

06 September 2012

E2/87
09-VU-00167

Kingdom of Cambodia
Nation Religion and King



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា

Extraordinary Chambers in the Courts of Cambodia
Chambres Extraordinaires au sein des Tribunaux Cambodgiens

អង្គការជនរងគ្រោះ
Victims Unit

Delivery By : DC-Cam
ផ្តល់នៅ :
Received By : VU
ទទួលនៅ :
Date : 26.01.09 Time :
រៀន ឆ្នាំ : ម៉ោង : PM

- Office of the Co-Prosecutors
- Office of the Co-Investigating Judges

Case File No:

Victim Information Form

PART A

PERSONAL INFORMATION ABOUT THE VICTIM

1. Name(s) and first name: ROBERT HAMILL 2. Sex Male Female
3. Place of Birth: WHAKATANE 4. Nationality: NEW ZEALAND
5. Age/Date of Birth (if known dd/mm/yyyy): 04/01/1964 6. Occupation: EVENT MANAGER/SPEAKER
7. Marital Status Single Married Divorced Widow/Widower Other
8. Father's or Tutor's Name: MILES HAMILL Mother's Name: ESTHER HAMILL
9. How many dependants do you have? Please write number. 3
10. Have you ever had any disability or disabilities? Yes No
If yes, please specify:
11. Which of the following proof of identity do you have? Please indicate the number.
Type of proof of identity Number or other reference
 Passport AA053313
 Driver's licence
 Identity card (such as students, employees)
 Letter from Local Authority
 Camp registration card
 Card from humanitarian agency (such as UNHCR, WFP)
 Tax document
 Voting card
 Other
 None

ឯកសារដើម
ORIGINAL DOCUMENT/DOCUMENT ORIGINAL
រៀន ឆ្នាំ ទទួល (Date of receipt/Date de reception):
05. FEB. 2009
ម៉ោង (Time/Heure): 09:00
មន្ត្រីទទួលបន្ទុកសំណុំរឿង/Case File Officer/L'agent chargé
du dossier: C.A. Amy

FOR VICTIMS UNIT USE ONLY
Application:
 Witness Complaint
Action:
 Co-Prosecutors Co-investigating Judges

ឯកសារបានអនុម័តដោយមន្ត្រីបច្ចេកទេសច្បាប់ដើម
CERTIFIED COPY/COPIE CERTIFIEE CONFORME
 Civil Party Application
រៀន ឆ្នាំ បញ្ជាក់ (Certified Date/Date de certification):
10. FEB. 2009
មន្ត្រីទទួលបន្ទុកសំណុំរឿង/Case File Officer/L'agent chargé
du dossier: C.A. Amy

12. Please complete all that apply to you.	
<input checked="" type="checkbox"/> Current address <input type="checkbox"/> If you do not have a specific address, please provide your last residence	
Number/Plot: 1020	Street: LIMWORKS LOOP ROAD
Group/Village:	Commune:
District: RDS	Province/City: HAMILTON
Country: NEW ZEALAND	
13. Contact address. Please tick as appropriate.	
<input checked="" type="checkbox"/> I would like to be contacted at the address mentioned in question 12.	
<input type="checkbox"/> I would like to be contacted through a person acting on my behalf:	
<input type="checkbox"/> Lawyer:	<input type="checkbox"/> Victims Association:
<input type="checkbox"/> I would like to be contacted at the following address C/O:	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
<input checked="" type="checkbox"/> I would like to be contacted at the following telephone number: +64-7-8259921	
Have you already submitted a complaint or an application for civil party participation to the ECCC or other places?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please indicate what form of application, where and when:	
Form of application	
Place:	Day Month Year

PART B**INFORMATION ABOUT THE ALLEGED CRIME(S)**

Please attach answers to this section on a separate sheet of paper if necessary.

1. Please provide details of crime(s).	
Location (village, district, area, zone): SEE ATTACHED DOCUMENT	
Date (dd/mm/yyyy): 13/08/1978	
Description of Crime(s) (what crimes occurred and how they occurred): SEE ATTACHED DOCUMENT	
2. Who do you believe is responsible for these crime(s) and why you believe this? Please answer to the extent possible. SEE ATTACHED DOCUMENT	
3. Were you a victim of these crime(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you a witness to these crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Do you know any other victims or witnesses to these crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous, or it would put the applicant or anyone else at risk):	

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6. Do you have any relationship with these witnesses (are they family members, neighbours, friends, etc.)? Yes No
(If yes, please indicate):

In order for Civil Party action to be admissible, the injury must be: a) physical, material or psychological; b) the direct consequence of the offence, personal and have actually come into being.

PART C**APPLICATION TO BE JOINED AS A CIVIL PARTY**

You should only complete this Part if you wish to be joined as a Civil Party to a judicial investigation

1. Please indicate the proceedings to which you wish to be joined:

Case File No: #1 ~~XXXXXXXXXX~~ CIVIL PARTY

2. Please state the injury, loss or harm you have suffered, and give a brief description (such as physical injury, mental pain and anguish, loss of or damage to property):

SEE ATTACHED DOCUMENT

3. Were you examined by a doctor after the event or events occurred? Yes No

4. Did you receive any medical or psychological treatment? Yes No

5. If yes, do you have any records regarding any medical or psychological treatment? Yes No

If yes, please tick as appropriate and provide a photocopy, if available.

Medical report from doctor, hospital or health centre X-rays Prescriptions/Invoices for medicines

Other. Please specify: None

6. Does your condition persist today? Yes No

If yes, please give details: I still grieve for my brother
the loss of

7. Do you have any preference as to the form of collective or moral reparation that you would like to obtain? Yes No

If yes, please give details: I AM CURRENTLY CONSIDERING OPTIONS.

PART D**SIGNATURES****1. SIGNATURE OF THE VICTIM**

Please sign or add your fingerprint and date this Form, whether or not someone is acting on your behalf or assisting you in filling in this Form.

I hereby declare that:

- To the best of my knowledge and belief, the information I have given in the present Form is correct, otherwise I will be liable under the applicable law.

- I wish to participate in proceedings before the ECCC as: a witness a complainant a civil party

If you answered "civil party", please ensure that you have filled in Part C above

Location:

Day: 15 Month: 01 Year: 2009

Signature or fingerprint of the victim and name

Witnessed by/Signature :

Signature: