Comment remplir le premier formulaire ? (Aggrieved – personne lésée)
Le formulaire 1 doit être rempli par les adopté(e)s ayant subi ou éprouvé des anomalies relatives à des documents d'adoption ou des informations fausses. Nous vous proposons ci-dessous une revue point par point du formulaire pour vous aider à le remplir.

Ne pas remplir les champs marqués en rouge ; ils sont pré-remplis par DKRG. ”Case no.” (No. de dossier), ”Receiving institution” (institution destinataire) et ”ref. no.” (le numéro de référence) sont remplis par TRC ; vous n'avez donc pas besoin de les remplir vous-même.
(Attention ! Les réponses doivent être faites en <u>anglais !</u>)

[Form No. 5] <Last Amended on July 6, 2022> (1/4)

Ne pas remplir les champs rouges.

Application for truth-finding
※ The applicant is advised to fill in the bold boxes.

eceiving stitution		Ref. No.	
ype of cident	☐ 2A (Anti-Japanese independence movement) ☐ 2C (Korean War massacres) ☐ 2E (Terror/violence by hostile forces) ☐ 2G (Incidents of historical significance) ☐ 2I (Other)	☐ 2B (Post-colonial Korean diaspora) ☑ 2D (Human rights violations/ fabrication by authorities) ☐ 2F (Retrial) ☐ 2H (March 15 protest)	

Ne pas remplir les champs rouges.

Applicant (Applicant group)	Name (group name)	Danish Korean Rights Group	Date of birth	April 13, 2022	
	Address	C.F Richs Vej 105A - DK-2000 Frederiksberg - Denmark		Telephone No.	+45 3064 5565
	Mailing address	C.F Richs Vej 105A - DK-2000 Frederiksberg - Denmark			
	Relationship to the incident	☑ Victim ☐ Surviving family of the victim ☐ Witness ☐ Other ( )			

Ne pas remplir les champs rouges.

Remplir les champs verts.
Indiquez votre nom, votre date de naissance, votre adresse, etc.
" Affiliated " = votre agence d'adoption

Persons involved	Name	Date of birth	Address	Telephone No.	Affiliated organization at the time of incident
ndependence ctivists, Koreans ving abroad					
Victim					
ffender					

Indiquez le nom de votre agence

Institutions involved	☐ Holt Children's Services ☐ Korean Social Services

Écrire votre date de naissance format aaaa-mm-jj.

Date of incident (Time)	Skriv fødselsår -1993

Écrire votre lieu de naissance.

Location of incident (Place)	Skriv, hvor duer født, samt den by, hvor du var på børnehjem

Ne pas remplir ce champ.

Individual(s) who witnessed the incident	Name	Date of birth	Address	Telephone No.

Remplir ce champ si vous avez des preuves ou des justificatifs (px documents d'adoption, témoignages oraux de votre famille biologique ou autres). Ces preuves sont facultatives.

Supporting evidence	Title	Description

Ne pas remplir ce champ.

Prior petition /investigation	Date of petition filed	Institution	Description of investigation conducted	Conclusion of investigation	Date of case closed

Ne pas remplir ce champ.

Purpose of Application	By the Korean state: - Appropriate measures to recover the honor of victims, survivors and the bereaved and address the damages - Appropriate legal and political reconciliation actions regarding the perpetrator(s) - Urging for reconciliation between perpetrator(s) and survivor/victim's family - Requirements for national reconciliation and integration - Respect for decisions and suggestions of the Commission By the Commission: - Actions against perpetrators who confess the whole truth during investigation - During investigation and trial process : no punishment or commutation suggested - If found guilty, restoration according to laws and regulations suggested

Cocher les cases qui vous sont pertinentes. Il peut s'agir de plusieurs cases.

incident	☑ b) Wrong city of birth. This is, for example, where it is stated that one was born in Seoul, but in reality was born in Busan. ☑ c) The identity of the adoptee is incorrect (the adoptee is not the person who appears in the adoption papers). This is, for example, where adoptees are sent in the identity of a dead child or another adoptee. ☑ d) The adopted person's status as an orphan is incorrect. It is e.g. cases where the adoption papers say that you are an orphan, but in reality the parents are alive and the adopted person has been made an administrative orphan on paper to facilitate the adoption process. ☑ e) Cases of serious illness, malnutrition or poor health. Welfare cases where the adoptee's welfare has not been considered by adoption agencies or the Korean state. It is e.g. cases where adoptees have arrived in the recipient country sick, malnourished or in another unsound condition, where the adoptee has not yet received formal Danish citizenship and is therefore under the responsibility of the adoption agencies and the Korean state. ☑ f) Background information is refused by the adoption agencies. These are cases where adoptees ask for access to their own personal information, but are denied access to background information. ☑ g) The adoption agencies do not initiate post-adoption proceedings in accordance with the Adoption Act in Korea regarding to obtain consent for the release of third party information (e.g. biological family) from the third party. ☑ h) Sibling cases, where the adopted person finds out that he/she has been separated from a brother or sister, and where the right according to Article 8 of the Convention on the Rights of the Child applies. ☑ i) Cases where the adoptee is told by the adoption agency that the information in the adoption case is incorrect, but where the adoption agency refuses to disclose the content of the correct or incorrect information. ☑ j) Cases where the adoptee finds out that their name as per the adoption papers is incorrect. This applies to adoptees who use their Korean name in full or who are legally registered with their Korean name as stated in the official Korean adoption documents. ☑ k) Abuse of the adopted person. These are cases where the adoptee before and after the time of adoption has been subjected to physical, psychological or sexual abuse in institutions or in the custody of adoption agencies in Korea or by the adoptive family. ☑ l) Adoptees are classified as disabled on an incorrect basis (health-related). These are cases where a temporary bacterial or viral infection is found in the child, but which has not resulted in

Ne pas remplir ce champ.

	permanent harm or physical disabilities, and which cannot be classified as a disability according to ordinary medical standards. ☑ m) Other incorrect or false information
Reasons for the incident requiring truth-finding Reasons for the incident requiring retrial)	As the French philosopher Simone Weil said: "You must know your past to understand your present and shape your future" Thousands of Korean children are under the authoritarian rule of Korea were sent out as international adoptees. International adoption has been a taboo surrounded by dogmas, taboos and narratives by the adoption's many actors. For the adoptees themselves, international adoption is characterized by uncertainty for the unreconciled. For the Aggrieved, who have experienced violations of their human rights, uncertainty has been replaced by astonishment, anger and bitterness.
	adoptees, we demand to be told the truth about interactional so we can reconcile.

Préciser la date (aaaa-mm-jj)

Écrire votre nom en lettres majuscules

Apposer votre signature

/We hereby submit an application to request truth-finding pursuant to Article 20 of the Framework Act on Clearing up Past Incidents for Truth and Reconciliation and Article 3 of the Enforcement Decree of said Act.

Year Month Day

Applicant Name (signature or seal)

Received by	Date of receipt

Truth and Reconciliation Commission

Préciser la date (aaaa-mm-jj)

Écrire votre nom en lettres majuscules

Apposer votre signature

※ Please only fill in the fields below, when the application was transcribed from a verbal statement made by the applicant.

Year Month Day

Recorder: Name/Job title (signature or seal)

I hereby confirm that the above is the correct record of my statement.

Applicant: Name (signature or seal)

Ne pas remplir ce champ.

Please read the instructions before filling out the form.

1. Applicant: When the application is filed on behalf of a group, provide the name of the group's head as well as the name of the group.
2. Relationship to the incident: Put a check mark (V) on the box that best describes how the applicant was related to the incident in question.
3. Address refers to the current address of the applicant. Mailing address refers to the address at which the applicant wishes to receive notice, including the commission's decision, concerning the application. Unless mailing address is specified, all correspondence is made to the address.
4. Involved parties: Provide information on the parties involved in the incident (i.e., victim and offender) (※ Use a separate sheet if necessary.)
5. Institutions involved, Individual(s) who experienced or witnessed the incident, Supporting evidence and Prior Petition/Investigation: Please fill in the blanks, when applicable, and provide supporting evidence.
6. Purpose of Application, Description of Incident (incl. date and location), and Reasons for Requiring Truth-finding Investigation: Please write in detail and provide evidence (e.g., photos and documentation), if possible, supporting the occurrence of the incident.

Ne pas remplir ce champ.

2. Type of personal data affected

Category	Items
Applicant's information	Name, date of birth, address, contact no.
Family-related information	Family relations, name, date of birth, occupation, cohabitation status

3. Period for retention and use of personal data

The personal data shall be retained during the investigation period set by the TRC and be destroyed upon expiration of the retention period defined by the Personal Data Handling Policy, once the investigation is complete.

4. Rights to refuse to consent

a. All applicants have the right to refuse to provide consent to the collection and use of personal data, which, however, may result in the rejection of the application for truth-finding activities by TRC.

b. I have read and fully understand this form and consent to the collection and use of my personal data for the purpose of requesting TRC's truth-finding activities.

(I consent ☑, I do not consent ☐)

5. Consent to provide personal data to third parties

a. Potential recipients of personal data: Government bodies at the central and local levels or other partner organizations and entities

b. Purpose of data provision: Data will be used to support activities to put the past into perspective and find the truth.

c. Scope of personal data available under this consent

Écrire votre nom en majuscules

Préciser la date (format aaaa-mm-jj)

Apposer votre signature

I hereby consent to the collection and use of my personal data by third parties other than Truth and Reconciliation Commission.

(I consent ☑ , I do not consent ☐)

Applicant: (signature or seal)

Year Month Day

Truth and Reconciliation Commission

Écrire votre nom et date de naissance

Votre adresse et votre no. de tél. (+33 xxxxxxxx)

[Form No. 42] <Introduced on July 6, 2022>

Letter of Delegation

Delegator	Name	Date of birth
	Address	Telephone No.

Ne pas remplir ce champ.

Delegatee	Name	Date of birth
	On behalf of Danish Korean Rights Group Peter Regel Møller	March 16, 1974
	Relation with delegator	Telephone No.
	As an organization, Danish Korean Rights Group, represents anyone with an individual interest of legal relevance in the matter	+45 3064 5565
	Address: C.F Richs Vej 105A, 2000 Frederiksberg, DK-Denmark	

Description of public service requested	

Préciser la date (format aaaa-mm-jj)

Écrire votre nom en majuscules et votre signature

The undersigned delegates all rights and obligations regarding the submission and receipt of documents in relation to the above public service requ

Year Month Day

Delegator Name (signature or seal)

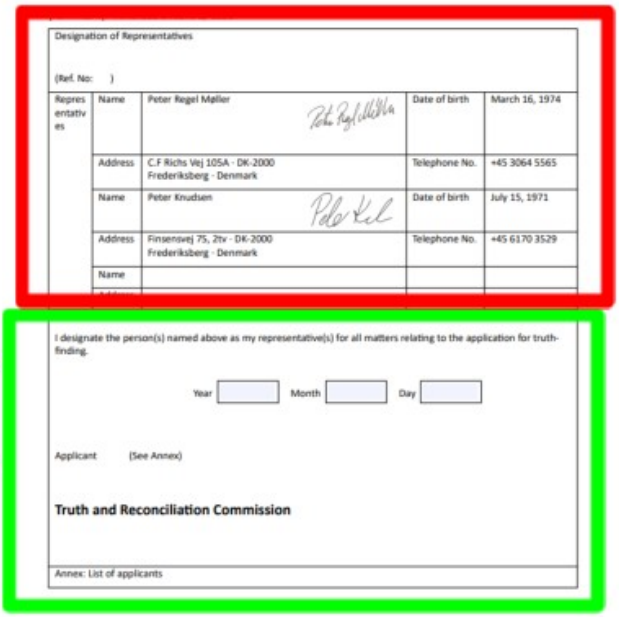
Notice
1. The delegatee must produce proof of identity (e.g., residence card, passport, driver's license).
2. A copy of the delegator's ID card should be filed as an attachment.
3. Fraudulent use of the seal or signature of any other person is punishable by imprisonment of up to five years or a W10 million fine for forgery or alteration of private documents under Articles 231 and 232 of the Criminal Act.

NB ! N'oubliez pas de fournir une copie de votre carte d'identité, de votre passeport ou de votre permis de conduire en PJ pour valider votre identité.

Ne pas remplir ce champ.

Préciser la date
(format aaaa-mm-jj)

Écrire votre
nom en
majuscules
et signer



Designation of Representatives

(Ref. No:)

Representatives	Name	Peter Regel Møller	Date of birth	March 16, 1974
	Address	C.F Richs Vej 105A · DK-2000 Frederiksberg · Denmark	Telephone No.	+45 3064 5565
	Name	Peter Knudsen	Date of birth	July 15, 1971
	Address	Finsensvej 75, 2tv · DK-2000 Frederiksberg · Denmark	Telephone No.	+45 6170 3529
	Name			

I designate the person(s) named above as my representative(s) for all matters relating to the application for truth-finding.

Year Month Day

Applicant (See Annex)

Truth and Reconciliation Commission

Annex: List of applicants

NB : Seules les réponses en anglais seront prises en considération !