

General information

This application form is intended for relatives or close friends of a person who died as the result of a criminal act. "Family and close friends" includes any person related to the deceased person by birth, by marriage or by some other very close relationship (such as a close friend or other significant person).

Priority will be given to immediate family members:

- spouse of the deceased victim
- child of the deceased victim
- father and mother of the deceased victim
- brother and sister of the deceased victim
- grandfather and grandmother of the deceased victim.

You are eligible for financial aid in the form of reimbursed expenses if all of the following statements apply to your case:

- The death of your loved one was caused by a criminal act (homicide, criminal negligence, impaired driving, dangerous driving, etc.).
- A legal proceeding or hearing before the Review Board for mental disorder is scheduled or took place after January 28, 2019.
- The criminal act was committed in the province of Quebec.

Note that **applicants under 18 years of age** must have their legal guardian help them complete the form. The guardian must also sign in the space provided at the bottom of the form.

If you would like assistance in completing your form, please contact one of the following resources:

- Crime Victim Assistance Centres (CAVAC):
1-866-LE CAVAC (532-2822)
- *Association des familles de personnes assassinées ou disparues* (AFPAD) – association of families of homicide victims or missing persons: **1-877-484-0404**
- MADD Canada – Mothers Against Drunk Driving: **1-877-392-6233**

Procedure

You must enter all the required information in the correct fields. Forms with incorrect or incomplete information may cause a delay in processing your application.

After you have submitted your form

Based on available information and applications received, the Program will determine which two of the victim's family or close friends will be accepted. **In order to give those close to the victim sufficient time to submit their request, we can wait up to six months following the accused's first court appearance or two weeks before the date of an important step in the legal proceedings** (such as a preliminary inquiry, trial or entering of a guilty plea) **before making a final decision on the choice of applicants.**

If any additional information is needed to process your application, a Program representation will contact you.

If your application is accepted, you will be informed in writing. You will then be required to complete the reimbursement forms in order to be compensated for your expenses (and those of your companion[s], as applicable): up to a maximum of \$2,000 for a legal proceeding, including appeals. In the event of a new legal proceeding or if there are several accused with different trials, additional amounts will be added to the initial allowance.

Travel, meals, accommodation and parking expenses are all eligible for reimbursement. The Program does not provide compensation for loss of income or childcare expenses, however.

If your application is not accepted, you will be informed in writing.

Decision review

If you are not satisfied with the decision in your case, you may request a decision review in writing within **five business days** of the decision date, clearly stating the reason for your request. You will be notified of the results of your request within 30 days. All review decisions are final.

Notice of collection of personal information

The information contained in this form is being collected for the sole purpose of administering and evaluating the Program. Access to the information you send us is reserved for authorized persons only. In accordance with the *Act respecting the protection of personal information in the private sector (chapter P 39.1)*, your information will not be shared with any third-party organizations.

Additional information

Please do not hesitate to contact us if you have any questions or require more information.

Write to us at **demande@programmeproches.ca**
or call 514-277-9860, ext. 2234

Sending in your form

Please email your form to: **demande@programmeproches.ca**

or mail it to:
CP 70 BP Saint Dominique
Montréal, Québec, H2S 3K6



Quebec Reimbursement Program
for Family and Close Friends of
Deceased Victims of a Criminal Act

Application form

An asterisk (*) indicates a compulsory field.

If needed, additional space for your answers is available at the end of the form.

Information on the applicant

Name*

First name: _____

Last name: _____

Date of birth* (YYYY / MM / DD)

____ / ____ / ____

N.B.: Children under 18 must be assisted by their legal guardian, who must also sign in the space provided at the bottom of the form.

Sex: _____

Complete address*

Street Address: _____

City: _____

Province / State / Region: _____

Postal Code / ZIP: _____

Country: _____

Telephone number*

Email address*

Please note that we will contact through this email address.
If you do not have an email address, we will contact you by mail.

What is your relationship to the victim?*

N.B.: You are considered to be the victim's spouse if you were joined by marriage or civil union, or if you considered yourselves as spouses in a civil union and had been living together as a couple for at least one year, had/will have a child together, had adopted a child together or if one of you had adopted the child of the other during your union.

Spouse

Statuts:

Married

Civil union

De facto (common-law) spouse –

date when you started living together:

____ / ____ / ____

Spouse with child(ren)

Child

Parent

Brother / sister

Grandparent

Intimate partner – date of beginning of relationship:

____ / ____ / ____

Child of victim's spouse

Spouse of victim's parent

Uncle / aunt

Nephew / niece

Cousin

Parent of victim's spouse

Child's spouse

Friend

Work colleague

Other – please specify:

Additional information on your relationship with the deceased:

Language of correspondence*

French

English

Information on the deceased

Name of the deceased*

First name:

Last name:

Date of birth* (YYYY / MM / DD)

/ /

Date of the criminal act*

/ /

Information on the criminal act

Name(s) of the accused:

Court file number:

Accusation

- Homicide
- Criminal negligence causing death
- Dangerous driving causing death
- Impaired driving causing death
- Other – Please specify:

Do you have any connection with one of the accused individuals?*

- No
- If so, what is the nature of your connection?

Next known date you will appear in court.
Enter the nature and date of the proceeding:

Additional information

Are you a member of an ethnocultural minority?

If so, please specify:

Are you a member of a First Nation?

If so, please specify:

Are you living with a disability?

If so, please specify:

How did you hear about the Reimbursement Program for Family and Close Friends?

- Someone working in an organization – please specify the name of the organization:

- Police officer
- Publicity (poster, brochure, etc.)
- Internet search
- Other – please specify:

Did a worker in an organization help you complete this form?

If so, which organization?

Are you currently receiving or have you ever received services from a CAVAC (Crime Victim Assistance Centre)?

If so, which one (which region)?

Name of CAVAC worker:

Contact information:

Do you authorize us to exchange information with this organization in order to help you with your current situation as someone close to a victim who incurred travel expenses in order to attend legal proceedings?

- Yes
- No

Are you currently receiving or have you ever received services from another organization in connection with the death of your loved one?

- No
- If so, please specify the name of the organization:

Name of worker:

Contact information:

Do you authorize us to exchange information with this organization in order to help you with your current situation as someone close to a victim who incurred travel expenses in order to attend legal proceedings?

- Yes
- No

Declaration

I declare that the information provided on this form is accurate. Any declaration of false, incomplete or misleading information will have repercussions on the processing of this application.

Signature*

Date* (YYYY / MM / DD)

____ / ____ / ____

Complete this section only if the applicant is under 18 years of age

Name of legal guardian:

Telephone number:

Email Address:

Relationship to the applicant

- Parent
- Brother / sister
- Grandparent
- Spouse of applicant's parent
- Uncle / aunt
- Other – please specify:

I declare that the information provided on this form is accurate. Any declaration of false, incomplete or misleading information will have repercussions on the processing of this application.

Signature of legal guardian*

Date* (YYYY / MM / DD)

____ / ____ / ____

