

Kingdom of Cambodia National Religion and King



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា

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

Appendix A

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

Case File No:

Victim Information Form

PART A

ឯកសារបកប្រែ
TRANSLATION/TRADUCTION
ថ្ងៃ ខែ ឆ្នាំ (Date): 27-Jan-2015, 09:12
CMS/CFO: Ly Bunloun

PERSONAL INFORMATION ABOUT THE VICTIM

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

FOR VICTIMS UNIT USE ONLY

Application:

- ☐ Witness ☐ Complaint ☐ Civil Party Application

Action:

- ☐ Co-Prosecutors ☐ Co-investigating Judges

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12. Please complete all that apply to you.			
<input type="checkbox"/> Current address		<input type="checkbox"/> If you do not have a specific address, please provide your last residence	
Number/Plot:		Street:	
Group/Village:		Commune:	
District:		Province/City:	
Country:			
13. Contact address. <i>Please tick as appropriate.</i>			
<input 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 type="checkbox"/> I would like to be contacted at the following telephone number:			
Have you already submitted a complaint or an application for civil party participation to the ECCC or other places?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate what form of application, where and when:			
Form of application			
Place:		Day	Month Year

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Extraordinary Chambers in the Courts of Cambodia National Road 4 ,Chaom Chau , Dangkao Phnom Penh
 Mail Po Box 71 ,Phnom Penh Tel:+855(0)23 218914 Fax:023 218941

Chambres extraordinaires au sein des tribunaux cambodgiens, Route nationale 4, Chaom CHau, Damgkao, Phnom Penh
 Boite postale 71, Phnom Penh. Tel : Tel:+855(0)23 218914 Fax:023 218941

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 (<i>village, district, area, zone</i>):	
Date (dd/mm/yyyy):	
Description of Crime(s) (<i>what crimes occurred and how they occurred</i>):	
2. Who do you believe is responsible for these crime(s) and why you believe this? <i>Please answer to the extent possible.</i>	
3. Were you a victim of these crime(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were you a witness to these crime(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you know any other victims or witnesses to these crime(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(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):</i>
6. Do you have any relationship with these witnesses (are they family members, neighbours, friends, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate):</i>
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**

<i>You should only complete this Part if you wish to be joined as a Civil Party to a judicial investigation</i>	
1. Please indicate the proceedings to which you wish to be joined: Case File No:	
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):	
3. Were you examined by a doctor after the event or events occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you receive any medical or psychological treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, do you have any records regarding any medical or psychological treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please tick as appropriate and provide a photocopy, if available.</i>
<input type="checkbox"/> Medical report from doctor, hospital or health centre	<input type="checkbox"/> X-rays
<input type="checkbox"/> Other. <i>Please specify:</i>	<input type="checkbox"/> Prescriptions/Invoices for medicines <input type="checkbox"/> None
6. Does your condition persist today?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i>

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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:

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:

Month:

Year:

Signature or fingerprint of the victim and name

Witnessed by/Signature :

Signature:

2. SIGNATURE OF THE PERSON ACTING ON BEHALF OF THE VICTIM AND CONSENT OF THE VICTIM

Consent of the victim:

I ,

Print name of the victim

consent to

Print name of the person acting on behalf of the victim, in the capacity of

to act on my behalf in making this application.

Location:

Day:

Month:

Year:

Signature or fingerprint of a person acting on behalf of the victim and name

Witnessed by/Signature:

Signature:

Before submitting this Application Form, please review it and tick the following as appropriate:

☐ I have attached the following documents in support of this Form:

- 1.
- 2.
- 3.

☐ I have signed or added my fingerprint on every page of this Form as well as any other documents accompanying it.

Please indicate total number of pages of this Form including additional pages and photocopies of documentation:

Victim:	Person acting on behalf of the victim:
<input type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 11 of Part A.	<input type="checkbox"/> I have signed or added my fingerprint on the second box in Part E.
<input type="checkbox"/> I have provided contact information in response to Question 13 of Part A.	
<input type="checkbox"/> I have signed or added my fingerprint on the first box in Part E.	

NOTE

Once the ECCC receives your Form, you will receive an acknowledgement. This acknowledgement will provide you with a registration number that you should use when communicating with the Court. If you send additional information to the Court, please use this registration number to ensure your application is properly updated. Please note that criminal proceedings take time and it may be a while before the ECCC judges make a decision on your application.

This Form and the process of applying are free of charge.

Victims Unit may be contacted at the address below or by email at victimsunit@eccc.gov.kh



អង្គភាពជនរងគ្រោះ

Victims Unit

Unité des Victimes

Part B: Question 1 (The information related to the crimes)

On 17 April 1975, my wife's family members, including her father LĒNG Phēng (ឡេង ផេង) [a colonel in LON Nol's army], her mother Châmroeurn (ចាំរ៉េន) and her four brothers, namely PHĒNG Pros (ផេង ប្រុស), PHĒNG Pom (ផេង ប៉ុម), PHĒNG Pech (ផេង ពេជ្រ) and PHĒNG Peou (ផេង ពៅ), were shot dead by the Khmer Rouge soldiers in their house near Olympic Market in Phnom Penh city. On the same day, my wife's uncle LĒNG Chriek (ឡេង ជ្រីក) [a LON Nol soldier], his wife Sâmreang (សំ រាង) and their three children, namely CHRIEK Sâmrit (ជ្រីក សំរិត), CHRIEK Borin (ជ្រីក បូរិន) and CHRIEK Srei (ជ្រីក ស្រី), were also shot dead by the Khmer Rouge soldiers in their house near Olympic Market in Phnom Penh city. My wife and I were told about these shootings by MAK Rīt (ម៉ាក រិត) who was the grand uncle of my wife [Châmreun] and whose house was located near that of LĒNG Phēng and LĒNG Chriek. MAK Rīt died in 1982.

Place: Kandal, Date: 17 October 2009

[Thumbprint]

CHEOU Lim (ជោ លឹម)

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