



**STANDARD APPLICATION FORM FOR REPARATIONS
BEFORE THE INTERNATIONAL CRIMINAL COURT
FOR VICTIMS WHICH ARE ORGANIZATIONS OR INSTITUTIONS**

FORM REPARATIONS-2

Please complete this Application Form if you are the duly authorized representative of an organization or institution which believes itself to have sustained direct harm to any of its property which is dedicated to religion, education, art or science or charitable purposes, or to its historic monuments, hospitals and other places and objects for humanitarian purposes, and you wish to submit a request for reparations to the ICC.

The purpose of this Application Form is to collect information to help a Chamber of Judges in the ICC decide on matters relating to reparation. Completion of this Application Form will not automatically lead to reparation awards by the ICC.


The Information provided in the Application Form will be forwarded to a Chamber of Judges in the ICC which will

consider your request. Please be advised that criminal proceedings take time and it may be some time before the Court makes decisions on reparations.

Please review the accompanying Booklet before completing the Application Form as it will help you fill it in correctly. The Booklet contains explanations regarding:

- What the International Criminal Court is
- The purpose of this Application Form and what will happen to it
- Instructions on how to complete each section of the Application Form. Please note that each Part of this Application Form corresponds to the same Part of the Booklet.

Please note that one Application Form should be filled in per organization/institution.

 Victims that are individuals (natural persons) should use FORM REPARATIONS-1.

NOTE

This Application Form and the process of applying are free of charge. The ICC, as a matter of practice, does not charge any fee at any stage of the application process.

Instructions:

Please take into account the following instructions when completing this Application Form:

- Please fill in this Application Form to the extent possible.
- Please type or write your answers clearly.
- Please attach answers to the questions on a separate sheet of paper if you need more space.
- You must sign your Application Form, or add your thumbprint or other mark where indicated at the end of Part J.
- Please also put initials of the applicant in the box located at the bottom of each page of this Application Form as well as of any other documents accompanying it. This will help prevent pages of the Application Form from being lost.
- Please provide photocopies of documents requested to the extent possible. If you do not have the documentation requested your application will still be considered. If possible, please staple all the pages of the Application Form and the accompanying documents. Do not send original documents at this time, but please take good care of original documents, which the Court may request at a later stage.

If you seek help in filling in this Application Form, you may contact the ICC or an ICC Field Office which will put you in touch with someone near you to help you fill in this Application Form.

Note regarding disclosure of information:

The information contained in your Application Form may be forwarded to the Defence and other interested persons, including States, at the relevant stage. In addition, part or all of the information may be made available to the general public in the course of proceedings. If you do not wish for part or all of the information in the form to be disclosed or made public for reasons related to your security or well-being, you should tick the relevant boxes in Part H of the Application Form and provide the information requested. The Chamber of Judges will decide on the request, and their decision will be communicated to you.

The Application Form should be sent directly to one of the following addresses:

ICC HEADQUARTERS**International Criminal Court**

Victims Participation and Reparations Section (VPRS)
P.O. Box 19519, 2500 CM The Hague
The Netherlands
Fax: + 31 70 515 9100
Email: vprsapplications@icc-cpi.int

ICC FIELD OFFICES**ICC Field Office in Kampala**

Victims Participation and Reparations Section (VPRS)
P.O. Box 72735 - Kampala
Telephone: + 256 77 2 706062

ICC Field Office in Kinshasa

Victims Participation and Reparations Section (VPRS)
Telephone: + 243 998011426, + 243 998011403

INFORMATION ABOUT THE ORGANIZATION OR INSTITUTION. See Part A of the Booklet.

Have you already submitted an application for participation or reparations to the ICC?

Yes No

If yes, when?

Day Month Year

If you have a registration number, please indicate it:

VPRS- / - /

1. Name of the organization/institution: _____

2. Address:

Street: _____ Number/Plot: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

3. Contact details of the organization/institution. Please tick as appropriate.

Please use the address mentioned in Question 2.

Please use the following address. Please complete as far as relevant:

C/O: _____

Street: _____ Number/Plot _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

(Continues on the next page)

Initials of applicant

NOTE: This Application Form and the process of applying are free of charge.

Please use the following telephone number (*please give area code*):

Please use the following mobile phone number:

Please use the following fax number (*please give area code*):

Please use the following e-mail address:

4. The property that was harmed is dedicated to (*Please tick one or more boxes as appropriate*):

Religion

Education

Art

Science

Charitable purposes

Historic monument

Hospital

Humanitarian purposes

Other – Specify: _____

5. What was the legal status of the organization/institution on the date that the alleged harm occurred?

Please provide evidence of the incorporation, establishment or registration of the organization or institution, if appropriate, at the date the alleged harm occurred (such as certificate of incorporation or registration), if possible, certified or authenticated copies.

Non-governmental organization (organization established to provide voluntary services, including religious, educational, artistic, scientific, social or charitable services to the community or any part of it)

Charitable or non-profit organization

Statutory body (such as governmental organization, public school, hospital)

Education (private) body (such as primary school, secondary school, training college)

Company (limited, unlimited or limited by guarantee)

Communication body (such as electronic media, the press)

Institution for the benefit of members of a community (such as cooperative society, building society or micro-finance institution)

Partnership

Other – Specify: _____

Initials of applicant

6. Date and place of incorporation, establishment or registration, if appropriate, of the organization/ institution. *Please complete all that apply.*

Village/Parish/Subcounty/Town: _____

Country/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

PART B

INFORMATION ABOUT THE PERSON SUBMITTING THIS APPLICATION FORM. *See Part B of the Booklet.*

1. Surname(s): _____

2. Other name(s): _____

3. Nationality(ies): _____

4. Contact details. *Please complete all that apply to you.*

If you expect to move elsewhere please provide name and address of a person who knows how to get in touch with you.

Address:

C/O: _____

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal Code: _____

Country: _____

Telephone number *(please give area code)*:

Mobile phone number :

Fax number *(please give area code)*:

E-mail address:

Initials of applicant

5. Occupation and job title:

6. In what capacity are you acting for the organization or institution? Please provide a photocopy of proof of your capacity.

Authorized representative of the organization or institution (such as company director, president)

Legal representative

Other. Please specify: _____

7. In which of the following languages are you able to understand written correspondence?

English

French

Other language. Please specify: _____

Cannot read

PART C

NOT APPLICABLE. See Part C of the Booklet.

PART D

INFORMATION ABOUT THE ALLEGED CRIME(S). See part D of the Booklet.

Please attach answers to this section on a separate sheet of paper if necessary.

1. Please give a detailed description of the alleged crime(s) which form the basis of this application (please explain in detail what happened to the property of the organization/institution).

Initials of applicant

When did the event or events occur? If possible, please specify day(s), month(s) and year(s).

Where did the event or events take place? If necessary you may attach a drawing or a map of the location.

2. Who do you believe is responsible for the event or events and why do you believe this? Please answer to the extent possible.

3. Were there any other victims of the event or events?

Yes No

If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous, or it would put the applicant or anyone else at risk.

4. Were there any witnesses?

Yes No

If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous, or it would put the applicant or anyone else at risk.

5. Do these witnesses have any relationship to the organization/institution?

Yes No

If yes, please indicate:

Initials of applicant

2. Have you lost or suffered damage to any of the following as a result of the alleged crime(s)?

You may tick more than one box.

Type of loss	Description
<input type="checkbox"/> Land (such as agricultural land, farming land)	
<input type="checkbox"/> Buildings (such as schools, hospitals or clinics, offices or homes)	
<input type="checkbox"/> Movable property (such as education/research materials/facilities, office equipment/facilities, medical equipment/facilities, recreational equipment/facilities)	
<input type="checkbox"/> Religious properties (such as church/mosque/temple, symbols, books)	
<input type="checkbox"/> Monuments/community/cultural property (such as cemeteries, museums, works of art)	
<input type="checkbox"/> Environmental damage (such as water sources)	
<input type="checkbox"/> Human Resources (such as teachers, students, leaders, doctors, nurses, patients, social workers)	
<input type="checkbox"/> Other	

3. If resources are available (from a person convicted by the ICC or from the ICC’s Trust Fund for Victims), what would help the organization/institution and the community the most?

Initials of applicant

LEGAL REPRESENTATION. *See Part G of the Booklet.*

A victim may be represented before the ICC by a legal representative. A victim is free to choose her or his legal representative before the ICC, who must be a person with 10 years' relevant experience as a criminal lawyer, judge or prosecutor, and be fluent in one of the Court's working languages (English or French).

1. Are you serving as the legal representative for the organization/institution which is the subject of this application?

Yes No

2. If no, does the organization/institution have a legal representative?

Yes No

If yes, please provide her/his name, and contact details:

Name: _____

Address:

Street: _____ Number/Plot: _____

Camp/Zone/Sector/Cell: _____

Village/Parish/Subcounty/Town: _____

County/District: _____

P.O. Box: _____ Postal code: _____

Country: _____

Telephone number. *Please give area code:* _____

Mobile phone number: _____

Fax number. *Please give area code:* _____

E-mail address: _____

3. Would the organization/institution like assistance from the Court to obtain legal representation?

Yes No

Note regarding victims' legal representation:

The ICC can help victims find a legal representative by providing a list of qualified counsel.

Although the Court's resources for legal aid are limited, the Court may be able to provide some financial assistance. If you believe you will not be able to afford legal representation, a separate form for requesting legal assistance paid by the Court is available at the ICC Field Offices and the website at www.icc-cpi.int

Where there are many victims, a Chamber of Judges may ask victims to choose a common legal representative, in order to make the proceedings more efficient. If for any reason the victims are unable to choose one, the Chamber of Judges may ask the Registrar to do so. If the victims are not happy with the Registrar's choice, they may ask a Chamber of Judges to review it.

Please note that the Office of Public Counsel for Victims within the Court may also be appointed to represent victim(s) or a group of victims free of charge. Such Office provides support and assistance to victims and legal representatives of victims, including legal advice and representation before a Chamber.

Initials of applicant

REQUEST FOR NON-DISCLOSURE OF INFORMATION. *See Part H of the Booklet.*

Completing this section does not automatically mean that your request for non-disclosure will be accepted. Please note that a Chamber of Judges will decide on this request.

1. Please tick one or more boxes if you wish to request that any information provided in this Application Form be kept from:

- The Prosecutor The Defence The general public State or other participant

If yes, which information?

Please give reasons:

2. Have you been in contact with any person or organization to discuss your concerns regarding security as a result of filling in this Application Form?

- Yes No

If yes, please give details:

PART I

INFORMATION ABOUT A PERSON ASSISTING IN FILLING IN THIS APPLICATION FORM.

See Part I of the Booklet.

If you are assisting the person submitting this Application Form please fill in this part.

1. Surname(s): _____

2. Other name(s): _____

Initials of applicant

3. Address. *Please complete all that apply to you.*

Street: _____ Number/Plot: _____
Camp/Zone/Sector/Cell: _____
Village/Parish/Subcounty/Town: _____
County/District: _____
P.O. Box: _____ Postal Code: _____
Country: _____
Telephone number. *Please give area code:* _____
Mobile phone number: _____
Fax number. *Please give area code:* _____
E-mail address: _____

4. Occupation, place of employment and job title: _____

5. Which languages do you speak? _____

6. Which language did you use in communicating with the person submitting this Application Form? _____

7. Was an interpreter present?

Yes No

If yes, please provide her/his name:

Initials of applicant

SIGNATURE OF THE PERSON SUBMITTING THIS APPLICATION FORM. See Part J of the Booklet.

You (the duly authorized representative of the organization or institution) should sign or add your thumbprint or other mark and date this Application Form.

I hereby declare that, to the best of my knowledge and belief, the information I have given in the present Application Form is correct.

Signature, thumbprint or other mark of the applicant

Day Month Year

Location: _____

Witnessed by:

Name: _____

Signature: _____

Initials of applicant

NOTE: This Application Form and the process of applying are free of charge.

REMINDER

Before submitting this Application Form, please review it and tick the following as appropriate:

I have attached the following documents in support of this Application Form:

1. _____

2. _____

3. _____

I have initialed every page of this Application Form as well as any other documents accompanying it.

I have provided a photocopy of proof of my capacity in response to Question 6 of Part B.

I have signed or made my mark in the box in Part J.

Please indicate total number of pages of this Application Form including additional pages and photocopies of documentation: _____

What will happen to your application?

Once the ICC receives your Application Form, you will receive an acknowledgement. This acknowledgement will provide you with a registration number that you should use when communicating with the Court. If you send additional information to the Court, please use this registration number to ensure your application is properly updated. Please note that criminal proceedings take time and it may be a while before a Chamber of Judges make a decision on your application.

Initials of applicant