

Secondary Victim Application

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		
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.		
Your relationship to the Primary Victim			
Has the Primary Victim made an application for financial assistance in relation to this act of violence? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there is any other person who may be entitled to apply as a victim of this violent act? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES please provide the name(s)			

Have you made an application for Interim Financial Assistance in relation to this violent act?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 or under 18 years of age. 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		
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.			
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			
Have you made, or do you intend to make, a Motor Accidents Compensation 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 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		
DETAILS OF THE VIOLENT ACT			
What was the violent act/offence?			
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.
Did the violent act result in the death of the Primary Victim? IF YES please provide date of death	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap to enter a date.		
Where did the violent act take place			
Can you briefly describe what happened:			

Can you describe your injuries		
Do you know the name(s) of the offender(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES please provide name(s)		
Did you know the offender(s) at the time of the violent act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES please describe how you knew the offender(s)		
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.		
TREATMENT RECEIVED		
Please list the name and location of each place where you received medical or other treatment. For example, Tennant Creek Hospital, Sexual Assault Referral Centre in Darwin, dentist, counsellor or private psychologist.		
Did you get medical or other treatment for your injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of hospital/s		
Name of medical centre or remote area clinic/s		

Other health or medical facilities			
Do you have an existing medical condition that has been affected by this violent act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES please provide details of the existing condition and how it has been affected			
COMPENSABLE INJURIES Please note: you may apply in more than one category, respond below as relevant.			
Are you claiming a psychological or psychiatric disorder?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINANCIAL LOSS (OUT OF POCKET EXPENSES) Financial loss includes medical expenses, loss of earnings, loss of personal effects (such as spectacles, clothing etc) and other out-of-pocket expenses as detailed below. To claim financial loss you must be able to provide receipts, invoices, accounts or other proof of the loss or expenses. If you have them, you should also provide any statements from Medicare and / or your private health insurer. If you are claiming future medical expenses you will need to provide information from a medical or health practitioner as to the treatment required and the estimated cost of the treatment. Depending on when the treatment is to take place, the CVSU will either pay this amount direct to the service provider or include the amount in the payment to the applicant. In order to determine Medicare entitlements for these expenses, please provide your current Medicare number below.			
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Medical and related expenses Types of medical expenses include any fees you have paid or will need to pay for treatment at a psychologist, your doctor, social worker or a counsellor.			
Are you claiming medical and related expenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Service Provider	Amount Paid	Amount to be paid	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Have you received any refunds from Medicare for these expenses? IF YES amount		<input type="checkbox"/> Yes \$	<input type="checkbox"/> No

Have you received any payments from a private health insurer for these expenses? IF YES amount			<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Medical / psychiatric reports and records You are also entitled to claim the cost of obtaining medical records and reports from a health or medical professional such as your doctor, psychologist or surgeon to support your claim. If you have reports or records, or are able to access them through your service provider please attach a copy. Where the reports are not provided CVSU will submit requests to the appropriate organisations if required.				
Name of Service Provider			Report Date	Cost or obtaining the records or report
				\$
				\$
Loss of Earnings You can only claim actual loss of earnings as a result of the violent act. You must provide a statement from your employer, payslips or copies of documents such as your income tax return to show your earnings at the time of the violent act. If you are self-employed, tax returns or a statement from an accountant or bookkeeper will be required. Any income support or emergency assistance you have received during the period will be deducted from the amount claimed, as will any amount you have received or are entitled to receive in income or other insurance.				
Are you claiming loss of earnings?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates absent from work			Total number of days absent	
Click or tap to enter a date.	to	Click or tap to enter a date.		
Click or tap to enter a date.	to	Click or tap to enter a date.		
Did you use any paid sick leave during the period you were absent from work? IF YES number of days			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you used any paid holiday leave during the period(s) you were absent from work? IF YES number of days			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of your employer? If you are self-employed, please provide the name of your accountant or bookkeeper.				

Have you received emergency assistance or income support during this period, such as Centrelink payments or payments from an income insurer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Expenses In exceptional circumstances, you can claim expenses that you have had, or are likely to have, to assist in your recovery from the violent act (for example, relocation expenses, providing security at your home. Items which can be claimed from personal insurers cannot be included. Please provide copies of any documents that may support your claim.			
Are you claiming other expenses which you have paid, or will pay, as a direct result of the violent act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description and need for claim (eg, need to secure home following break-in)	Amount Paid	Amount to be paid	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
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.			
<input type="checkbox"/> A copy of the police report, or the signed authority to access police records.			
<input type="checkbox"/> If you are under the age of 18 years, or the parent/child of a primary victim, a copy of your/the primary victim's birth certificate. Note: a certified copy is NOT required.			
<input type="checkbox"/> A copy of hospital / medical records and any medical reports detailing injuries, treatment and prognosis, or the signed authority to access these records, reports and information.			
<input type="checkbox"/> If you are claiming loss of earnings, a statement from your employer, payslips or your income tax return, to show your earnings at the time of the violent act. If you are self-employed, tax returns, or a statement from your accountant or bookkeeper.			
<input type="checkbox"/> If you are claiming medical expenses, copies of your receipts, accounts or other proof of the expense and a statement of Medicare or health insurance benefits received or receivable, if any			
<input type="checkbox"/> If you are claiming loss of personal effects, a copy of receipts or quotations for replacement of the item(s)			

- ☐ If you are claiming any other financial losses (that is, relocation expenses or the cost of providing security at your home) a copy of any documentation that may support your claim.
- ☐ If you are claiming future medical expenses information from a medical or health practitioner as to the treatment required and the estimated cost of the treatment

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.

Please complete the authority to enable the Crime Victims Services Unit to obtain a copy of:

1. Medical records or reports from the hospital, medical centre, health clinic or other service provider to support the claim that you received an injury or injuries as a result of a violent act;
2. Any reports or statements (including statements recorded on an audio or video tape) made by you to the police in relation to the violent act or injuries and any other document or item in the possession of the police relating to the violent act or injuries;
3. Any information from the police and / or the Director of Public Prosecutions in relation to criminal proceedings instituted against the offender, or reasons why criminal proceedings were not instituted, and details of the conviction or non-conviction of the offender;
4. A copy of the birth certificate of the applicant (if applicable) 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.
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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?

☐ Yes

☐ 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?

☐ Yes

☐ 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 will be made by transfer into your bank account or, in the case of a minor or incapacitated person to the Public Trustee.

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

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 .