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Department of Justice  
Victim Services

## CRIMINAL INJURIES COUNSELLING PROGRAM

### Application for Counseling Services

The *Victims' Rights and Services Act* allows compensation for counseling only. Counseling 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 counseling 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.

Please contact our program for more information.

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

By Mail to:

**Criminal Injuries Counseling Program**  
1690 Hollis Street,  
3rd Floor P.O. Box 7  
Halifax, Nova Scotia B3J 1T0

Or by fax to:

**Fax: (902) 424-2056**

3. The following signatures are necessary. If the person to receive the counseling (i.e. the applicant) is:
  - (a) Under 16 years of age - application must be signed by the parent/guardian of the applicant;
  - (b) Between 16 and 18 years of age - application may be signed by either the parent/guardian or by the applicant;
  - (c) 19 years of age or older - application to be signed by the applicant
  - (d) 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 please 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.

**1. General Information (Please Print):**

<b>*Primary Applicant:</b> <i>*Applicant(s) is the person to receive the counseling</i>			File No:
<b>Last Name:</b>		<b>First Name:</b>	
Street Address:			
City/Province/Postal:			
Telephone: Home:		Work:	Cell:
Date of Birth:		Email:	

**Additional Applicants (if applicable):**

<b>Last name:</b>		<b>First Name:</b>	
Street Address:		<input type="checkbox"/> Same address as Primary Applicant	
City/Province/Postal:			
Telephone: Home:		Work:	Cell:
Date of Birth:		Email:	
<b>Last name:</b>		<b>First Name:</b>	
Street Address:		<input type="checkbox"/> Same address as Primary Applicant	
City/Province/Postal:			
Telephone: Home:		Work:	Cell:
Date of Birth:		Email:	
<b>Last name:</b>		<b>First Name:</b>	
		<input type="checkbox"/>	
Street Address:		Same address as Primary Applicant	
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: <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Physical Assault <input type="checkbox"/> Murder	
<input type="checkbox"/> Other (please specify):	

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

Decedent Name:
Decedent Address: <span style="float: right;">Same as above <input type="checkbox"/></span>
Applicant's relationship to Decedent:

**4. Authorization to Release Information**

**To: The Criminal Injuries Counseling Program**

**As an applicant, I authorize:**

- (a) The police to provide the Criminal Injuries Counseling Program with a copy of any statements.

- (b) The Workers' Compensation Board and any other authority from which I receive Provincial, Municipal or Federal funds or services, to provide the Criminal Injuries Counseling Program with any information relevant to my application.
- (c) I understand the Criminal Injuries Counseling 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 counseling (i.e.: the applicant) is:**

- (a) Under 16 years of age- application must be signed by the parent/guardian of the applicant**
- (b) Between 16 and 18 years of age – application may be signed by either the parent/guardian or by the applicant**
- (c) 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 counseling services for the incident described in section 2 of this application. I understand that I am authorizing to release information to the Criminal Injuries Counseling 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.	
Date of Application:	Signature of Applicant:
Name:	Relationship to Applicant

**Additional Applicants (if applicable)**

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

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

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Name:	Relationship to Applicant: