

E2/86

Kingdom of Cambodia
Nation Religion and King

09-VU-00168



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

- Office of the Co-Prosecutors
 - Office of the Co-Investigating Judges
- Case File No:

អង្គការជំនុំជម្រះ
Victims Unit

Delivery By : INDIVIDUAL

ផ្តល់ដោយ :

Received By : VU

ទទួលបានដោយ :

Date : 27/01/09 Time :

ថ្ងៃ ខែ ឆ្នាំ :

ម៉ោង : PM

Victim Information Form

Declassified to Public
06 September 2012

PART A

PERSONAL INFORMATION ABOUT THE VICTIM

1. Name(s) and first name: <u>JEFFREY JAMES</u>	2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
3. Place of Birth: <u>LAGUNA BEACH, CA, USA</u>	4. Nationality: <u>AMERICAN</u>
5. Age/Date of Birth (if known dd/mm/yyyy): <u>21/07/1969</u>	6. Occupation: <u>FIREFIGHTER</u>
7. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other	
8. Father's or Tutor's Name: <u>RIAN J. JAMES</u>	Mother's Name: <u>SHERRY A. CLARK</u>
9. How many dependants do you have? Please write number. <u>3</u>	
10. Have you ever had any disability or disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Passport	<u>056137106</u>
<input type="checkbox"/> Driver's licence	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">ឯកសារដើម</p> <p style="text-align: center;">ORIGINAL DOCUMENT/DOCUMENT ORIGINAL</p> <p>ថ្ងៃ ខែ ឆ្នាំ ទទួល (Date of receipt/Date de reception): <u>05, FEB, 2009</u></p> <p>ម៉ោង (Time/Heure): <u>09:00</u></p> <p>មន្ត្រីទទួលបន្ទុកសំណុំរឿង/Case File Officer/L'agent chargé du dossier: <u>C.A. Juy</u></p> </div>
<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

JEFFREY JAMES

ឯកសារចម្លងត្រឹមត្រូវតាមច្បាប់
CERTIFIED COPY/COPIE CERTIFIÉE CONFORME

ថ្ងៃ ខែ ឆ្នាំ ត្រឹមត្រូវតាមច្បាប់ (Certified Date/Date de certification):
10, FEB, 2009


មន្ត្រីទទួលបន្ទុកសំណុំរឿង/Case File Officer/L'agent chargé du dossier: C.A. Juy

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: 1045	Street: RANCH DRIVE
Group/Village:	Commune:
District:	Province/City: GARDNERVILLE, NEVADA
Country: USA 89460	
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 checked="" type="checkbox"/> Lawyer: KARIM KAHN	<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: 001-775-720-4032	
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): KIDNAPPING, TORTURE, MURDER	
Location (village, district, area, zone): TOUL SLENG PRISON, PHNOM PENH, CAMBODIA	
Date (dd/mm/yyyy): 23041978 - 23051978	
Description of Crime(s) (what crimes occurred and how they occurred): (PLEASE SEE ATTACHED) KIDNAPPING, FALSE IMPRISONMENT, TORTURE, MURDER	
2. Who do you believe is responsible for these crime(s) and why you believe this? (PLEASE SEE ATTACHED) Please answer to the extent possible. MR. KAING GUEK EAV ALIAS "DUK"	
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 checked="" type="checkbox"/> Yes <input 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): UANN NATH	

 JEFFREY JAMES

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: |

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) MENTAL PAIN AND ANGUISH

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:

INSOMNIA, ANXIETY

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:

HUMAN RIGHTS LAWS

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: 1045 RANCH DRIVE
GRANDPRAIRIE, NJ 08460
USA

Day: 23 Month: 01 Year: 2009

Signature or fingerprint of the victim and name

Witnessed by/Signature:

Signature:  JEFFREY JAMES

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. COPY OF PASSPORT
2. SUPPLEMENTAL LETTER
- 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:
<p><input checked="" type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 11 of Part A.</p> <p><input checked="" type="checkbox"/> I have provided contact information in response to Question 13 of Part A.</p> <p><input checked="" type="checkbox"/> I have signed or added my fingerprint on the first box in Part D.</p>	<p><input type="checkbox"/> I have signed or added my fingerprint on the second box in Part D.</p>

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

 JEFFREY JAMES