



Application for Counselling by Family Members of a Homicide Victim

Reference Number

for office use only

Pursuant to Section 21 of the *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

Part 1 Details of the Family Member applying for counselling

1. Full name Title Miss Ms Mrs Mr Dr
Surname
Given Names

2. Date of birth / / **Occupation**

3. Gender Male Female

4. Address
 Postcode

5. Telephone Home () Work () Mobile

6. Please provide the name of your solicitor/firm if there is one representing you in this matter
Solicitor/firm
Suburb

Contact numbers Phone () Fax ()

Part 2 Details of the homicide victim

7. Full name Surname
Given Names

8. Date of birth / / **Date of Death** / /

9. Your relationship to the deceased

Part 3 Details of the homicide

10. Where did the homicide occur?
Address (if known)

Suburb Postcode
(must be provided)

11. Briefly describe what happened

12. Where was it reported?
Name of Police Station
Name of Police Officer (if known)

Part 4 Details of counsellor

13. I would like the Victims Compensation Tribunal to allocate an Approved Counsellor on my behalf No Yes

➔ If No, please provide the name of your Counsellor

Name of Approved Counsellor

14. If Yes, please specify any special requirements (eg. male or female counsellor preferred)

Preferred suburb/town for counselling

Part 5 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 the Victims Compensation Tribunal for the purposes of subsequent counselling applications.

Date / /

Applicant's signature

or I, am signing this application on behalf of the applicant

because (please provide the reason(s))

Date / /

Signature

Once the form is completed please send it to the Tribunal. The Tribunal will endeavour to make a decision within 48 hours of receipt of your completed application.

Send your completed form to:

**The Director, Victims Services, Locked Bag A5010, SYDNEY SOUTH NSW 1235
or solicitors may use the Document Exchange: DX 11536 SYDNEY DOWNTOWN.**

Enquiries

**Phone Number: (02) 9374 3111, Toll Free Number: 1800 069 054, Fax Number: (02) 9374 3120
TTY (for clients who have a hearing impairment): (02) 9374 3175 and Email:
vct@agd.nsw.gov.au**

For further information see our website at: www.lawlink.nsw.gov.au/vs

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Counselling approved? Yes ➔ Counsellor's name

No ➔ Briefly explain why

Date / /

Assessor's signature