



File Number: \_\_\_\_\_

Use this form to ask the Criminal Injuries Compensation Board (CICB) to issue a summons to require a witness to give oral evidence at a hearing and/or bring certain documents to a hearing. If your request for a summons is approved, the CICB will give you the summons and instructions on how to give it to the witness. It is your responsibility to properly serve the summons on the witness and pay the witness attendance money.

**Part 1: General Information**

Hearing Date:	Hearing Time:
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**Part 2: Requestor's Information**

Applicant     Applicant's Representative     Alleged Offender     Alleged Offender's Representative

Name: \_\_\_\_\_

Address:	Municipality (City, Town, etc.):	Province:	Postal Code:
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Day Phone Number:	Email Address:
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**Part 3: Witness to be Summoned to Attend the Hearing**

Name: \_\_\_\_\_

Address:	Municipality (City, Town, etc.):	Province:	Postal Code:
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The CICB will only issue a summons if it is satisfied that the witness has information arguably relevant to the issues that are before the CICB. In the box below, explain how the witness is connected to the application. Also give a general description of the evidence the witness will provide at the hearing and explain why this evidence is relevant and necessary to resolve the application.

Explanation continued (if necessary):

*Attach more sheets if necessary.*

**Part 4: Signature**

Name:

Signature:

Date:

If the CICB issues a Summons for this witness to attend the hearing, tell us how you want the Summons given to you.

- Send by mail to the Requestor       Send by courier to Requestor's address

**Collecting Personal Information:** The Criminal Injuries Compensation Board collects the personal information requested on this form under the *Compensation for Victims of Crime Act*. It will be used for the purpose of conducting the hearing and will be shared with the parties. If you have any questions, contact the FIPPA representative at the CICB at 416-326-2900 or 1-800-372-4763.