SECTION 25 VARIATION OF ORDER

Section 25 of the Compensation for Victims of Crime Act allows the Board to vary an Order for compensation, by varying its terms or by increasing or decreasing the amount awarded. In doing so, we consider the following:

- any new evidence that has become available,
- any change of circumstances that has occurred since the making of the Order or any variation thereof, or
- any other matter we consider relevant.

The request to vary an Order for compensation may be made by:

a) the Board,
b) a victim,
c) any dependant of the victim,
d) the Minister of the Attorney General, or
e) the (alleged) offender.

If you wish to request a variance of an Order, you must do so only after you receive an Order awarding compensation. You may initiate such a request by contacting the Board:

- **BY PHONE:** (416) 326-2900 or toll-free 1-800-372-7463
- **BY FAX:** (416) 326-2883
- **By Writing To:**

  Criminal Injuries Compensation Board
  439 University Avenue, 4th floor
  Toronto, Ontario M5G 1Y8
SUPPORTING EVIDENCE

The Board requires supporting evidence before we will consider varying an Order for compensation.

Requests for additional compensation to cover treatment expenses will be considered only if the treatment is not covered by other sources (e.g. WSIB, ODSP, etc.).

MEDICAL EXPENSES

We will request that a Medical Report be completed by your treatment provider describing the prescribed treatment/medication and the relationship of the treatment/medication to the injuries sustained in the incident.

DENTAL EXPENSES

We will request that a Dental Report be completed by your dentist describing the proposed treatment and the relationship of the treatment to the injuries sustained in the incident. The dentist will be required to submit three treatment options for our consideration.

THERAPY/COUNSELLING EXPENSES

When claiming for these types of expenses, we will require that a Therapy Report be completed by your therapist. The therapist must provide:

- An independent analytical assessment of your condition indicating your current psychological state. The assessment should be consistent with our guidelines. Failure to submit a complete assessment may cause significant delays before authorization for therapy may be considered.

- A plan of treatment indicating your need for therapy and the probable duration and cost of the therapy. Specific objectives of the therapy should also be described.

- The therapist's current resume or curriculum vitae, which should include his/her education, work experience, workshops attended and at least two professional references.
PHYSIOTHERAPY TREATMENTS

We will request that a Physiotherapy Report be completed by your physiotherapist. The report should include the relationship between the proposed treatment and the injuries sustained in the incident, an outline of the proposed treatment and the goals to be achieved by the treatment. He/she should also include the number of treatment sessions required, the frequency of the sessions and the cost.

OTHER TREATMENTS/EXPENSES

All other requests must relate directly to the injuries sustained in the incident. You will be informed of the type of supporting documentation you will need depending on what you are claiming for.

The Board will pay for hospital records and medical, dental and therapy reports that it requests to process claims for additional compensation before the Board. The Board will pay the full cost of each hospital record and up to $100 for each medical, dental and therapy report.

If your request is approved, you will be provided with a written decision outlining the specific costs that will be covered by the Board. If your request is denied, you will be provided with a written decision outlining our reasons for denying your request.

Revised July 2010