

Victims of Crime (Financial Assistance)

Approved form AF 2003-3

Approved by the Attorney General on 28 April 2003 under the

Victims of Crime (Financial Assistance) Act 1983, s 73

Victims of Crime (Financial Assistance) Act 1983–Form 1

(see s 27)

Australian Capital Territory

Application for Financial Assistance

(See attached form entitled Application for Financial Assistance marked Version 03/1)

AUSTRALIAN CAPITAL TERRITORY
Victims of Crime (Financial Assistance) Act 1983 – s.27

Application for Financial Assistance

[TO BE FILED WITHIN 12 MONTHS OF INJURY OR PROPERTY DAMAGE*]

IN THE MAGISTRATES COURT
AT CANBERRA

VFA No of

SECTION A

- BEFORE MAKING AN APPLICATION YOU SHOULD READ THE EXPLANATORY NOTES**
- TO BE ELIGIBLE YOU MUST HAVE REPORTED THE INCIDENT TO THE POLICE AND BE ONE OF THE FOLLOWING PEOPLE:

[Please tick (✓) one box]

A **primary victim** - a person who was injured as a result of a violent crime or while assisting a police officer;

A person who is **responsible for the maintenance** of a primary victim;

A **related victim** - a person who at the time of the death of a primary victim had any of the following relationships with the deceased:

[Please tick (✓) one box]

a close family member - you must be a spouse, parent, guardian, step-parent, a child or step-child, a sibling, step-sibling or half-sibling of the deceased person who had a genuine personal relationship with him or her;

a dependant - you must be a person who is, or would have been, dependent on the deceased person's income; or

an intimate personal relationship;

An **eligible property owner** - a person whose property was damaged while assisting a police officer.

Name of Applicant:.....

*unless the Court has granted an extension.
**Explanatory Notes to accompany this form are available from the Magistrates Court or the Legislation Register (www.legislation.act.gov.au).

(Applicant or legal representative to complete.)

Filed by:

..... (name)
 (address)

 (telephone number)
 (facsimile number)

SECTION B:	APPLICANT DETAILS
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1. **Primary Victim's details** *[Complete Q1 for details of the primary victim]*

Full Name:.....

Date of Birth: / /

Male / Female (please circle)

Occupation:

Address:.....
.....
.....

Telephone:.....(H).....(W).....(Mobile)

Email:.....

2. **Other Applicants** *[Complete Q2 if you are:]*

- applying **on behalf of a primary victim** (where the primary victim named above is under 18 years of age or is a person under a legal disability); or
- **responsible for the maintenance of a primary victim**; or
- applying as a **related victim** because the primary victim is deceased; or
- applying as an **eligible property owner**.

Full Name:.....

Date of Birth: / /

Male / Female (please circle)

Address:.....
.....
.....

Telephone:.....(H).....(W).....(Mobile)

Email:.....

Your relationship to the victim (if applicable) :.....

SECTION C

THE INCIDENT(S)

Details of injury or property damage

3. When did the injury or property damage occur?

Date: ... /...../.....

OR

Betweenand.....
(if more than one incident)

Details of report to the Police

[NB – If no report was made to the police, financial assistance cannot be granted. If you have made a signed statement to police, please attach a copy.]

4. Was the incident reported to the police?

Yes / No

Name of Alleged Offender:.....
(If known)

Date reported to Police:/...../.....

PROMIS (Police Reference) Number:.....

Name of police officer:.....

Police Station:.....

5. Please describe the injuries (physical or mental) suffered or damage to the property. (If insufficient space, please attach details)

6. Please describe the circumstances, events and actions of any person leading up to the injury or property damage. (If insufficient space, please attach details)

7. Please provide details of anyone who saw the injury or property damage, or other persons (eg friend, doctor, neighbour) who can provide information to support your application. *(For example, they could provide a witness statement to the actual incident, medical or dental records, or they may be the person you told first about the incident.)*

Name:.....

Address:.....

.....

.....Telephone.....

The information they may provide:.....

.....

.....

.....

.....

Name:.....

Address:.....

.....

.....Telephone.....

The information they may provide:.....

.....

.....

.....

.....

(Please provide details of any other relevant persons in an attachment.)

SECTION D APPLYING FOR EXPENSES AND LOSS OF WAGES

8. I am applying for: *(please tick appropriate boxes):*

- Medical or dental expenses incurred as a result of the injury including expenses for any treatment *(please attach copies of receipts/invoices)*

Name of service provider	Amount	Less Medicare benefit	Less health fund benefits	Net expenses	Paid Y/N

- Other expenses incurred as a result of the injury *(please attach copies of receipts/invoices or any other documents that prove the expenditure)*

Paid/payable to	Services provided	Amount	Account paid Y/N
<i>eg. Acme Home Security</i>	<i>Fitting of security screens</i>	<i>\$400.00</i>	

- Loss of Wages due to the injury *(A claim for loss of actual wages must be supported by either a statement from your employer, copies of your tax returns or statement of benefits from Centrelink).*

Dates absent from work	Total number of days	Number of days of unpaid leave

- Expenses incurred in making this application *(eg fee for obtaining medical report)*

Paid to	Amount	Reason
<i>eg Canberra Hospital</i>	<i>\$33.00</i>	<i>To obtain medical report</i>

NB. Legal fees cannot be claimed as part of this application.

SECTION E**APPLYING FOR SPECIAL ASSISTANCE**

Special assistance is only available to certain victims of crimes. Please refer to the Explanatory Notes for further details.

9. I am applying for: *(please tick appropriate boxes):*

- Special assistance in relation to a sexual offence *(please attach any relevant reports from a counsellor/psychologist/doctor).*
- Special assistance in relation to a criminal injury that was sustained by me as a police officer, ambulance officer or firefighter in the course of the exercise of my functions.
- Special Assistance in relation to an extremely serious injury *(you must provide a statement from the Victims Services Scheme about the assistance obtained [or reasons why such assistance would be of no benefit] and attach any relevant medical reports supporting your application).*
- Special assistance because I am a related victim.

SECTION F**ANY OTHER CLAIMS**

10. Have you taken or do you intend to take legal action for damages against the alleged offender in regard to this incident?

Yes / No

11. Have you received any award of damages from a Court in relation to this incident?

Yes / No

If yes, the amount awarded? \$.....

12. Have you made or do you intend to make a workers compensation claim in regard to this incident?

Yes / No

Name and address of your employer or insurance company:

.....

13. Have you received or will you receive an insurance payment (including from life insurance policies) in relation to this incident?

Yes / No

Please specify any amount received? \$.....

Please specify the type of insurance payment:.....

Name and address of the insurance company:

.....

14. Have you received or will you receive moneys under another law in relation to this incident?

- any reparation (compensation) payable under section 350 of the *Crimes Act 1900*;
- a Medicare or private health fund benefit;
- a social security pension or allowance;
- any amount payable under another law* as a consequence of the injury or damage.

Yes / No Please specify any amount received? \$.....

*Name of relevant law (if known):

.....

Signed:

Name:
[Block letters]

Dated: