



Reference number
For official use only

Criminal Injuries Compensation Scheme (2009)

APPLICATION FORM - FATAL INJURY

- Please read the attached Guidance notes when completing this form
- A separate form must be completed for each claimant, including children
 - Complete all Sections using BLOCK CAPITALS and a black pen
 - Please tick boxes as appropriate
 - Return completed form to the above address

Victim Support

Victim Support Northern Ireland is financially supported by the Government to provide free independent advice, assistance and support to persons seeking compensation for criminal injuries sustained in Northern Ireland. If it or anyone else helped you complete this application form, please tick below.

Victim Support NI

Citizens Advice Bureau

Solicitor

Relative / Friend

Other

No one

1. Details of the claimant (Guidance note 1)

1.1 Title Mr Mrs Miss Ms

1.2 Other titles (if any)

1.3 Last name

1.4 Maiden name

1.5 Any other last name(s) used

1.6 First name(s)

1.7 Date of birth

Day	Month	Year

1.8 Sex

Male Female

2. Details of person making application on behalf of someone else (Guidance note 2)

This section need only be completed if the claimant is under the age of 18 or is incapable of handling his/her own affairs.

2.1 Title Mr Mrs Miss Ms

2.2 Other title(s) if any

2.3 Last name

2.4 First name(s)

2.5 Your address

Postcode

2.6 E-mail address (if any)

2.7 Your daytime telephone number

2.8 Your relationship to the claimant

2.9 If not related, please provide details of why you are making an application for this person

2.10 If claimant is over 18 years of age, do you have enduring power of attorney?

Yes

If Yes, please enclose proof of enduring power of attorney

No

If No, please provide details as to why you are required to act on behalf of the claimant

If this Section is Completed, the person named must sign the declaration at Section 13.

3. Details of representative or other body helping you with this claim (Guidance note 3)

If over the age of 18 and capable of handling your own affairs you may nevertheless appoint someone to act as your representative in all matters concerning your claim for compensation. If you choose to be represented all correspondence will be sent to your representative. Please note that you remain responsible for the information provided to the Compensation Agency by your representative. Otherwise go to Section 4.

3.1	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
3.2	Other titles (if any)	<input type="text"/>			
3.3	Last name	<input type="text"/>			
3.4	First name(s)	<input type="text"/>			
3.5	Representative/Organisation/ Firm's title	<input type="text"/>			
3.6	Address	<input type="text"/>			
		<input type="text"/>			
		<input type="text"/>			
		Postcode			
3.7	E-mail address (if any)	<input type="text"/>			
3.8	Telephone number	<input type="text"/>			
3.9	DX number (if applicable)	<input type="text"/>			
3.10	Reference number to be quoted in correspondence	<input type="text"/>			

4. Details of deceased person (Guidance note 4)

4.1	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
4.2	Other title(s) (if any)	<input type="text"/>			
4.3	Last name	<input type="text"/>			
4.4	Maiden name	<input type="text"/>			
4.5	Any other last name(s) used	<input type="text"/>			
4.6	First name(s)	<input type="text"/>			

4. Details of deceased person (continued)

4.7 Date of birth

Day	Month	Year

4.8 Sex

Male Female

4.9 Marital status

Single Married Widowed Divorced Separated

4.10 Address at time of death

Postcode

4.11 National insurance number

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4.12 Date of death

Day	Month	Year

4.13 Occupation at time of death

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Please attach the original Death Certificate to this form.

5. Other People who Qualify

Please give the name, address and relationship to the person who died of anyone else - **(mother, father, children, spouse, partner etc)** - you think may be eligible for an award. **(Guidance as to who else may be eligible is set out in the General Information section of the Guidance Notes attached to the back of this Application Form.)**

Name

Address

Relationship

Postcode

Name

Address

Relationship

Postcode

Name

Address

Relationship

Postcode

Name

Address

Relationship

Postcode

6. Details of incident (Guidance note 5)

6.1 When did the incident happen which caused the fatal injury?

Day	Month	Year

 at

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 am/pm (delete as appropriate)

6.2 Where did the incident happen? Please give a location and full address, if possible

Postcode

6.3 If the incident happened more than 2 years ago please explain why you have not applied before now

6.4 What is the address of the police station which has the details of the incident?

Postcode

6.5 What is the name and number of the officer dealing with the incident?

6.6 What is the police command and control serial number?

8. Employment details of claimant (continued)

8.5 What financial contribution was made by the deceased? Please specify whether the contribution was weekly or monthly

8.6 Have you claimed Social Security Benefit as a result of the victim's death?

Yes (Go to 8.7) No (Go to Section 9)

8.7 Please indicate the benefits you have received as a result of the victim's death (continue on a separate sheet of paper if necessary)

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from

Day	Month	Year

 to

Day	Month	Year

--

from

Day	Month	Year

 to

Day	Month	Year

--

from

Day	Month	Year

 to

Day	Month	Year

Please note that all benefits received as a result of the injuries sustained by the victim are deducted in full from any award made for financial dependency. If you are entitled to claim benefits but do not do so, the Agency may refuse to make any award until you have taken reasonable steps to claim benefits for which you are eligible.

9. Loss of dependency - Employment details of deceased (Guidance note 8)

9.1 Was the deceased self-employed or were earnings in the form of fees or a share of profits?

Yes (Go to 9.2) No (Go to 9.6)

9.2 What type of business did he/she run?

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9.3 Was he/she the sole owner of the business?

Yes (Go to 9.5) No (Go to 9.4)

9.4 What share of the business did he/she own?

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9. Employment details of deceased (continued)

9.11 Please indicate the benefits received by the deceased up to the time of death (continue on a separate sheet of paper if necessary)

from to

from to

from to

10. Details of insurance (Guidance note 9)

10.1 Is any sum payable from an insurance policy as a result of the death of the victim?

Yes (Go to 10.2) No (Go to Section 11)

10.2 Please give the name and address of the insurance company

10.3 What is the policy number?

10.4 Who paid the premiums?

10.5 What payments have been/ are expected to be received in respect of the victims death?

If more than one policy was held, please give details at Section 13 (Your remarks)

11. Payments and compensation from other Sources (Guidance note 10)

11.1 Have you applied for compensation for this incident from any other person or body (other than an Order to pay compensation made by a criminal court)?

Yes (Go to 11.2) No (Go to 11.4)

14. Signature and authorisation (Guidance note 13)

Please check that you have completed this application form fully, as failure to do so will result in your form being returned and your claim for compensation delayed

Read the declaration carefully before signing

I hereby apply to the Department of Justice for compensation.

I declare that the information I have given is true and complete to the best of my knowledge.

I shall inform the Department of Justice if there is any change in the details given.

I understand that I may be fined or imprisoned or both if:

- I give false or misleading information, or fail to disclose information that may affect this application.
- I fail to inform the Department of Justice if I receive any sum for compensation or damages from the offender or any other source in respect of the injuries for which I am now applying for compensation.

I authorise the Department of Justice to obtain:

- From any doctor, dentist, consultant or hospital any medical records and reports which are relevant to this application.
- From the police, all relevant information, including copies of my criminal record (if any) and any statements made in connection with this application.
- From the Social Security Agency, any information which is relevant to this application.
- From the NI Housing Executive, any information which is relevant to this application.
- From the Rate Collection Agency, any information which is relevant to this application.
- From Inland Revenue UK, any information which is relevant to this application.
- From the deceased's former employers, and the claimant's employers information about earnings, conditions of service, pension rights and any other information which is relevant to this application.
- From any source, any information which is relevant to this application.

I understand that the Department of Justice may notify these authorities mentioned above that I have applied for compensation and may inform them of the decision about this claim.

The information provided on this form may be made available to other departments/agencies for the purposes of preventing or detecting crime.

If the claimant is under 18 years old, legally incapacitated or otherwise incapacitated this application should be signed by the applicant, named in Section 2 of this application.

Signature of claimant/
applicant

Date

Day	Month	Year

Tick the relevant boxes to show which original documents you have enclosed. These will be returned to you as soon as possible.

- Death Certificate** – we only need one copy even if two or more applications are submitted together in respect of the same incident
- Full Birth Certificate / Adoption Certificate** – if applicable – showing the relationship to the deceased, that is, either the parent or child of the deceased
- Funeral Account** – if applicable – showing the expenses incurred and details of payments made
- Marriage Certificate** – if applicable
- Documentary evidence** – to substantiate your claim that you lived as husband and wife or as same sex partners in the same household immediately and for at least 2 years before the date of death or had a ‘close and loving relationship’ with the deceased
- Proof of Enduring Power of Attorney** – if completing this form for an injured person who is over 18 years of age and incapable of handling his/her own affairs



THE
COMPENSATION
Agency

Criminal Injuries Compensation Scheme 2009

APPLICATION FORM - FATAL INJURY

GUIDANCE NOTES

Introduction

Please read this guide carefully. It is intended to help you complete the fatal injury application form. The relevant guidance note is referred to at the beginning of each section of the application form.

This is not a guide to the Criminal Injuries Compensation Scheme, a copy of which can be obtained from the Compensation Agency. The address is given on page 4 of this Guide.

If you are completing the form on behalf of someone else, please remember that it is written as though it was addressed to the claimant.

When your completed form is received it will be recorded and we will send you an acknowledgement including a reference number which should be quoted in all communications.

When completing the form please remember to:

- write in block capitals;
- tick the boxes that apply; and
- when you are asked to give a date, write in the box provided, using numbers only;

Example: for 1 April 2009 write:

Day	Month	Year
01	04	09

General information

The answers you give in this form will help us to consider your eligibility under the Scheme for a Fatal Award. (In certain circumstances, you may also be able to claim separately for your own personal injury – please see Paragraph 10 of the Scheme). A Fatal Award can comprise one or more of the compensation payments listed below:

- Standard amount of compensation (paragraph 40 of the Scheme);
- Dependency (paragraph 41 of the Scheme);
- Loss of Parental Services for a child under 18 years of age (paragraph 43 of the Scheme).

To apply for a fatal award you must be a qualifying claimant who at the time of the deceased's death was:

- (a) the spouse/civil partner of the deceased, who was formally married to and living with the deceased in the same household immediately before the date of death; **or**

- (b) a person who, though not formally married to the deceased lived with the deceased as husband and wife or same sex partner in the same household immediately before the date of death and had been so living for at least 2 years before that date; **or**
- (c) a former spouse/civil partner of the deceased, who was financially supported by him/her immediately before the date of death. **Note: a former spouse/civil partner is not a qualifying claimant for the purposes of Paragraph 40 of the Scheme, ie the standard amount of compensation; or**
- (d) a parent of the deceased, whether or not the natural parent, provided he/she was accepted by the deceased as a parent of his/her family; **or**
- (e) a child of the deceased, whether or not the natural child, provided that he/she was accepted by the deceased as a child of his/her family or was dependent on him/her.

The definition of 'child' is **not** restricted to a person below the age of eighteen.

Any of the above may also apply where the victim has since died from the injuries, even if an award has been made to the victim whilst still alive.

If you are a qualifying claimant you must enclose the following documentation:

- Marriage Certificate, if applicable; **or**
- Documentary Evidence to substantiate your claim that you lived as husband and wife or same sex partner immediately before and for at least 2 years prior to the date of death.
- Birth Certificate/Adoption Certificate, if applicable, showing the relationship to the deceased that is, either the parent or child of the deceased.

Questions 1.14 1.15 & 1.16

The answers you give to these questions will help us to decide if you are a qualifying claimant and eligible to be awarded the standard amount of compensation.

Questions 1.17 & 1.18

The answers to these questions will help us to decide if you are a qualifying claimant. If you were financially dependent on the deceased at the time of death you may be eligible for additional compensation for dependency and/or loss of parental services if you are under 18 years of age (paragraphs 41 and 43 of the Scheme)

Guidance note 1: Details of the claimant

If you are applying on your own behalf please enter your details in this section and then go to Section 3. If you are applying on behalf of someone else please enter their details in this section and your details in Section 2.

If you are applying for reimbursement of funeral expenses only, please read Guidance note 6.

Guidance note 2: Details of person making an application on behalf of someone else

You need only complete this section if you are the person making an application on behalf of someone who is under 18 years of age or who, although adult, is incapable of handling his or her own affairs. For the purposes of the Scheme someone below the age of 18 is regarded as a minor.

If you are applying on behalf of a minor you must have parental responsibility for the minor, otherwise there could be delays in dealing with the application if it is made and conducted by the wrong person. If you are unsure about parental responsibility you should seek the advice for example, of your local Victim Support office or Citizens Advice Bureau.

If you are applying on behalf of an adult who is legally incapable of handling his or her own affairs, you must have enduring power of attorney to act on that person's behalf. A copy of this proof of attorney must be provided to the Agency.

Guidance note 3: Details of representative or other body helping you with this claim

You do not need to obtain the services of a solicitor or Trade Union to represent you in connection with your application, but if you choose to be represented, you must tell us who that representative will be so that we can correspond directly with them. Victim Support can help you to make this application but it will not be able to give you legal advice.

The Compensation Agency is not responsible for an applicant's legal costs and awards to minors will be held in trust for the applicant until the applicant attains the age of 18.

Guidance note 4: Details of the deceased

This section of the form only needs to be completed if two or more applications are submitted together in respect of the same incident

You should supply full details of the deceased including his/her address at the time of the incident.

Question 4.11

Enter the deceased's occupation at the date of death. If he/she was retired, a student or unemployed please tell us.

Guidance note 5: Details of the incident

This section of the form only needs to be completed if two or more applications are submitted together in respect of the same incident.

It is very important that you provide precise details about the date, time and place of the incident.

Question 5.2

Please give a location and full address. For example, rather than saying "The Friar's Inn" or "At John Smith's house", it will be much more useful if you provide the full address including the name of the street and town.

Question 5.3

If the incident happened more than 2 years ago, you must tell us why you did not apply earlier. If you do not, we may be unable to consider your application.

Guidance note 6: Claim for funeral expenses

Anyone who has paid for the funeral even if he or she would otherwise be ineligible under the Scheme can apply to have funeral expenses reimbursed. The funeral account and proof of payment must be attached to the application form.

Guidance note 7: Employment details of claimant

If you are going to claim for loss of dependency, you must give us details of your (the claimant) employment details including National Insurance Number and in what way you were financially dependent on the deceased. You should also tell us about any benefits you received following the victim's death

Guidance note 8: Employment details of deceased

If you are going to claim for loss of dependancy, you must give us details of the victim's employment at his/her time of death, together with details of his/her employer. You must also tell us if the employer made any gratuity/pension payment following the victim's death, together with any benefits received by the deceased up to time of death.

Guidance note 9: Details of insurance

You must give us details of any private insurance policies which were payable to you following the victim's death, together with details of the Insurance Company and policy numbers.

Guidance note 10: Payment of compensation from other sources

You must tell us about any other claims for or payments of damages or compensation you have made or received, or may make or may receive, from any other source as a result of the death of the victim. This includes claims to the MIB (Motor Insurers' Bureau). We may deduct any amount received in this way from any award we may make.

Guidance note 11: Criminal convictions

You must tell us about any Criminal Convictions that you have, together with any the deceased had. Please note we will automatically request a Criminal Record check against both names from Police on receipt of a completed Application Form to verify the details given to us.

Guidance note 12: Your remarks

Please add any further information which you feel may assist your application.

Guidance note 13: Signature and authorisation

Please read this section very carefully before you sign it. Your authorisation allows us to start our enquiries and to obtain reports from the relevant authorities.

Before sending the form to us please check that you have answered all the relevant questions and enclosed the necessary documents.

Completed forms

Please return completed form(s) to:

The Compensation Agency
Royston House
34 Upper Queen Street
Belfast BT1 6FD

Tel: (028) 9024 9944

Local rate number: 0845 6021994

Fax: (028) 9024 6956

E-mail: comp-agency@nics.gov.uk

www.compensationni.gov.uk

If any of the information you have given on the form changes, you must tell us immediately in writing quoting your case reference number.

The Agency's offices are open from 9.00 am until 5.00 pm from Monday to Friday for enquiries by phone or person.



THE
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COMPLAINTS PROCEDURE

We are fully committed to providing you with the highest standards of service.

Although we cannot look into complaints based on policy decisions (including compensation schemes), if you are not satisfied with the way we have handled your application for compensation, or you are not happy with another part of our service, we would like to hear from you.

Making a complaint

You can make a complaint either informally or formally.

You can make an informal complaint by phoning one of our caseworkers or the Customer Information Officer. Usually we can sort out most complaints in this way. However, if you are still not happy with our service, you may want to make a formal complaint in writing to:

**The Complaints Officer,
The Chief Executive**

**The Compensation Agency
Royston House
34 Upper Queen Street
Belfast BT1 6FD**

They will look into your complaint and send you a reply within 10 working days of receiving your complaint.

If, after using our complaints procedure, you are still not happy with our service, you may send your complaint to the Parliamentary and Health Service Ombudsman by contacting your local MP.

Useful contacts

Customer Information Officer: 028 9054 7417

Complaints Officer: 028 9054 7329

Email: comp-agency@nics.gov.uk

Website: www.compensationni.gov.uk