

Kingdom of Cambodia
Nation Religion King

E3/5469



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា

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

Appendix A/Rev.1

Victim Information Form

ឯកសារបកប្រែ
TRANSLATION/TRADUCTION
ថ្ងៃ ខែ ឆ្នាំ (Date): 07-Oct-2011, 10:14
CMS/CFO: Ly Bunloun

PART A**PERSONAL INFORMATION ABOUT THE VICTIM**

1. Name and first name: CHOU Kim Lan	
1.1. Name and first name in Khmer alphabet: ជូ គីមឡាន	
2. All other name(s) ever used:	
2.1. All other name(s) ever used in Khmer alphabet:	
3. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. Place of Birth: Thnong Roleung village, Leay Bour commune, Tram Kak district, Takeo province
5. Age/Date of Birth (dd/mm/yyyy): 19/05/1951 <input type="checkbox"/> Please tick if date of birth is different from ID document	6. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widow/Widower <input type="checkbox"/> Other:
7. Nationality: Cambodian (Khmer)	8. Occupation: Rice farmer
9. Father's or Tutor's Name: CHOU Toem (deceased)	9.1. Name in Khmer alphabet: ជូ ទឹម (ស្លាប់)
10. Mother's Name: PANN Lim (deceased)	10.1. Name in Khmer alphabet: ប៉ាន់ លីម (ស្លាប់)
11. How many dependants do you have? Please write number. 04	
12. Have you ever had any disability or disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: The middle finger of the left hand was amputated.	
13. Which of the following proof of identity do you have? Please indicate the number and attach a photocopy.	
Type of proof of identity	Number or other reference
<input checked="" type="checkbox"/> Identity card (also student or employee card)	100142232
<input type="checkbox"/> Voting card	
<input type="checkbox"/> Letter from Local Authority	
<input type="checkbox"/> Driver's licence	
<input type="checkbox"/> Passport	
<input type="checkbox"/> Camp registration card	
<input type="checkbox"/> Card from humanitarian agency (such as UNHCR, WFP)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> None	

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14. Personal address.	
14.1. Permanent address. <i>If you do not have a specific address, please provide your last residence.</i>	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
14.2. Present address. <i>If this is the same as your permanent address; please do not fill in here after.</i>	
Number/Plot:	Street:
Group/Village: [REDACTED]	Commune: [REDACTED]
District: [REDACTED]	[REDACTED]
Country: Cambodia	
14.3. Contact telephone number: [REDACTED]	
<input type="checkbox"/> yourself or <input type="checkbox"/> other (<i>Please provide a name if other than your own number</i>): Neang Chanthol (<i>neighbour</i>)	
14.4. Personal e-mail address:	
15. Means of contact. <i>Please tick as appropriate.</i>	
I would like to be contacted at the address mentioned in question 14.1. <input type="checkbox"/> or at the address mentioned in 14.2. <input checked="" type="checkbox"/>	
OR I would like to be contacted through a(n):	
<input type="checkbox"/> Intermediary organisation:	
<input type="checkbox"/> Victims Association:	
<input type="checkbox"/> Individual acting on my behalf:	
<input type="checkbox"/> Lawyer(s):	
Cambodian:	Foreign:
15.1. Address.	
Number/Plot:	Street:
Group/Village:	Commune:
District:	Province/City:
Country:	
Telephone number:	
Fax number:	
E-mail address:	
16. Have you already submitted a complaint or a Civil Party application to the ECCC?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>If yes, please indicate the Victims Unit registration number, the form of your participation, the place and date of the submission; and indicate the reasons why you are now filling in a new Victim Information Form.</i>	
Registration number (if any):	
Form of participation:	
Place:	Day Month Year
Reasons for filling in a new form:	

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), along with any reasons why you believe they took place.
Location (<i>village, commune, district, province</i>): West of Leay Bour pagoda located in Leay Bour commune, Tram Kak district, Takeo province
Date (dd/mm/yyyy): It happened three months after the population was evacuated from Phnom Penh
Description of Crime(s) (<i>what crimes occurred and how they occurred</i>): My husband named SUOS Doem (ស្រីស្រី ឌីម), alias Nuon (នួន), was killed.
2. Who do you believe is responsible for these crime(s) and why you believe this? <i>Please answer to the extent possible.</i> Ta Vet (តាវ៉ិច), the village chief
3. Were you a victim of these crime(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.1. Do you know any other victim(s) to these crime(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give if possible their names and addresses (if living), unless you know that they wish to remain anonymous, or it would put you or anyone else at risk:</i> Yeay Soem (យាយស៊ីម) living in Thnong Roleung village, Leay Bour commune, Tram Kak district, Takeo province <i>Please also give any other details that help to identify those persons, such as including current age (if deceased, age at death), nationalities, ethnicity, religion and occupation:</i>
3.2. Do you have any relationship with these victims (are they family members, neighbours, friends, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate):</i> We live in the same village.
4. Were you a witness to these crime(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.1. Do you know any other witness(es) to these crime(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give if possible their names and addresses (if living), unless you know that they wish to remain anonymous, or it would put you or anyone else at risk:</i> <i>Please also give any other details that help to identify those persons, such as including current age (if deceased, age at death), nationalities, ethnicity, religion and occupation:</i>
4.2. 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>
5. Your safety: Do you fear any specific negative consequences for yourself or for anyone named in this form as a result of filling it in and sending it to the ECCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please explain exactly what your fears are:</i>

**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

In order for the Court to accept you as a Civil Party, the injury you suffered must be: a) physical, material or psychological; b) the direct consequence of the offence, personal and have actually come into being. If your claim does not prove your identity and provide sufficient detail on the harm you suffered, it may be rejected by the Court's judges. For information on the connection between this harm and the crimes being investigated by the ECCC that needs to be shown, please contact the Victims Unit.

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

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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): health damage	
3. Were you examined by a doctor after the event or events occurred?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you receive any medical or psychological treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, do you have any records regarding any medical or psychological treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please tick as appropriate and provide a photocopy, if available.</i>	
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i> I am still taking pills, as prescribed by the doctor, for the treatment of my intestine and stomach diseases. I am required to refrain from eating particular food (that is detrimental to my conditions).	
7. In respect of material or property loss, please provide any further details or physical records that help identify the extent of loss suffered:	
8. Do you have any preference as to the form of collective or moral reparation that you would like to obtain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please give details:</i> I would like to have a road built from my house to Tuol Ang (ត្បូងឃ្មុំ), where I can hold religious events. This road will facilitate my travelling.	

PART D **SIGNATURES**

1. SIGNATURE OF THE VICTIM	
<i>Please sign or add your thumbprint and date this Form, whether or not someone is acting on your behalf or assisting you in filling in this Form.</i>	
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 the proceedings before the ECCC by submitting this complaint.	
<input checked="" type="checkbox"/> In addition to submitting this complaint I also wish to be joined as a Civil Party.	
<i>If you apply for Civil Party participation, please tick the box above and ensure that you have filled in Part C of the form.</i>	
Location: House of Village Chief of Thnong Roleung	Day: 27 Month: August Year: 2008
BIN Sotheavy (DC-Cam)/Signed	Fingerprint of Victim
Witnessed by/Signature or Thumbprint	Signature or Thumbprint of victim
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),	
.....(Capacity of the person acting on behalf),	
to act on my behalf in submitting this Victim Information Form.	
Location:	Day: Month: Year:
.....
Signature or Thumbprint of person acting on behalf	Signature or Thumbprint of victim

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. Protection measure (1 page)
2. Information in relation to the alleged crimes (7 pages)
- 3.

I have signed or added my thumbprint 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:

14 pages

Victim:	Person acting on behalf:
<input type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 13 of Part A. <input checked="" type="checkbox"/> I have provided contact information in response to Questions 14 and 15 of Part A. <input checked="" type="checkbox"/> I have signed or added my thumbprint on the first box in Part D.	<input type="checkbox"/> I have signed or added my thumbprint on the second box in Part D.

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. The Victims Unit may be contacted at the address below:

Victims Unit
ECCC Information Centre
No. 6A, Street 21,
Sangkat Tonle Basac I, Khan Chamcarmon,
Phnom Penh, Cambodia
Email: victimsunit@eccc.gov.kh
Tel: +(855) 023 214 291
Fax: +(855) 023 214 295

Documentation Center of Cambodia

Information in relation to the alleged crimes

I, CHOU Kim Lan, 57, is now living in [REDACTED]
[REDACTED]

1. The Evacuations

On 17 April 1975, I was evacuated from Tuek L'ak commune in Phnom Penh city to my hometown in Thnong Roleung village, Leay Bour commune, Tram Kak district, Takeo province, along with my husband, named SUOS Doem, *alias* Nuon; my four children; my parents; and my two younger siblings. When the Khmer Rouge soldiers (whose names I do not know) came to call on and order my family and I to leave our house, they told us that we were only leaving for a short period of time and so we did not have to bring along with us any belongings. During the evacuation, while I was on my way, I witnessed people who were also being evacuated as I was, were killed. Khmer Rouge soldiers (whose names I do not know) shot or drove over them without known reasons. Having seen these events I became scared and thus tried to speed up. *Yeay* Soem, who is a resident in my village, knew about my husband being brought away and killed. Nowadays, *Yeay* Soem is living in Thnong Roleung village, Leay Bour commune, Tram Kak district, Takeo province.

2. The Killing

Three months after the evacuation, I came to live in my home town. In the sixth month of 1975, at 9 o'clock in the evening, my husband, SUOS Doem *alias* Nuon, was called upon to attend study sessions. He was tied up with rope and walked toward the north area, located on the west of Leay Bour pagoda. It was in a forest. An hour later I heard three gun shots from that area, west of the pagoda. The next morning, the village chief, named Vet, was discussing among others saying that he got my husband's watch. That is why I came to know that my husband had been brought to the west of the pagoda for execution. My husband was killed because he worked as military medic holding the rank of captain, during the Lon Nol's regime. *Ta* Vet went on to say that he killed a traitor superior because my husband was a former official of the Lon Nol's regime. *Yeay* Soem, who lived nearby, knew about my husband's killing. Nowadays, she lives in Thnong Roleung village, Leay Bour commune, Tram Kak district, Takeo province.

3. Forced Labour

In 1976, I was forced to do labour, that is carrying unearthed soil, even if I had only recently delivered a baby for 25 days. I did not want to do that job because I had a new born baby and I was very weak. Still, I was forced to work because if I did not agree to do, I would be starved. My work was very difficult; it was work that required physical strength to carry four baskets of unearthed soil on both of the shoulders. The morning session began from 7 to 10, and the afternoon session began from 2 to 5. After that I was allowed to take some rest. *Vuoy* (វ៉ូយ) was working with me at that time; she also had a new born baby. Nowadays, *Vuoy* lives in Phnom Penh.

4. Starvation

In 1976, I was not given my lunch meal because I failed to work (carrying unearthed soil). I was sick at that time as I had recently delivered a baby. I went to beg for cooked rice from *Yeay* Kiet (យាយគឿត), chief of the dining hall. I told her that the unit chief *Ta* Oeun (តាអឿន) did not allow me to have my lunch because I failed to work. I went to work in the afternoon session, so

I was given my dinner meal. I only received a spoonful of broth (of a coconut shell). It was all water with very little rice. E3/5469

In 1977, my older brother named CHOU Tēng (ជូ តេង) fled to Vietnam, running away from Angk Ta Nu (អង់តានូ) village, Leay Bour commune, Tram Kak district, Takeo province. He ran away with four other people. Among them, one was captured and arrested. He was tied up and brought to the village to tell to the villagers not to follow his footstep. He was beaten up and fed with fish sauce before he was beaten to death. My other brother and three other guys were later arrested and killed by militiamen of Angk Ta Nu village when they arrived at Samlong mountain (ស្រីស្រី). The one who was beaten up before he was killed was named Rin (រិន). He was brought before the people of Angk Ta Nu village. However, I do not know the names of those who killed my older brother. I come to know about this story from my older sister-in-law, named KHĒNG Yēng (ខេង យ៉េង), who told me about the killing of my older brother. At the present, KHĒNG Yēng is living in Ampil (អំពិល) village, Leay Bour commune, Tram Kak district, Takeo province.

2. I was forced to over work while I just had my new born baby. This has led to the deterioration of my health and worsening of my physical strength. In 1982, I went to receive medical check-up at the provincial hospital of Takeo province. I was found to be have lung-related illness, gastritis and intestine ulcer as a result of my overwork and insufficient eating. These illnesses are internal that are the result of my work (i.e., carrying unearthed soil) just after I delivered a newborn. I still feel angry and suffered because as a result of that regime my family members were killed and I have been mistreated physically. Before the Khmer Rouge regime, I was a middle class. I had some wealth and properties. I owned two houses roofed with tiles and a car. When the Khmer Rouge regime began, these properties of mine were all confiscated. At the present time, I live in a small house and I am poor. My living standard is not like that of mine before the regime.

Civil Party Application

My name is CHOU Kim Lan. I am 57 years old. At the present time, I am living in [REDACTED] I would like to apply to be a Civil Party and would like to request the ECCC:

- Pay for travelling expenses to and from the ECCC whenever I am summoned by the court, and
- Pay for the cost of a lawyer that represents me during the hearing because I do not have the ability to pay these expenses.

27 August 2008

Thumb Print

(printed)

CHOU Kim Lan

Protective Measure

My name is CHOU Kim Lan. I am 57 years old. At the present time, I am living in [REDACTED]
[REDACTED] I do not require any protective measure by the ECCC at this stage because I am not afraid as my husband's killers have all run away. Nowadays, people in my village are all aware of the killings of my family members.

I permit the public, the ECCC and parties to the proceedings to have access to my application.

17 August 2008

Thumb Print

(thumb printed)

CHOU Kim Lan



អង្គភាពជនរងគ្រោះ

Victims Unit

Unité des Victimes

Supplementary Information Form

VU Registration No:

08-VU-01708

Date of Original Submission: _____

Name: CHOU Kim Lan

Sex: Female

ID document Ref. No.: 100142232 (Please provide a photocopy)

Present Address: _____

Tel: _____

I wish to reiterate that I desire to partake in the ECCC proceedings as a:

Complaint

Civil Party

I would like to give supplementary information related to crimes committed during the Khmer Rouge regime as the following:

.....

My name is CHOU Kim Lan. I filed my Civil Party Application on 27 August 2008 with an employee of the Documentation Center of Cambodia (DC-Cam). I submitted my application [to the employee] at the house of the chief of Thnong Roleung village _____

Having been explained about the differences between being a Complainant and a Civil Party by the employee of the DC-Cam, I intend to change the way I would like to participate [in the proceedings]. That is, I intend to change from applying to be a Civil Party to applying to be a Complainant. I would like to emphasise that I make this change because of my busy daily work.

besides, being a Complainant will suffice for me as I will be able to seek justice for my siblings and relatives who died because of the Khmer Rouge.

For the reasons stated above, I would like to request that the court allow me to change my application to participate in the proceedings, accordingly.

My name written in my national identification card, birth certificate and residence book is accurate. I have provided the above three documentations to the DC-Cam employee for photocopy purposes and to attach the copies to this form.

Phnom Penh, 1 September 2009

Signature or Thumbprint: *(thumb printed)*

Name: CHOU Kim Lan

DC-Cam Victim Participation Project

FORM FOR SUPPLEMENTARY REQUESTSTo Be Completed by Complainants and Civil Party Applicants**Request for Assistance**

I hereby request that the ECCC Victims Unit provide me with assistance in securing and, if necessary, funding an appropriately qualified legal representative. If required to appear before the Court, I request that the ECCC Victims Unit provide funds to cover my accommodation, transportation, food and other reasonable expenses. I do not have the means to secure legal representation or to travel to Phnom Penh without assistance.

_____ Signature OR Thumbprint

_____ Name AND _____ Date

Request for Protective Measures

- I wish to request protective measures because I believe that my participation in the proceedings would place the life and/or health of me and/or my family members or close relatives in serious danger. *Details provided on a separate sheet.*
- I do not wish to request protective measures at this time and elect to reserve my right to request such measures in the future.

_____ Signature OR (thumb printed) Thumbprint

CHOU Kim Lan Name AND 1 March 2009 Date

DC-Cam Victim Participation Project

SUPPLEMENTARY FORM
To Be Completed by Civil Party Applicants Only

Authorization for Intermediary Organization to Act on My Behalf

I hereby authorize my intermediary organization, the Documentation Center of Cambodia (“DC-Cam”), to act on my behalf until such time as I appoint a legal representative. I understand that DC-Cam is not my legal representative. Until I secure legal representation, I authorize DC-Cam to receive notifications from the Court and to review such documents on my behalf. Only if such documents permit or require me to take action (e.g., filing an appeal or a response), I request that DC-Cam contact me by an appropriate means (including telephone) to inform me of their content. If I wish to take action, I request that DC-Cam deliver the relevant documents to me in person so that I may do so.

_____ Signature OR Thumbprint
_____ Name AND _____ Date

Declaration Regarding Supporting Documentation

I hereby declare that I do not possess any further documentation supporting my application other than that attached to this Form.

_____ Signature OR *(thumb printed)* Thumbprint
CHOU Kim Lan Name AND 01 March 2009 Date

Address: [redacted] village, [redacted] commune, [redacted] district, [redacted] province
Victim Information Form Number: VPA-TK0183