



Indemnisation  
des victimes  
d'actes criminels

**QUALIFICATION APPLICATION**  
**FOR PERSONS AGED 14 YEARS AND OVER**  
**FILLING OUT THEIR OWN APPLICATION**

<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> 1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1
			<b>By fax</b> 1 888 927-0003

1. Applicant Identification		
Surname (as shown on birth certificate)		First name
		Date of birth YY YY MM DD
Social Insurance Number (N.A.S.)		Health Insurance Number (N.A.M.)
		Language of correspondence French      English
Address		Telephone
Number	Street	Apt.
		Main
P.O. Box	City/Municipality	
		Other
Province/State	Country	Postal Code
		□□□□ □□□□
<b>Were you 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 your relationship to this person?		
In order to help IVAC determine whether you are eligible for certain services, please answer the following question :		
Are you an Indigenous person?		yes      No      I prefer not to answer

2. Event			
PART 1			
Single event		Events occurring over a period of time	
Date	Time (a.m./p.m.)	OR	Start date
YY YY MM DD	HH MM		YY YY MM DD
			End date
			YY YY MM DD
Location			
Street	City/Municipality	Province/State	Country
Describe the circumstances of the event			
<i>If necessary, use the additional space provided at the end of the form.</i>			
Witnesses to the event			
Names		Contact information	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
If the event was reported to police, provide the following information :		Name of police force	Police report number

**PART 2 - Fill out only if the criminal offence was perpetrated outside of Quebec.**

**A. If you are the person who was a victim of the criminal offence, please indicate what was your status**

**at the time of the perpetration of the criminal offence :**

Canadian citizen  
Permanent resident  
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)  
Refugee within the meaning of the Geneva Convention  
Other (please specify) : \_\_\_\_\_

**at the filing date of the qualification application :**

Canadian citizen  
Permanent resident  
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)  
Refugee within the meaning of the Geneva Convention  
Other (please specify) : \_\_\_\_\_

**OR**

**Please indicate the status of the person who was a victim at the time of the perpetration of the criminal offence :**

Canadian citizen  
Permanent resident  
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)  
Refugee within the meaning of the Geneva Convention  
Other (please specify) : \_\_\_\_\_

**B. If you are the person who was a victim of the criminal offence, please indicate if you were domiciled in Quebec :**

**at the time of the perpetration of the criminal offence :**

Yes      No

**at the filing date of the qualification application :**

Yes      No

**OR**

Please indicate if the person who was a victim was domiciled in Quebec at the time of the perpetration of the criminal offence :

Yes      No

**C. If you are the person who was a 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 person who was a victim of the criminal offence has lived outside Quebec for more than 183 days during the year preceding the perpetration of the criminal offence ?***

Yes      No

**PART 3 - Indemnities, benefits and other amounts obtained under another public plan**

Have you submitted an application relating to this event to another government agency in Quebec (e.g., SAAQ, CNESST), another province, another state or a foreign country ?

Yes      No

If so, indicate the name of the agency : \_\_\_\_\_

Have you received or are you 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 you have a health assessment report, you can attach it to your 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 my qualification application and financial assistance. This may include any information, administrative or medical documentation contained in my file 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*.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until my applications have been fully processed.

Applicant's signature

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 you

### Authorization to communicate and gather information

I hereby authorize my representative, named in this section, to disclose to the *Direction générale de l'IVAC* personal information about me and about any legal claims I have filed in relation to this application. I also authorize the *Direction générale de l'IVAC* to disclose the information in my file needed to obtain information from my representative.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until my applications have been fully processed.

Applicant's signature

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.**

Applicant's signature (required)

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

