

**CASE IDENTIFICATION**

Offender: \_\_\_\_\_ Court File #: \_\_\_\_\_  
(name of accused)

Victim: \_\_\_\_\_ Charges: \_\_\_\_\_  
(name of victim)

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This form may be used to provide a description of the physical or emotional harm, property damage or economic loss suffered by you as the result of the commission of an offence for which the accused person was found not criminally responsible on account of mental disorder, as well as a description of the impact that the conduct has had on you. You may attach additional pages if you need more space.

Your statement must not include:

- any statement about the conduct of the accused that is not relevant to the harm or loss suffered by you;
- any unproven allegations;
- any comments about any conduct for which the accused was not found not criminally responsible;
- any complaint about any individual, other than the accused, who was involved in the investigation or prosecution of the offence; or
- except with the court's or Review Board's approval, an opinion or recommendation about the disposition.

The following sections are examples of information you may wish to include in your statement. You are not required to include all of this information.





## DRAWING, POEM OR LETTER

You may use this space to draw a picture or write a poem or letter if it will help you express the impact that the accused conduct has had on you.

The *Canadian Victim Bill of Rights* permits the victim to present their statement (in court or before the Review Board) by 1) reading it; 2) reading it in the presence and close proximity of any support person of the victim's choice; 3) reading it outside the court room or behind a screen or other device that would allow the victim not to see the offender; or 4) presenting the statement in any other manner that the court considers appropriate.

**I would like to read or present my statement (in court or before the Review Board).**

## DECLARATIONS

To the best of my knowledge, the information contained in this statement is true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
Signature of declarant

If you completed this statement on behalf of the victim, please indicate the reasons why you did so and the nature of your relationship with the victim:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature of declarant