



Application for Compensation by a Family Member of a Homicide Victim

Victims Support and Rehabilitation Act 1996 (the Act)

IT IS IMPORTANT THAT YOU READ THIS INFORMATION GUIDE BEFORE FILLING IN THE APPLICATION FORM.

GENERAL INFORMATION

Who should use this form?

You may use this form to apply for victims compensation if you were a member of the immediate family of a homicide victim who died as a direct result of an act of violence in NSW.

A member of the immediate family is:

- the victim's spouse; or
- the victim's de facto spouse, or partner of the same sex, who has cohabited with the victim for at least two years; or
- a parent, guardian or step-parent of the victim; or
- a child or step-child of the victim or other child of whom the victim was the guardian; or
- a brother, sister, step-brother or step-sister, half-brother or half-sister of the victim.

If you are not a family member but are claiming for funeral expenses only, please see the information on funeral expenses below.

Can I claim as a dependent family victim?

Yes, if you were dependent on the homicide victim at the relevant time.

This includes children of the homicide victim who would have been dependent if they had been born during the lifetime of the homicide victim (i.e. in utero at the time of the death of the homicide victim)

You will need to provide evidence to support dependency.

Can a child claim?

Yes. If the family member of the homicide victim is a child, an application can be made by a relative or other suitable person on the child's behalf. Any award that is made will be held in trust (usually by the Public Trustee) and managed on behalf of the child until the child is 18 years of age.

How much compensation is available?

The maximum amount of compensation available is \$50,000. This money is distributed equally amongst

all eligible family members. However, if there were dependent members at the time of the homicide (e.g. spouse and/or children) then all monies go to the dependants to the exclusion of any other eligible family members.

Can I receive free counselling?

Approved Counselling is available to all relatives of a homicide victim, even if they are not a member of the immediate family of the victim, or not eligible for compensation.

If you would also like to apply for counselling, you may complete the counselling section in this form.

Funeral expenses

An advance payment may be made to cover reasonable funeral expenses. If you are only claiming funeral expenses please complete parts 1, 7, 8, 10 and 12 and send to us with a copy of invoices for expenses incurred. Funeral expenses paid will be deducted from the total award.

Do I need a solicitor?

You can make the application for compensation by yourself or be represented by a solicitor.

The Law Society can provide you with the names of solicitors in your local area who will assist you in completing your application. The number for the **Law Society** is **(02) 9926 0300** or **1800 422 713** (toll free call outside Sydney metropolitan area). Alternatively, you could call **LawAccess** on **1300 888 529**.

Your solicitor's costs for the compensation application will generally be paid by us, in accordance with the prescribed rate. These costs are paid over and above any amount of compensation awarded. Please note that your solicitor is not entitled to costs from us for helping you to fill out an application form for Approved Counselling.

How will my application be processed?

Once we have received your completed application form we will register your claim and send you an acknowledgment letter.

We will obtain police reports and/or court papers in relation to the act of violence. If necessary, we will write to identified members of the immediate family of the homicide victim and advise them that they may be eligible to claim compensation.

You will need to provide some evidence of your relationship to the deceased person. This normally includes a copy of a birth or marriage certificate, or in the case of a de-facto spouse, a statutory declaration outlining the relationship. Statutory declarations from other people supporting the de facto relationship may assist your claim. A copy of the death certificate will also be required.

Once all the necessary information has been obtained, we will send you a letter advising you of the date upon which your claim will be finalised.

It would assist the processing of your application if details of any eligible family members are provided, if known.

Time limit for making a claim for compensation

You must make a claim within two years of the date of the homicide. If your claim is late you need to seek leave to lodge a late application.

Is the behaviour of the homicide victim at the time of the incident relevant?

Yes. An award may be reduced or the claim dismissed if the Assessor considers the victim's behaviour contributed to his or her death.

Does the offender have to be charged?

No. The offender does not have to be charged before you make your claim for compensation. It may also be possible for your claim to be finalised before an offender is identified or dealt with by a court.

Will the offender have to pay?

If a person is convicted of the crime for which you are awarded compensation we may take action to recover any award from the offender. You do not have to give evidence or be involved in these proceedings.

Will my privacy be protected?

Some information may need to be made available to the offender for any action taken to recover any award from the offender. We may also be required to produce documents to a court where there is other legal action taking place. However, in general, the material in our possession is not released to other people.

CONTACTING VICTIMS SERVICES

If you are legally represented you should first contact your solicitor who may make enquiries on your behalf.

If you nominate a representative at Part 5, the representative may make enquiries on your behalf.

For further information or assistance please contact Victims Services on: **(02) 8688 5511**.

Or, if you are calling from outside the metropolitan area: **1800 069 054 (Freecall)**.

A person who is hearing impaired and is using a TTY machine may call on this number: **(02) 8688 5575**

When calling, if you need an interpreter, call the **Telephone Interpreting Service (TIS)** on: **131 450**

Or Victims Services may be able to arrange an interpreter for you.

For further information refer to the relevant legislation and our brochure *Support for Family Members of Homicide Victims*.

You may also visit Victims Services website: **www.lawlink.nsw.gov.au/vs**

Our email address is: **vct@agd.nsw.gov.au**

Further information for victims of crime can be found at: **www.lawlink.nsw.gov.au/voc**

WHERE TO SEND YOUR COMPLETED FORM

**The Director
Victims Services
Locked Bag 5118
Parramatta NSW 2124**

Or solicitors may use the Document Exchange:
DX 8232 Parramatta



Application for Compensation by a Family Member of a Homicide Victim

Victims Support and Rehabilitation Act 1996 (the Act)

THIS FORM SHOULD BE USED BY MEMBERS OF THE IMMEDIATE FAMILY OF A HOMICIDE VICTIM WHO DIED AS A DIRECT RESULT OF AN ACT OF VIOLENCE IN NSW.

Note: If you require only funeral expenses to be paid or reimbursed, please use the **Application for Funeral Expenses**, which can be downloaded from the Victims Services website at www.lawlink.nsw.gov.au/vs

PART 1: Details of the family member applying for compensation

1. Full name	Surname/Family	<input type="text"/>
	First/Given name	<input type="text"/>
	Other names	<input type="text"/>
2. Gender	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
3. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
4. Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
5. Daytime contact numbers	Phone <input type="text"/>	Mobile <input type="text"/>
	Email	<input type="text"/>
6. Your relationship to the homicide victim	<input type="text"/>	

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

If the family member is unable to complete the application due to incapacity or is under 18 years of age, a person with a genuine interest in the welfare of the family member may apply on their behalf.

7. Full name	Surname/Family	<input type="text"/>
	First/Given name	<input type="text"/>
	Other names	<input type="text"/>
8. Gender	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
9. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
10. Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
11. Daytime contact numbers	Phone <input type="text"/>	Mobile <input type="text"/>
	Email	<input type="text"/>
12. Your relationship to the family member	<input type="text"/>	
13. Why are you acting on behalf of the family member?	<input type="text"/>	

PART 3: Additional information for statistical and planning purposes

14. What language do you speak at home?

15. Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

PART 4: Details of legal representative (if applicable)

If you complete the legal representative details, this will be the address for service. This means all correspondence from us will be sent to your legal representative.

16. Name of Legal firm

17. Name of the Solicitor

18. Solicitor's reference

19. Address/DX

Postcode

20. Contact

Phone

Fax

Email

PART 5: Details of other representative (if required)

If you require another person/organisation to make enquiries as to the status of your claim, please complete this part.

21. Name of person

22. Name of organisation

23. Address

Postcode

24. Contact

Phone

Fax

Email

PART 6: Late applications

If your application is made more than two years after the homicide occurred, you will have to request leave to apply out of time and provide reasons for the delay. Your claim will be allowed to proceed only if this request is granted by the Director. You must satisfy the Director that there is a good reason to receive your application after the allowable period to receive claims.

25. Did the homicide occur more than two years ago?

No → Go to Part 7 Yes → Please provide reasons for the delay

*(If insufficient space, give a brief description above **and** provide an attachment)*

PART 7: Details of the homicide victim's family

26. Your relationship to the homicide victim? *(For example, you were the homicide victim's sibling or parent)*

27. Were you dependent on the deceased?

No

Yes *How were you dependent on the deceased?*

(Please provide documents/materials which substantiate your claim as a dependent family member)

28. Marital status of the homicide victim at the time of death?

Married

Separated

Widowed

De facto

Divorced

Never married

As all the immediate family members of the homicide victim are potentially eligible to receive compensation, you are requested to give the following details.

29. Details of the homicide victim's child/ren under the age of 18.

Name of child

Name of carer/guardian

Address of carer/guardian

Postcode

Name of child

Name of carer/guardian

Address of carer/guardian

Postcode

Name of child

Name of carer/guardian

Name and address of carer/guardian

Postcode

Name of child

Name of carer/guardian

Name and address of carer/guardian

Postcode

30. Details of other immediate family members

Name

Relationship

Address

Postcode

Name

Relationship

Address

Postcode

Name

Relationship

Address

Postcode

Name

Relationship

Address

Postcode

(If insufficient space, please add an attachment)

PART 8: Details of the homicide**31. When did the homicide occur?**Date / / **32. The name of the homicide victim**Surname/Family name First/Given names **33. Date of birth of the homicide victim**Date / / **34. Did the homicide occur in NSW?**No Yes → Please write the suburb/town and address (if known) belowSuburb/town Address (if known) Postcode **35. Do you know the name(s) of the offender(s)?**No Yes → Please write the name(s) of the offender(s) belowName(s) of offender(s) **36. When was it reported?** Date / / **37. Who was it reported to?**Name of police officer Police station COPS Event No. **E** (the police reference number for your matter)
(if known)**38. Do you have a copy of any statement(s) made to the police?**No Yes → Please attach to this application

PART 9: Coronial and court proceedings details

If known, please provide details to assist us with the processing of your application. This information will not be applicable to every homicide and is often not available if the homicide recently occurred.

39. Please provide details of inquest

Location of Coroner's Court

Name of Judge/Magistrate

Final court date / /

40. Please provide details of court proceedings

Name and location of court

Name of Judge/Magistrate

Final court date / /

Defendant(s)	Offence(s)	Result(s) (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 10: Interim award for funeral expenses

An advance payment may be made for reasonable funeral expenses.

41. Do you request an interim payment for funeral expenses?

No

Yes Please attach a copy of the invoice/receipts from the funeral services.

42. Do you wish the payment to be made directly to the funeral services?

No

Yes

PART 11: Approved Counselling Scheme

43. Would you like to apply for Approved Counselling?

No → Go to Part 12

Yes

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

No → Go to Question 45

Yes → Go to Question 46

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

(A list of approved counsellors is available on the Victims Services website www.lawlink.nsw.gov.au/vs)

46. 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 12: Statutory Declaration

This statutory declaration must be signed by the applicant (either the family member or the person applying on behalf of the family member named in Part 2) in the presence of a Justice of the Peace or Solicitor.

47. I, (full name)

do solemnly and sincerely declare that all the statements made in this application are true and correct to the best of my knowledge, and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Taken and declared before me at

(place)

This / /

(day / month / year)

Your signature

Justice of the Peace/Solicitor
(signature)

Justice of the Peace/Solicitor
(printed name)

Justice of the Peace Number/Solicitor's Practising Certificate Number

Application checklist

- Attach a copy of the homicide victim's death certificate
- Proof of relationship to homicide victim (e.g. marriage certificate or birth certificate)
- If funeral costs need to be paid/refunded, necessary receipts/accounts need to be attached
- Attach any answers to questions which could not be completed within the space provided
- Have you answered all necessary questions?

Where to send your completed application form

**The Director,
Victims Services
Locked Bag 5118
Parramatta NSW 2124**

Or solicitors may use the Document Exchange:
DX 8232 Parramatta