

Funeral Expenses

Victims of Crime Assistance Act – Application Form

APPLICANTS DETAILS						
Surname				Given Names		
Have you used any other names					<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide name(s)						
Postal Address				Postcode		
Home Address				Postcode		
Contact details	(H)		(W)		(M)	
Email address						
Occupation				Date of Birth	Click or tap to enter a date.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified					
Aboriginality	<input type="checkbox"/> Aboriginal or Torres Strait Islander descent <input type="checkbox"/> Not of Aboriginal or Torres Strait Islander descent					
Are you a permanent resident of the Northern Territory?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of the Primary Victim						
What is the name of the Primary Victim?						
Date of birth of the Primary Victim (if known)				Click or tap to enter a date.		
Date of death of the Primary Victim (if known)				Click or tap to enter a date.		
Your relationship to the Primary Victim						
GUARDIAN OR REPRESENTATIVE DETAILS (INCLUDING LEGAL REPRESENTATIVES & ADVOCATES)						
An application may be made for a victim by someone who has a general interest in their welfare, including the parent or guardian of a victim who is incapacitated. Representatives that work for an organisation do not need to provide Date of Birth.						
Surname				Given Names		

Date of Birth	Click or tap to enter a date.				
Relationship to Victim or reason for acting					
Organisation (if applicable)					
Address (if different from applicant's)					
Postal address (if different from above)					
Contact details	(H)		(W)		(M)
	Email				
<p>If English is not your first language and you are not represented by a lawyer, you may want to nominate another service or a trusted friend or family member to talk with us on your behalf, if so please provide their details below.</p>					
Name					
Organisation (if applicable)					
Contact details	(H)		(W)		(M)
	Email				
PREVIOUS APPLICATIONS UNDER THE SCHEME					
Have you previously made an application in relation to this violent act, this includes an interim application?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been the victim of another violent act?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES What was the date of that other violent act, the injuries you received and the name of the offender?					
Date	Click or tap to enter a date.				
Injuries					
Name of offender (if known)					
Did you make an application for financial assistance in relation to that other violent act?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER APPLICATIONS IN RELATION TO THIS VIOLENT ACT		
Are you aware of any other people applying for Funeral Expenses for the Primary Victim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide their name and contact details		
Have you made, or do you intend to make, a Work Health claim in relation to this violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made, or do you intend to make, a civil claim in relation to this violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received, or will you receive, an insurance payment or money from any other source in relation to this violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Court awarded restitution in relation to this violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you entitled, or might you be entitled, to any reimbursement of any out-of-pocket expenses from the Primary Victim's estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide details		
DETAILS OF THE VIOLENT ACT		
When did the violent act occur?	Date	Click or tap to enter a date.
OR over a period of time from	Click or tap to enter a date.	to Click or tap to enter a date.
Where did the violent act take place		
Can you briefly describe what happened:		
Do you know the name(s) of the offender(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide name(s)		

Is this application being made more than two years after the death of the Primary Victim?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide reasons why			
REPORT TO THE POLICE			
Did you report the violent act to the Police?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When was it reported?	Date	Click or tap to enter a date.	
Police Station			
Police reference number (if known)			
Do you have a copy of the police report		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes please provide a copy)
If not reported to Police please provide reasons why.			
FINANCIAL LOSS (FUNERAL EXPENSES)			
Funerals expenses relates to any fees you have paid or will need to pay for the cost of the Primary Victim's funeral. To claim these costs, you must be able to provide receipts, invoices, quotes or other proof of those costs. CVSU will either pay this amount directly to the service provider or reimburse any costs paid by you.			
Have you paid for the funeral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide the receipt		<input type="checkbox"/> Attached	
IF NO, CVSU can contact the Funeral Service Provider directly to obtain the quote. Please provide the name and contact details of the Funeral Service Provider			
Did you receive a contribution to the cost of the funeral from any other party, such as the Northern/Central Land Council?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, please provide the receipt or confirmation of payment		<input type="checkbox"/> Attached	

DOCUMENT CHECKLIST

If you have any of the following reports or records, or are able to access them through relevant services please attach a copy. Where the reports are not provided CVSU will submit requests to the appropriate organisations if required.

- ☐ A copy of the police report, or the signed authority to access police records.
- ☐ A copy of any documentation you have relating to the death of the Primary Victim, i.e. Death Certificate or items related to funeral expenses such as quotes or invoices.

AUTHORITIES

I _____ of _____ authorise the

Crime Victims Services Unit or its agent, to obtain for inspection any information or documents, including medical and other records, that relate to this application.

I understand that Crime Victims Services Unit may need to obtain a copy of:

1. Any information from the police and / or the Director of Public Prosecutions in relation to the primary victim's death;
2. A copy of the Death Certificate of the Primary Victim from the Public Trustee of the Northern Territory.

I understand that;

1. pursuant to section 33 of the Act the Director may give written notice of this application to the person named as an offender;
2. pursuant to section 35(1) of the Act an assessor may require an applicant to undergo an examination by a medical practitioner, a psychologist or a psychiatrist;
3. pursuant to section 36(2) of the Act an assessor may, by written notice, require an applicant to give the assessor further information or documents relevant to the application;
4. pursuant to section 36(4) of the Act, the assessor may, by written notice, require any other person to give the assessor the information or documents described in the notice within the time specified in the notice;
5. pursuant to section 47(1)(a) and (b) of the Act, the assessor may require a person to refund an amount if satisfied that the person has received an award or immediate payment to which the person was not entitled;
6. pursuant to section 63 of the Act, it is an offence to knowingly or recklessly provide false or misleading information to a person exercising a power or performing a function under the Act.

Signed
(applicant or representative)

Date

Click or tap to enter a date.

RECOVERY OF MONEY FROM THE OFFENDER

If it is determined that you are entitled to financial assistance and payment is made, the Northern Territory may commence a proceeding in the Local Court for recovery of the money from the offender or give a debt recovery notice to the offender requiring payment of the money.

In the event of the payment of financial assistance to you, do you have any objections to the Northern Territory taking debt recovery action?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have no objections to the Northern Territory taking recovery action against the offender, do you consent, pursuant to section 64(3)(d) of the Act, to the use of the Application and any document prepared solely for the purpose of this Application and given to the Director of the Crime Victims Services Unit, or an Assessor under the Act, being produced or used in evidence for recovery proceedings against an offender under section 56 of the Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed (applicant or representative)		Date	Click or tap to enter a date.

PAYMENT OF FINANCIAL ASSISTANCE AUTHORITY

If it is determined that you are entitled to financial assistance, payment is likely to be made directly to the Funeral Service provider. However, you may be eligible to receive reimbursement of costs you have incurred.

Please nominate a bank account for payment:			
Bank			
Branch (BSB no.)			
Account Number			
Account Name			
Signed (applicant or representative)		Date	Click or tap to enter a date.

HOW TO SUBMIT

<p>You can lodge your application with: the CVSU in Darwin , Victims of Crime NT in Darwin, Victims of Crime NT in Alice Springs, in regional centres (outside Darwin and Alice Springs), at the Local Court, or via email at cvsu.doj@nt.gov.au .</p>
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