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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | |
| Victims of Crime Assistance Act – Application Form | | | | | | | | | | | | | |
| APPLICANTS DETAILS | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | Given Names | |  | |
| Have you used any other names | | | | | | | | | | | | Yes  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 | | Male  Female  Unspecified | | | | | | | | | | | |
| Aboriginality | | Aboriginal or Torres Strait Islander descent  Not of Aboriginal or Torres Strait Islander descent | | | | | | | | | | | |
| Are you a permanent resident of the Northern Territory? | | | | | | | | | | | | Yes  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 | | | | |  | | | | | | |
| **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? | | | | | | | | | | | | Yes  No | |
| Have you been the victim of another violent act? | | | | | | | | | | | | Yes  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? | | | | | | | | | | | | Yes  No | |

|  |  |  |  |
| --- | --- | --- | --- |
| OTHER APPLICATIONS IN RELATION TO THIS VIOLENT ACT | | | |
| Are you aware of any other people applying for Funeral Expenses for the Primary Victim? | | | Yes  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? | | | Yes  No |
| Have you made, or do you intend to make, a civil claim in relation to this violent act? | | | Yes  No |
| Have you received, or will you receive, an insurance payment or money from any other source in relation to this violent act? | | | Yes  No |
| Has the Court awarded restitution in relation to this violent act? | | | Yes  No |
| Are you entitled, or might you be entitled, to any reimbursement of any out-of-pocket expenses from the Primary Victim’s estate? | | | Yes  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)? | | | Yes  No |
| IF YES please provide name(s) | | | |
|  | | | |
| Is this application being made more than two years after the death of the Primary Victim? | | | Yes  No |
| IF YES please provide reasons why | | | |
|  | | | |
| REPORT TO THE POLICE | | | |
| Did you report the violent act to the Police? | | | Yes  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 | | | Yes  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? | | | Yes  No |
| IF YES please provide the receipt | | | 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? | | | Yes  No |
| IF YES, please provide the receipt or confirmation of payment | | | Attached |

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| 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? | | | | | | | | 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 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 | | | | | | | | | | |
| 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](mailto:cvsu.doj@nt.gov.au) . | | | | | | | | | | |
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