



Application for counselling by a family member of a homicide victim

Pursuant to Section 21 *Victims Support and Rehabilitation Act 1996*, a family member of a homicide victim may apply for an initial period of up to 20 hours counselling.

Applications may also be lodged online at our website www.lawlink.nsw.gov.au/vs and further information may be found there.

This form is for counselling only. If you are applying for compensation and counselling, please complete the *Application for Compensation by a Family Member of a Homicide Victim*.

PART 1: Details of the family member applying for counselling

1. Surname	<input type="text"/>	Given names	<input type="text"/>
2. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
3. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
4. Address	<input type="text"/>		Postcode <input type="text"/>
Email	<input type="text"/>		
Phone no.	Daytime <input type="text"/>	Mobile	<input type="text"/>

PART 2: Details of person applying on behalf of the above family member (if applicable)

For example, if the victim is under 18 years or incapacitated.

5. Surname	<input type="text"/>	Given names	<input type="text"/>
6. Your relationship to the family member	Parent <input type="checkbox"/>	Other <input type="checkbox"/>	→ Please specify <input type="text"/>
7. Reasons for acting on behalf of the family member	Victim under 18 yrs <input type="checkbox"/>	Other <input type="checkbox"/>	→ Please specify <input type="text"/>
8. Address	<input type="text"/>		Postcode <input type="text"/>
Phone no.	Daytime <input type="text"/>	Mobile	<input type="text"/>

PART 3: Details of the solicitor (if applicable)

9. Name of solicitor/firm	<input type="text"/>		
<i>Note: If you have a solicitor representing you in this application all correspondence will go to them.</i>			
Address	<input type="text"/>		Postcode <input type="text"/>
Email	<input type="text"/>		
Phone no.	<input type="text"/>	Fax	<input type="text"/>

PART 4: Additional information for statistical and planning purposes

10. Are you of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
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PART 5: Details of the homicide victim

11. Surname	<input type="text"/>	Given names	<input type="text"/>
12. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
13. Date of death	<input type="text"/> / <input type="text"/> / <input type="text"/>		
14. Your relationship to the deceased	<input type="text"/>		

PART 6: Details of the homicide

15. Where in NSW did the homicide occur? (If full address is not known, the suburb/town must be provided.)

Address

Postcode

16. Which police station was it reported to?

Name of police officer (if known)

17. Briefly describe what happened.

PART 7: Details of counsellor *A list of approved counsellors is available on our website: www.lawlink.nsw.gov.au/vs*

18. Would you like us to allocate an approved counsellor on your behalf?

No → Go to Question 19

Yes → Go to Question 20

19. Please provide the name of the approved counsellor of your choice.

20. Please let us know of any counselling preferences you have.

Suburb(s)/town(s) to attend counselling

Male

Female

Language for counselling

Type of disability access (if required)

Other

Please note that all efforts will be made to meet your preferences.

PART 8: Applicant's declaration

I hereby apply for counselling pursuant to Section 21 of the *Victims Support and Rehabilitation Act 1996*. I am aware that the contents of my counselling session may be used in the preparation of a report to Victims Services for the purposes of subsequent counselling applications.

Applicant's signature

Date

Or I,

am signing this application on behalf of the victim.

→ Please provide reason(s)

Signature

Date

Where to send this form

You may send your completed form by fax to: **(02) 8688 9630**

Or, post it to: **The Director
Victims Services
Locked Bag 5118
PARRAMATTA NSW 2124**

Solicitors may use the Document Exchange: **DX 8232 PARRAMATTA**

If you have any enquiries, please contact the Family Claims Clerk on **(02) 8688 5511** or **1800 069 054 (Freecall)**.
If you are a person who is hearing impaired and using a TTY machine you may call: **TTY (02) 8688 5575**.

You can also send an email to: **vct@agd.nsw.gov.au** The **Telephone Interpreting Service** number is **131 450**.

A decision regarding your application for counselling will be given to you or your solicitor within two working days.