

APPLICATION FOR VICTIMS OF CRIME ASSISTANCE

Victims of Crime Assistance Act 1976

Section 1 – Your Details

Full Name:	_____
Date of Birth:	_____
Address:	_____ _____
Daytime Contact Number:	_____
If you are not available, would you like us to leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This claim is for:	<input type="checkbox"/> An Interim Award <input type="checkbox"/> A Final Award

Section 2 – Applying on behalf of another person

If you are applying on behalf of another person, they are called the "CLAIMANT". Complete this section if you are applying on behalf of another person.

Full name of the Claimant:	_____
Claimant's Date of Birth:	_____
Nature of the your relationship to the Claimant:	_____
Why are you making this claim on their behalf?	_____ _____ _____ _____ _____

Section 3 (continued)

Did the claimant report the incident to the Police? Yes No

Name of Police Officer(s): _____

Station at which report was made: _____

Date Report was made: _____

Offence Report No. (if available): _____

Please attach a copy of any documentation given to the claimant by Police.

Name of Offender (if known): _____

Have charges been laid against the offender(s)? Yes No Don't Know

If yes, please provide details of the charges laid _____

Has the offender been to Court on these charges? Yes No Don't Know

If yes, what was the outcome? _____

Did the offence occur when undertaking paid employment? Yes No

Did the claimant know the offender before this incident? Yes No

Are you taking any action for damages or compensation against the offender in the Supreme Court or Court of Requests? Yes No

If yes, have you recovered any compensation? _____

If no, please detail reasons for not proceeding with a claim for damages or compensation: _____

Please detail how the claimant's life has changed as a result of the injuries.

Section 5 – Details of Expenditure Incurred

<p>Has the claimant lost income as a result of the injuries?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please provide details of how the income was lost and a letter from the claimant's employer supporting the claim.</p>	<p>Amount: \$</p>
<p>Details of any additional expenses not able to be recovered from any other source</p>	
<p>Pharmaceutical Expenses Details of items to provided. Attach copies of relevant accounts/receipts.</p>	<p>Amount: \$</p>
<p>Physical and Psychological Injuries Outline details of services provided and attach copies of relevant accounts/receipts.</p>	<p>Amount: \$</p>

Other medical or treatment expenses Outline details of services provided and attach copies of relevant accounts/receipts.	Amount: \$
Details of other costs incurred as a result of the offence/s:	
(Please provide details and attach copies of relevant accounts/receipts.)	Amount: \$

Section 6 – Costs of Making this Application

Please be aware that under the new Victims of Crime Assistance Act (implemented 24th June 2005), any costs associated with the preparation of your application, such as solicitors' fees and medical report fees, may be deducted from your award. This will be at the discretion of the Commissioner. If your application is rejected, then you may be responsible for the payment of these costs.

Details of any costs charged by a solicitor in respect to this application.	Amount: \$
Details of any charges for obtaining medical or other reports required for this application. Please provide details of reports obtained and attach copies of accounts or receipts.	Amount: \$
Details of any other costs incurred in making this application. Please provide details and provide receipts or accounts.	Amount: \$
Total claimed in this section	\$

Section 7 – Hearing Preferences

The Commissioners would prefer that the claimant attended a hearing to discuss the application. However, the claimant can choose to have the application decided on the basis of the information the claimant has provided in this form and any attachments.

Does the claimant wish to attend a hearing or have the application decided on the basis of the information provided?

I wish to attend a hearing

OR

I don't want to attend a hearing and want my application decided on the basis of my written application

Please sign statutory declaration overleaf

Section 8 – Statutory Declaration

I, _____

of _____

solemnly declare that the facts and statements set out in this application are true to the best of my knowledge and belief. I make this solemn declaration by virtue of Section 14 of the *Oaths Act 2001*.

Declared at _____ this _____ day of _____ 200

Signature: _____

Before me: _____

Justice of the Peace/Commissioner for Declarations

Please attach receipts, accounts and any other documents to this application and post it to:

The Victims Assistance Unit
GPO Box 825
HOBART TAS 7001