



Ministry of the Attorney General
Civil Remedies Act
Compensation Claim Form

Form must be completed in full to be considered. The information to be provided in this form is collected under the authority of Ontario Regulation 498/06.

Section 1: General Information

If there is not enough space on this form, attach pages as necessary.

For questions regarding the completion of this form, or **if you have a personal accessibility requirement or need documents in a different format, call our North American toll free number: 1-888-246-5359 | E-mail: cria@ontario.ca | Fax: 416-314-3714 | Write to: Ministry of the Attorney General, Civil Remedies for Illicit Activities Office (CRIIA), 77 Wellesley Street West, P.O. Box 555, Toronto, Ontario, Canada, M7A 1N3.** ◀ Mail completed application form to this address.

PLEASE PRINT ALL INFORMATION

1	Notice No.:	
---	-------------	--

2	Amount of Claim:	
---	------------------	--

3	Claimant's Name:					
	First Name		Last Name (If business) Full Corporate Name			
	Street No., Street Name		Suite/Unit No.	City	Prov Stat	Postal Code Zip Code+4
	Country	Telephone No.	Business No.	Facsimile	Email Address	

4	If Claimant is under 18, include legal guardian's contact information and relationship to Claimant.					
	Guardian's Name:		Relationship:			
	First Name		Last Name (If business) Full Corporate Name			
	Street No., Street Name		Suite/Unit No.	City	Prov Stat	Postal Code Zip Code+4
Country	Telephone No.	Business No.	Facsimile	Email Address		

Section 3: Additional Information

6	Have you received any monies or are you entitled to receive any monies from any source RELATING TO THIS CLAIM? YES <input type="checkbox"/> or NO <input type="checkbox"/>
	If yes, tell us how much and from where (such as from your insurance or from government organization like Criminal Injuries Compensation Board, Workers Compensation, Criminal Code restitution order, etc.)

7	Was a police report filed or a court action started RELATING TO THIS CLAIM? YES <input type="checkbox"/> or NO <input type="checkbox"/>
	If yes, attach a copy of the police report or the court documents to this claim. If you answered yes, but no documents are attached, explain why not.

8	Other than being a victim and entitled to file a claim, do you have any connection with the persons named in the Notice or with the unlawful activity that resulted in the legal proceeding? (For example, are you a relative or did you have any role in the unlawful activity that resulted in the forfeiture?). YES <input type="checkbox"/> or NO <input type="checkbox"/>
	If yes, please explain fully.

Section 4: Declaration

9	Declaration of Claimant/Guardian:		
	I certify that:		
	A) The information included in this form is true and if there is any change to the information after I have sent the claim, I will advise the Ministry of the Attorney General, Civil Remedies for Illicit Activities Office immediately.		
	B) I am aware and agree that the information included in this form will be used for the assessment of my claim, eligibility and for statistical reporting.		
C) I am aware that false or incomplete information or failure to notify the Civil Remedies for Illicit Activities Office of any change in the information included in this form may result in the denial of the claim or repayment of any compensation paid to me based on this claim.			
D) I am aware and agree that the information contained in this claim or sent in support of this claim is subject to disclosure under the Freedom of Information and Protection of Privacy Act and the Civil Remedies Act, 2001.			
Claimant Signature:		Guardian Signature: (if claimant under age 18)	
Date:		Date:	
Print Name:		Print Name:	

For questions regarding the completion of this form, or **if you have a personal accessibility requirement or need documents in a different format, call our North American toll free number: 1-888-246-5359 | E-mail: cria@ontario.ca | Fax: 416-314-3714 | Write to: Ministry of the Attorney General, Civil Remedies for Illicit Activities Office (CRIA), 77 Wellesley Street West, P.O. Box 555, Toronto, Ontario, Canada, M7A 1N3.** ◀ Mail completed application form to this address.