



Application for Individual Victims' Participation

Surname of victim	Emma Florence	First name of victim	BEAUTY
Date of birth/age	01 January 1995	Gender	Female
		Nationality/Ethnic group	Freelandian

1. *What happened to the victim personally? Describe the events in as much detail as possible*

On 16 August 2007 I was at home with my parents and my brothers and sisters in our home in the village of Georgia – in the north-west region of Freeland when the rebels of the MLF arrived. It was around 7 p.m. and my mother was cooking.

The rebels entered the house and when they saw my father they started beating him asking for money. While my father was being beaten, my mother managed to escape with 5 of my siblings. The rebels took our livestock and other things from the house and abducted myself and 2 of my youngest brothers [REDACTED] who was 10 and [REDACTED] who was 11). They tied us together and ordered us to start walking. I was very frightened. After a while, we arrived at a place where Commander Ohio was. I was told he was the leader of the group. When we arrived, he made a speech saying that he will make us good fighters for the country and that if we tried to escape we would be killed. Then, one of the other commanders present ordered us to lay down and they beat us with 50 strokes. The pain was terrible and it was difficult for me to walk properly for several days.

After we went to sleep under a tree and the day after they brought us in a large field and we were trained to become soldiers. It lasted 7 days. I participated in 2 attacks in December 2007 and in February 2008. I had to wait until the rebels entered the villages and then enter the houses and pillage what was inside (food, clothes, etc.). The second time, the government forces arrived and I was wounded on my right leg by a bullet. I manage to arrive at the camp and I saw I was bleeding. I was treated with herbs but the injury was not properly treated and so I still have pain. I cannot walk properly and as a result I cannot stand or walk long distances. Since my family has fields to cultivate, I cannot help them.

I was in the group of Commander Ohio and I was in charge of following him and carrying his gun.

One day after we finished the military training, Commander Ohio asked me to follow him in his tent. In the tent, he raped me twice. During all my time in the militia, he raped me regularly. Sometimes if I tried to resist he would tell me that he would kill me if I did not sleep with him. The first time I slept with him it was the first time I slept with a man. After that night I was bleeding a lot and could not walk for a few days.

In August 2008, one night, our camp was attacked by government soldiers and I managed to escape. The day after, I arrived at Virginia. I saw an office of 'Save the Children' and I entered because I had nowhere else to go to. They gave me food and clothes and I spent 2 weeks there. They found my family and I could be re-united with them. My parents were still alive but one of my brothers was killed in an attack. I still do not have any news about my other 2 brothers who were abducted with me.

2. *When did these events occur?* Between August 2007 and August 2008

3. *Where did these events occur?* In the village of Georgia and in Freeland

4. *What personal harm did the events cause to the victim? (proof of harm should be provided if possible – please see instructions)*

I was injured during the attack to the village of Newar. I still have the bullet in my right leg. I cannot walk properly and I am often tired. Because I was raped I have often pain to my low belly. When I think about what happened to me I feel that my life has been ruined. I had to stop going to school and I could not realise my dream of becoming a doctor. In the beginning, when I was back, it was difficult for me to feel accepted in my community. Now things are better, but I cannot find a husband.

5. *Who does the victim believe is responsible for these events?* Commander Benjamin Ohio

6. *In the event of a conviction, does the victim intend to apply for reparations?* X Yes ☐ No

CT Beauty

*Signature of the victim

16 August 2018

Date

Location

To be completed only if a person is acting on behalf of the victim

- ☐ Victim is a child Relationship to victim _____
- ☐ Victim is a person with a disability Relationship to victim _____
- ☐ Victim is an adult and gives consent for someone to act on his or her behalf (*consenting victim must sign above* or attach a declaration – please see instructions*)

Details of person acting on behalf of the victim

Surname _____ First name _____ Date of birth/age _____

Signature of person acting on behalf of the victim

Date

Location

5. Why does the victim want to participate in ICC proceedings? I want to have justice and see Commander Ohio punished for what he did to me and to other people like me.

6. Does the victim have reasons to be concerned about their security, or that of their family, as a result of interaction with the ICC? ☒ Yes ☐ No If yes, please explain

I still live in my village and the security situation is not good. People loyal to Commander Ohio are still attacking villages and I fear for my safety and the one of my family.

7. Has the victim chosen a lawyer to represent him or her in proceedings before the ICC? ☒ Yes ☐ No

If yes, please provide the name and contact details of the lawyer Franklin Delano Roosevelt

8. Does the victim have financial resources to pay for a lawyer? ☐ Yes ☒ No

9. Does the victim have any concerns with being represented by a lawyer/legal team that also represents other victims in the proceedings? ☐ Yes ☒ No If yes, please explain

10. What characteristics and qualities does the victim consider necessary in a lawyer representing them in the proceedings?

I have already a lawyer.

11. Contact information of the victim

Address of the victim _____

Phone number(s) of the victim or other ways to contact the victim (if applicable) _____

12. What language(s) does the victim speak? English

13. Has the victim already submitted an application for participation to the ICC? ☐ Yes ☒ No

If yes, please give date submitted _____ Application number, if known _____ / _____ / _____

Contact information of the person or organization who assisted in filling in this form (*if applicable*)

Surname _____ First name _____

Name of the organization (*if applicable*) _____

Phone number(s) and e-mail (*if applicable*) _____

Address _____

THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THIS APPLICATION FORM

☒ Copy of proof of identity of the victim (*required*)

☐ Copy of proof of identity of the person acting on behalf of the victim (*required, if applicable*)

☐ Declaration giving consent for someone to act on behalf of the adult victim (*required, if applicable*)

☐ Copy of proof of kinship (*required, if applicable*)

☐ Copy of medical records or other documentation that prove the personal harm suffered by the victim

THIS FORM AND THE APPLICATION PROCESS ARE FREE OF CHARGE