time (a.m./p.m.) HH MM		Start date YY YY MM DD	End date YY YY MM DD		

<b>Location</b>			
Street	City/Municipality	Province/State	Country
<b>Describe the circumstances of the event.</b>			
<i>If necessary, use the additional space provided at the end of the form.</i>			
<b>Witnesses to the event</b>			
Names		Contact information	
_____		_____	
_____		_____	
_____		_____	
<b>If the event was reported to police, provide the following information :</b>		Name of police force	Police report number
<b>PART 2 - Fill out only if the criminal offence was perpetrated outside of Quebec.</b>			
<b>A. If you are the minor or the incapable person of full age who was a victim of the criminal offence, please indicate what was your status at the time of the perpetration of the criminal offence :</b>			
Canadian citizen		Canadian citizen	
Permanent resident		Permanent resident	
Registered Indian (within the meaning of the <i>Indian Act</i> (RSC 1985, c. I-5))		Registered Indian (within the meaning of the <i>Indian Act</i> (RSC 1985, c. I-5))	
Refugee within the meaning of the Geneva Convention		Refugee within the meaning of the Geneva Convention	
Other (please specify) : _____		Other (please specify) : _____	
<b>OR</b>			
<b>Please indicate the status of the minor or the incapable person of full age who was a victim at the time of the perpetration of the criminal offence :</b>			
Canadian citizen			
Permanent resident			
Registered Indian (within the meaning of the <i>Indian Act</i> (RSC 1985, c. I-5))			
Refugee within the meaning of the Geneva Convention			
Other (please specify) : _____			
<b>B. If you are the minor or the incapable person of full age who was a victim of the criminal offence, please indicate if you were domiciled in Quebec :</b>			
<b>at the time of the perpetration of the criminal offence :</b>		<b>at the filing date of the qualification application :</b>	
Yes	No	Yes	No
<b>OR</b>			
Please indicate if the minor or the incapable person of full age who was a victim was domiciled in Quebec at the time of the perpetration of the criminal offence :		Yes	No
<b>C. If you are the minor or the incapable person of full age who was victim of the criminal offence, please indicate if you were living outside Quebec for more than 183 days during the year preceding the perpetration of the criminal offence. Otherwise, please indicate if the minor or the incapable person of full age who was victim of the criminal offence has lived outside Quebec for more than 183 days during the year preceding the perpetration of the criminal offence ?</b>		Yes	No
<b>PART 3 - Indemnities, benefits and other amounts obtained under another public plan</b>			
Was an application for the minor or incapable person of full age relating to this event submitted to another government agency in Quebec (e.g., SAAQ, CNESST), another province, another state or a foreign country ?		Yes	No
<i>If so, indicate the name of the agency : _____</i>			
Did the minor or incapable person of full age receive or is the person currently receiving indemnities, benefits or other amounts under this plan ?		Yes	No

### 3. Injuries

Please describe the nature of the physical or mental injuries suffered.

### 4. Health assessment

No health assessment is required for qualification. However, a health assessment may be required to be eligible for financial assistance under the law. If the minor or incapable person of full age has an assessment report, you can attach it to this qualification application.

### 5. Information gathering and exchange

I hereby authorize the *Direction générale de l'IVAC* to obtain from or disclose to a healthcare professional any information deemed necessary for processing this qualification application and financial assistance for the minor or incapable person of full age mentioned in section 1.A. This may include any information, administrative or medical documentation contained in the file of the minor or incapable person of full age or in the administrative file, and any documentation obtained from an external resource by the *Direction générale de l'IVAC*. Information will be shared only when deemed necessary by the *Direction générale de l'IVAC*.

I understand that the information requested will be treated in accordance with the Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR c. A 2.1) and that it is necessary to establish the right to financial assistance and, if this is the case, to determine the amount of financial assistance granted. This information is mandatory and failure to provide it could result in the suspension, cessation or refusal of the payment of financial assistance.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until the applications of the minor or incapable person of full age have been fully processed.

Signature of the person filling out the qualification application

Y	Y	Y	Y	M	M	D	D
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### 6. Legal claims

**If a legal claim has been filed, you must fill out and sign this section.**

To your knowledge, has a legal claim been filed against the alleged perpetrator(s) ?

Yes      No

Amount claimed      \$

Amount received      \$

Court file number (if known)

Name, address and telephone number of the lawyer representing the person who is the victim

#### Authorization to communicate and gather information

I hereby authorize the representative named in this section to disclose to the *Direction générale de l'IVAC* personal information about the person who is the victim and about any legal claims filed in relation to this application. I also authorize the *Direction générale de l'IVAC* to disclose the information in the person who is the victim's file needed to obtain information from the representative.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until the person who is the victim's applications have been fully processed.

Signature of the person filling out the qualification application

Y	Y	Y	Y	M	M	D	D
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### 7. Signature

**I hereby declare that the information provided in this qualification application is accurate and complete.**

Signature of the person filling out the qualification application (required)

Y	Y	Y	Y	M	M	D	D
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Name (*in block letters*)

