



# Application for Compensation by a Primary or Secondary Victim

*Victims Support and Rehabilitation Act 1996.*

## GENERAL INFORMATION

### Who should use this form?

You should use this form if you are a primary or secondary victim as defined below.

**NOTE: Do not use this form** if you are the family member of a deceased victim. In that case contact us for the appropriate form.

## DEFINITIONS

### Primary victim

A primary victim is a person who:

- has sustained an injury as a direct result of an act of violence; or
- is injured while trying to prevent someone from committing an act of violence; or
- is injured while helping or rescuing someone against whom an act of violence is being committed, or has just been committed; or
- is injured while trying to arrest someone who is committing, or has just committed an act of violence.

### Secondary victim

A secondary victim is a person who:

- has sustained an injury as a direct result of witnessing the act of violence that resulted in the death or injury of a primary person; or
- is a parent or guardian who sustained injury as a direct result of becoming aware of the act of violence of which their child (under 18 years at the time of the act of violence) was a primary victim.

### An act of violence

An act of violence is an act or series of related acts, committed by one or more persons that:

- has apparently occurred in the course of the commission of an offence in NSW, and
- has involved violent conduct against persons, and
- has resulted in injury or death to one or more persons.

## How your application will 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/court papers in relation to the act of violence claimed.

It is your responsibility to provide us with the medical and other relevant evidence substantiating the injuries nominated.

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.

Applications on average are determined within 12-18 months of registration.

## Contacting Us

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

For further information or assistance please contact us on:

**(02) 9374 3111**

or if you are calling from outside the metropolitan area, on:

**1800 069 054 (toll free)**

A person who is hearing impaired and is using a TTY machine may call on this number:

**TTY (02) 9374 3175**

When calling please quote your claim reference number as provided in our correspondence to you.

For an interpreter you may call the Telephone Interpreting Service on:

**TIS 131 450**

For further information refer to the relevant legislation and our brochure *Compensation for Victims of Violent Crime*, which we can provide.

You may also visit our web site at:

**<http://www.lawlink.nsw.gov.au/vs>**

Our email address is: **[vct@agd.nsw.gov.au](mailto:vct@agd.nsw.gov.au)**

Practical information for victims of crime can be found at: **<http://www.lawlink.nsw.gov.au/voc>**

# Charter of Victims Rights

## **Courtesy, compassion and respect**

A victim should be treated with courtesy, compassion, and respect for the victim's rights and dignity.

## **Information about services and remedies**

A victim should be informed at the earliest practical opportunity, by relevant agencies and officials, of the services and remedies available to the victim.

## **Access to services**

A victim should have access where necessary to available welfare, health, counselling and legal assistance responsive to the victim's needs.

## **Information about investigation of the crime**

A victim should, on request, be informed of the progress of the investigation of the crime, unless the disclosure might jeopardise the investigation. In that case, the victim should be informed accordingly.

## **Information about prosecution of accused**

(1) A victim should be informed in a timely manner of the following:

- (a) the charges laid against the accused or the reasons for not laying charges,
- (b) any decision of the prosecution to modify or not to proceed with charges laid against the accused, including any decision to accept a plea of guilty by the accused to a less serious charge in return for a full discharge with respect to the other charges,
- (c) the date and place of hearing of any charge laid against the accused,
- (d) the outcome of the criminal proceedings against the accused (including proceedings on appeal) and the sentence (if any) imposed.

(2) A victim should be consulted before a decision referred to in paragraph (1) (b) is taken if the accused has been charged with a serious crime that involves sexual violence or that results in actual bodily harm, mental illness or nervous shock to the victim, unless:

- (a) the victim has indicated that he or she does not wish to be consulted, or
- (b) the whereabouts of the victim cannot be ascertained after reasonable inquiry.

## **Information about trial process and role as witness**

A victim who is a witness in the trial for the crime should be informed about the trial process and the role of the victim as a witness in the prosecution of the accused.

## **Protection from contact with accused**

A victim should be protected from unnecessary contact with the accused and the defence witnesses during the course of court proceedings.

## **Protection of identity of victim**

A victim's residential address and telephone number should not be disclosed unless a court otherwise directs.

## **Attendance at preliminary hearings**

A victim should be relieved from appearing at preliminary hearings or committal hearings unless the court otherwise directs.

## **Return of property of victim held by State**

If any property of a victim is held by the State for the purpose of investigation or evidence, the inconvenience to the victim should be minimised and the property returned promptly.

## **Protection from accused**

A victim's need or perceived need for protection should be put before a bail authority by the prosecutor in any bail application by the accused.

## **Information about special bail conditions**

A victim should be informed about any special bail conditions imposed on the accused that are designed to protect the victim or the victim's family.

## **Information about outcome of bail application**

A victim should be informed of the outcome of a bail application if the accused has been charged with sexual assault or other serious personal violence.

## **Victim impact statement**

A relevant victim should have access to information and assistance for the preparation of any victim impact statement authorised by law to ensure that the full effect of the crime on the victim is placed before the court.

## **Information about impending release, escape or eligibility for absence from custody.**

A victim should, on request, be kept informed of the offender's impending release or escape from custody, or of any change in security classification that results in the offender being eligible for unescorted absence from custody.

## **Submissions on parole and eligibility for absence from custody of serious offenders**

A victim should, on request, be provided with the opportunity to make submissions concerning the granting of parole to a serious offender or any change in security classification that would result in a serious offender being eligible for unescorted absence from custody.

## **Compensation for victims of personal violence**

A victim of a crime involving sexual or other serious personal violence should be entitled to make a claim under a statutory scheme for victims compensation.



# Application for Compensation by a Primary or Secondary Victim

*Victims Support and Rehabilitation Act 1996.*

When completing this form, please ensure that you give all the information asked for. If you cannot provide details for any questions, attach a statement giving your reasons. If the form is incomplete, the application may be returned, causing delays in the processing of your claim.

## Details of the victim applying for compensation

**Part 1**

**1. Full name**

Title Miss  Ms  Mr  Mrs   
 Dr  Other (please specify)   
 Surname   
 Given Names

**2. Has the victim used any other names?**

No   
 Yes  ➔ Please provide the name(s)

**3. Date of birth**

**4. Gender** Male  Female

**5. Occupation**

**6. Address**

**7. Contact numbers**

Home   
 Work   
 Mobile   
 Email

*Note: The following two questions are optional and are for statistical and future planning purposes only*

**8. Is the victim an Aboriginal or Torres Strait Islander?**

No   
 Yes

**9. Country of birth of the victim**

**Part 2**

**Details of person applying on behalf of the above victim (if applicable)**

*If the victim is under 18 years of age or incapacitated, the person responsible for the welfare of the victim may apply on their behalf.*

**10. Full name** Surname   
Given Names

**11. Date of birth**

**Gender** Male  Female

**12. Relationship to the victim**

**13. Address**

**14. Telephone** Home   
Work   
Mobile

**15. Why are you acting on behalf of the victim?**

**Part 3**

**Details of legal representative (if applicable)**

**16. Name of legal firm**

**17. Name of the solicitor**

**18. Solicitor's reference**

**19. Address/DX**

**20. Contact numbers** Phone   
Fax   
Email

**Part 4**

**Late applications**

*If your application is made more than two years after the act of violence it will not be automatically accepted. You will have to request leave to apply out of time and supply reasons for the delay. Your claim will be allowed to proceed only if this request is granted by the Director.*

**21. Did the act of violence occur more than two years ago?**  
No  ➔ **Go to Part 5**  
Yes  ➔ Give reasons for the delay

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

**Details of act(s) of violence**

**22. Are you applying as a *secondary* victim?**

No

➔ **Go to question 24**

Yes

➔ Please complete question 23

**23. Who is the primary victim?**

Surname

First Names

**24. When did the act(s) of violence happen?**

(A) Time  am/pm

Date  /  /

**OR (B) If over a period of time**

From  /  /

To  /  /

**25. Do you know the name of the offender(s)?**

No

Yes

Name(s) of offender(s)

**26. Did you know the offender(s) at the time of the act of violence?**

No

Yes

**How did you know the offender(s)?**

**27. Where did the act(s) of violence happen? Include address, if known**

**Suburb/town must be provided**

Postcode

**28. Briefly describe what happened**

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

**Reporting to the police**

*If the act of violence was reported to the police more than once please provide an attachment with full details.*

**29. Did anyone report the act of violence to the police?**

No  ➔ Why wasn't it reported to the police?

➔ **Go to Part 7**

Yes  ➔ Please complete the rest of this part.

**30. Who reported it to the police?**

**31. When was it reported?**

Time  am/pm

Date  /  /

**32. Was there a delay in reporting to the police?**

No

Yes  ➔ Why was there a delay?



**33. Who was it reported to?**

Name of police officer

Police station

C.O.P.S. Event Ref No. (the police reference number for your matter)

**34. Do you have a copy of the statement you made to the police?**

No

Yes  ➔ Please attach it to this application.

**Court proceedings**

**35. Did the case go to court?**

No  ➔ **Go to Part 8**

Yes  ➔ Please provide details.

Type of court: Local  District  Supreme  Other

Name & 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"/>

**Other proceedings**

**36. Have you made or do you intend to make a civil claim in regard to this matter?**

No

Yes  ➔ If yes, please name the party you will be making or have made the claim against:

**37. Have you made or do you intend to make a workers compensation claim in regard to this matter?**

No

Yes  ➔ If yes, please provide the name of your employer or insurance company

**38. Have you received or will you receive an insurance payment or monies from any other source, other than in questions 36 & 37, in relation to this matter?**

No

Yes  ➔ If yes, please provide details.

**Injuries**

You can only claim compensation for injuries found in the Schedule of Injuries in the Act. A copy of this Schedule can be obtained from us.

Compensation is awarded for a maximum of 3 injuries. The full standard amount shown in the Schedule is paid for the most serious injury; 10% of the standard amount for the second most serious injury; and 5% of the standard amount for the third most serious injury.

You must provide evidence of the injuries you have claimed, such as hospital records, medical reports, or proof of any continuing symptoms or disability. If you are claiming scarring, it must be permanent, and you will need to provide recent, dated colour photographs of any scarring. You can provide evidence in support of the injuries you have claimed at any time before your application for compensation is finalised.

The minimum amount of compensation for injuries is \$7,500. This means that the total value of the injuries that you are claiming must be equal to, or be more than \$7,500. If the total value of the injuries claimed is not \$7,500 or more, then you will not receive an award of compensation. Expenses are not included in calculating the minimum amount.

**39. You must nominate the compensable injuries** (as required by Clause 6 of the Rule 1997).

Compensable Injury (as described in Schedule 1)	Standard amount of compensation
1.	\$
2.	\$
3.	\$

## Compensable injury of psychological or psychiatric disorder

### 40. Have you claimed psychological or psychiatric disorder in Part 9?

No  ➔ **Go to Part 11**

Yes  ➔ You must nominate which Category you are claiming:

- Category 1, chronic psychological or psychiatric disorder that is moderately disabling, *(This injury can only be claimed where the act of violence is armed robbery, abduction or kidnapping)* **or**
- Category 2, chronic psychological or psychiatric disorder that is severely disabling *(This injury can be claimed for all acts of violence)*

To claim the compensable injury of psychological or psychiatric disorder a report is required by an Authorised Report Writer (ARW). An ARW is a qualified person who will prepare a written assessment of your condition to assist the compensation assessor in determining whether you have a compensable injury.

Please nominate an ARW

Please note that your ARW cannot be the same person who has provided or is providing you with counselling. A list of ARWs can be obtained from us on (02) 9374 3111. If you are calling from outside the metropolitan area, ring 1800 069 054 (toll free).

Alternatively, a list of the ARWs is available on our website at <http://www.lawlink.nsw.gov.au/vs>

After you have nominated a category of psychological or psychiatric disorder and an ARW, we will advise you in writing when approval has been given for an appointment to be made.

### Expenses (Parts 11, 12 & 13)

*If you are awarded compensation for financial loss, including medical expenses, loss of earnings, and other losses and expenses, the maximum amount payable is \$10,000.*

### Medical and Related

*Types of medical and related expenses include: medical, hospital, dental, chemist, physiotherapy, the cost of medical reports and photos etc. All the expenses claimed must be substantiated. Only net expenses may be paid.*

### 41. Are you claiming for actual medical expenses?

No  ➔ **Go to Part 12**

Yes  ➔ Complete below

*Note: Expense – Medicare benefits – Health Fund benefits = Net expenses*

Name of service provider (eg. doctor, hospital, dentist)	Expense	Less Medicare benefits paid/payable	Less health fund benefits paid/payable	Net expenses (which is expenses less benefits) payable
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

**Other (eg. chemist, ambulance, photos etc) – please specify**

<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
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**Medico-legal reports**

Name of service provider  
(eg. doctor)

Report date

Expense

		\$
		\$
		\$

**Actual loss of earnings**

*Compensation can be claimed for actual loss of earnings only. You cannot claim for business losses.*

*Compensation is paid according to the relevant rate used under the Workers Compensation Act 1987, rather than the exact amount of earnings that were lost.*

**42. Are you claiming actual loss of earnings?**

No  ➔ **Go to Part 13**

Yes  ➔ Complete this part

Dates absent from work

Total no. of days absent

Paid sick leave (days)

Paid holiday leave (days)

From / / to / /			
From / / to / /			
From / / to / /			

**43. What is the name of your employer? Or if you are self employed, the name of your accountant.**

Name

*Your actual loss of earnings must be substantiated by a statement from your employer and/or accountant. If you are receiving benefits from the Department of Social Security you should obtain a statement showing the benefits you have received for the dates claimed.*

**44. During your absence from work (as a direct result of the act of violence and the injuries you sustained) did you have the following:**

- A dependent spouse/de facto partner? No  Yes
- Dependent children? No  Yes
- ➔ If yes, how many children were dependent on you?
- Were any other family members dependent on you? No  Yes

➔ If yes, please describe your relationship with this person and how they were dependent on you

**Other losses and expenses** (This part applies to **Primary** victims only.)

This includes lost, destroyed or damaged **personal** items which were **worn or carried** at the time of the act of violence by the primary victim.

For lost, destroyed or damaged items, you should include the replacement cost. These expenses must be substantiated by invoices or estimates from suppliers and proof of purchase (if available). Any entitlements to refunds from insurers should be deducted from your claim. Total expenses for personal items are limited to a maximum of \$1,000.

**45. Are you claiming compensation for any other losses or expenses which were incurred as a direct result of the act of violence?**

No  ➔ **Go to Part 14**

Yes  ➔ Complete this part

Give details of items lost, damaged or destroyed as a result of the act of violence.

Description of item	Value
	\$
	\$
	\$

Give details of other expenses incurred as a result of the act of violence

Description of item	Value
	\$
	\$
	\$

**Document checklist**

- Attach a copy of your police statement if you have one.
- Attach medical and other relevant reports describing injuries, treatment, ongoing disability and prognosis.
- If you are claiming scarring, provide clear recent colour photos with your name and the date they were taken written on their back.
- If you are claiming medical expenses, you must provide receipts, invoices, accounts or other proof of medical expenses that have been incurred and details of any benefits/insurance payments received or receivable.
- Attach all documentation required to support your claim for actual loss of earnings.
- If you are claiming for loss of personal effects please provide invoices, receipts or quotations.
- Attach any answers to questions which could not be completed within the space provided in the form.

➔ **Go to Part 15 and complete the Statutory Declaration**

### Statutory Declaration

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

46. I, (Full name)

do solemnly and sincerely declare that 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

Signature of Justice of the Peace/Solicitor

Printed Name of Justice of the Peace/Solicitor

Justice of the Peace Number

### Where to send your completed application form

**The Director**

**Victims Services**

**Locked Bag A5010**

**SYDNEY SOUTH NSW 1235**

Solicitors may use the Document Exchange:

**DX 11536 SYDNEY DOWNTOWN**

### Will the offender have to pay?

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

### Confidentiality

Some information may need to be made available to the offender for any action we may take to recover the money 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.



**Victims Services**  
**Attorney General's**  
department of nsw

**Victims Services**  
**Locked Bag A5010**  
**SYDNEY SOUTH NSW 1235**