

Victims Compensation Application Form - Secondary Victim

Claim No. _____

Date Received _____

(Office Use Only)

This form must be filled out for each secondary victim requesting compensation for counselling services as a result of the criminally-related death of an immediate family member.

“Secondary victim” is defined in *The Victims of Crime Act, 1995* as the spouse, child, adult child, parent or sibling of a victim.

- Spouse includes common-law relationships.
- Child includes a stepchild, an adult child, an unborn child and a child with respect to whom a victim stands in the place of a parent
- Parent includes a step-parent and a person who stands in the place of a parent.
- Sibling includes a step-sibling.

Victim Information

Name of Victim: _____
First Name Middle Name Last Name

Location of Crime: _____
Street Address

City/Town Province

Name of Law Enforcement Agency: _____

Date of Incident: ____ / ____ / ____ Police File Number: _____
Month Day Year

Secondary Victim Application

Name of Secondary Victim: _____
First Name Middle Name Last Name

Date of Birth: ____ / ____ / ____ (Note: If secondary victim is under 18 years of age,
Month Day Year parent or guardian must apply on his/her behalf)

Name of Applicant: _____
(If the Secondary Victim is a minor)

Mailing Address of Applicant: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____
Home Work Mobile

Email Address: _____

Relationship of Secondary Victim to Victim

Signature of Applicant

Relationship of Applicant to Secondary Victim
(If Secondary Victim is a minor)

Victims Services, Saskatchewan Ministry of Justice
Room 610, 1874 Scarth Street, Regina, Saskatchewan S4P 4B3
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Toll free: 1-833-798-2667 TTY: 1-800-787-3954

email: victimsservices@gov.sk.ca
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