

The Victims' Rights and Services Act allows compensation for Counselling only. Counselling awards can be provided to a maximum of \$2,000.00 for a **two year period from the date of the award**.

Exception: Immediate family members of homicide victims can be provided with Counselling awards to a maximum of \$4,000.00 for a period from the date of the award until one year after the prosecution is completed.

Instructions to Applicants

1. You must apply within one year of the crime. This time limit applies to all crimes with the following exceptions:
 - There is no time limit on sexual assaults by a person in a position of power or authority.
 - The one year time period does not commence for children until they reach the age of majority (age 19) or have a guardian ad litem appointed, whichever is earlier.
 - The one year filing requirement may be extended if there were circumstances that prevented you from applying within the one year time limit.

Contact our program for more information.

2. Complete the application form in detail and forward to our program at the following address:

By Mail to: Criminal Injuries Counselling Program
1690 Hollis Street,
3rd Floor P.O. Box 7
Halifax, NS B3J 1T0

Or by fax to: 902-424-2056

3. The following signatures are necessary. If the person to receive the Counselling (i.e. the applicant) is:
 - Under 16 years of age—application must be signed by the parent/guardian of the applicant;
 - Between 16 and 18 years of age—application may be signed by either the parent/guardian or by the applicant;
 - 19 years of age or older—application to be signed by the applicant
 - If there is more than one applicant, all persons who are 19 years of age or older must sign.

4. If you are completing the application for a person who is 18 years of age or younger or who cannot complete it for some other reason, please give your full name and address and state your relationship to the applicant (i.e. parent, foster-parent, other guardian, etc.) in Section 5 of this application.
5. If the application involves a deceased victim of crime complete Section 3 of the application.
6. Sign and date the application in Section 5. The signature of each applicant over the age of 19 is required.
7. It is your responsibility to inform our office of any change of address and phone number.

Questions

Department of Justice
Victim Services
1690 Hollis Street,
3rd Floor P.O. Box 7
Halifax, NS B3J 1T0

Phone: 902-424-4651
Toll free: 1-888-470-0773
Fax: 902-424-2056
Email: vicservices-cic@novascotia.ca

Application for Counselling Services Criminal Injuries Counselling Program



1. General Information (print)

*Applicant(s) is the person to receive the Counselling.

Primary applicant*: _____ File No.: _____

Last name: _____ First name: _____

Street address: _____

City/Province/Postal code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Date of birth: _____ Email: _____

Additional Applicants (if applicable)

Last name: _____ First name: _____

Same address as primary applicant

Street address: _____

City/Province/Postal code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Date of birth: _____ Email: _____

Last name: _____ First name: _____

Same address as primary applicant

Street address: _____

City/Province/Postal code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Date of birth: _____ Email: _____

Last name: _____ First name: _____

Same address as primary applicant

Street address: _____

City/Province/Postal code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Date of birth: _____ Email: _____

2. Details of Crime:

Incident date: _____ Location of incident: _____

Accused/Offender name: _____

Relationship to applicant: _____

Type of Crime: Sexual assault Physical assault Murder

Other (specify): _____

Police incident number _____ Investigating officer _____

Police agency _____

3. If this application involves a deceased victim of crime, complete this section

Decedent name: _____

Address same as above

Decedent address: _____

Applicant's relationship to Decedent: _____

4. Authorization to Release Information

To: **The Criminal Injuries Counselling Program**

As an applicant, I authorize:

- The police to provide the Criminal Injuries Counselling Program with a copy of any statements.
- The Workers' Compensation Board and any other authority from which I receive Provincial, Municipal or Federal funds or services, to provide the Criminal Injuries Counselling Program with any information relevant to my application.
- I understand the Criminal Injuries Counselling Program may notify the authorities mentioned above, that I have submitted an application and may inform them of the Program's decision.

5. The following signatures are necessary if the person to receive the Counselling (i.e. the applicant) is:

- Under 16 years of age—application must be signed by the parent/guardian of the applicant
- Between 16 and 18 years of age—application may be signed by either the parent/guardian or by the applicant
- 19 years of age or older—application must be signed by the applicant.

Primary Applicant

I declare the information contained in this application is true and correct and hereby claim Counselling services for the incident described in section 2 of this application. I understand that I am authorizing to release information to the Criminal Injuries Counselling Program as explained in section 4 of this application. If you are signing on behalf of, or in addition to, the applicant, state your name, address and relationship to the applicant.

Name: _____ Relationship to applicant: _____

Date of application: _____

Signature of applicant: E-signature _____ or type your name _____
By typing your name you agree that you are signing this document.

Additional Applicants (if applicable)

I declare the information contained in this application is true and correct and hereby claim Counselling services for the incident described in section 2 of this application. I understand that I am authorizing to release information to the Criminal Injuries Counselling Program as explained in section 4 of this application. If you are signing on behalf of, or in addition to, the applicant, state your name, address and relationship to the applicant.

Name: _____ Relationship to applicant: _____

Date of application: _____

Signature of applicant: E-signature _____ or type your name _____
By typing your name you agree that you are signing this document.

I declare the information contained in this application is true and correct and hereby claim Counselling services for the incident described in section 2 of this application. I understand that I am authorizing to release information to the Criminal Injuries Counselling Program as explained in section 4 of this application. If you are signing on behalf of, or in addition to, the applicant, state your name, address and relationship to the applicant.

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