**Application for Admission as a Victim Participating in Proceedings**

# SECTION 1: PERSONAL AND CONTACT DETAILS OF THE VICTIM APPLICANT

**Personal details**

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| --- | --- | --- |
| 1 | Family name(s): Click or tap here to enter text. | |
| 2 | First name(s): Click or tap here to enter text. | |
| 3 | Date of birth: Click or tap to enter a date. | Place of birth: Click or tap here to enter text. |
| 4 | Sex: |  |
| Choose an item. | |
| 5 | Citizenship(s): Click or tap here to enter text. | |
| 6 | Occupation/Profession: Click or tap here to enter text. | |
| 7 | What kind of identification documents do you have? Please attach a photocopy of the document | |
| Identity card  Passport  Driving licence  Other, please specify:  Click or tap here to enter text. | |

**Contact details**

|  |  |
| --- | --- |
| 8 | Current home address: Click or tap here to enter text. |
| 9 | Where would you like to be contacted? Address, phone number, email address:  Click or tap here to enter text. |
| 10 | What languages do you speak? Click or tap here to enter text. |
| 11 | In what language would you like to be contacted by the Kosovo Specialist Chambers? |
| Choose an item. |
| 12 | Please provide details of an alternative contact person in the event you cannot be reached: |
| Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone number and email address: Click or tap here to enter text. |
| Relationship with you: Click or tap here to enter text. |

**Previous applications**

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| 13 | Have you previously submitted an application for participating in the proceedings of the Kosovo Specialist Chambers? If so, please indicate the case and the applications’ registration number  Choose an item. Click or tap here to enter text. |

**SECTION 2: INFORMATION RELATING TO THE EVENTS AS A RESULT OF WHICH YOU BECAME A VICTIM**

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| --- | --- | --- |
| 1 | Please indicate the alleged crime in an indictment confirmed by the Kosovo Specialist Chambers as a direct result of which you became a victim.  Click or tap here to enter text. | |
| 2 | Please describe how you became a victim as a direct result of this crime. Indicate, to the best of your knowledge, the date, time and location of the events as well as how the events unfolded. If possible, please identify or describe the persons present at the scene and/or involved in the events.  Click or tap here to enter text. | |
| 3 | Please describe the harm that you sustained as a direct result of this crime:  Copies of medical certificates or other documentary proof will be requested later, where necessary. | |
| **Physical harm**  (physical injuries, physical ailments resulting from injuries) | Click or tap here to enter text. |
| **Mental harm**  (psychological traumas, including PTSD, depression, anxiety; bereavement) | Click or tap here to enter text. |
| **Material harm**  (loss, destruction or damage of property, assets or possessions) | Click or tap here to enter text. |
| 4 | If you are an indirect victim whose harm results from the harm suffered by a direct victim, provide information on kinship/close relationship (father, mother, sibling, spouse etc.) and attach documentary proof (birth certificate, family book, marriage certificate etc.).  Click or tap here to enter text.  Copies of documentary proof will be requested later. | |

**SECTION 3: REQUEST FOR NON-DISCLOSURE OF IDENTIFYING INFORMATION**

Completing this section does not automatically mean that your request for non-disclosure of identifying information will be accepted. Please note that the Pre-Trial Judge will rule on this request. In case the request will be rejected, you will be asked, whether you wish to continue with your application prior to the disclosure of any identifying information.

|  |  |
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| 1 | If you have any reasons to believe, that revealing your identity to the public, the Prosecution, the Defence Counsel and/or Accused might endanger you or your family, please mark the relevant box(es).  I do not wish any identifying information to be disclosed to the:  Public  Prosecution  Defence Counsel  Accused  If so, please specify such reasons in detail: Click or tap here to enter text. |

# SECTION 4: PERSONAL AND CONTACT DETAILS OF PARENT OR LEGAL GUARDIAN

**This section should be completed only if the Victim Applicant is under 18 years of age or an adult who has been declared lacking legal capacity.**

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| --- | --- | --- |
| 1 | Family name(s): Click or tap here to enter text. | |
| 2 | First name(s): Click or tap here to enter text. | |
| 3 | Date of birth: Click or tap to enter a date. | Place of birth: Click or tap here to enter text. |
| 4 | Sex: |  |
| Choose an item. | |
| 5 | What kind of identification documents do you have? Please attach a photocopy of the document in Section 6. | |
| Identity card  Passport  Driving licence  Other, please specify:  Click or tap here to enter text. | |
| 6 | Current home address: Click or tap here to enter text. | |
| 7 | Where would you like to be contacted? Address, phone number, email address:  Click or tap here to enter text. | |
| 8 | What languages do you speak? Click or tap here to enter text. | |
| 9 | In what language would you like to be contacted by the Kosovo Specialist Chambers? | |
| Choose an item. | |
| 10 | I am acting on behalf of the Victim Applicant because the Victim Applicant is: | |
| Choose an item. | |
| 11 | Please indicate your relationship with the Victim Applicant:  Choose an item.  Copies of relevant documents indicating this relationship may be requested separately at a later stage. | |

**SECTION 5: COUNSEL**

**If your application is successful, the Registrar will assign Counsel to you and other victims. You may wish to set out your views as to which Counsel should be assigned to you. Any views will be given due consideration.**

|  |  |
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| 1 | Please express your preliminary views, if any: |

**SECTION 6: SIGNATURE**

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| I hereby certify that:   * I was able to read this application form to participate in the proceedings before the Kosovo Specialist Chambers in a language that I understand or failing that, it was read to me in a language that I understand; * I hereby confirm that I understood what I read or what was read to me; * ***Manual***: I provide my signature below and my initials on each page of this form and of the supporting documents. / ***Electronic***: I provide (upload) my signature below * The information provided in this form is correct to the best of my knowledge. |
| I have attached the following documents to the form: Click or tap here to enter text.  In total, including supporting documents, I submit Click or tap here to enter text. pages.  Date: Click or tap here to enter text.  Location: Click or tap here to enter text.  Signature (if manual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Electronic signature**

Please upload your electronic signature / a photo of your signature

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| --- |
| **Please provide a copy of your ID card. You can attach a hard copy, submit it by email or double click the box below to add a scan of your ID card.** |



Double click the box below to add a scan of ID card for minors or a certificate for Legal Capacity [Section 4.10]:

