



Reference number
For official use only

Criminal Injuries Compensation Scheme (2002)

Made under the Criminal Injuries Compensation (NI) Order 2002

APPLICATION FOR COMPENSATION FORM FOR A PERSONAL INJURY (Do not use this form for claims relating to fatal injuries)

- You must read the attached guidance notes when filling in this form
- You must fill in a separate form for each person claiming, including children
 - Fill in all sections using BLOCK CAPITALS and a black pen
 - Please tick the boxes as appropriate
 - Return the filled-in form to the address above

Victim Support

Victim Support Northern Ireland is supported financially by the Government to provide independent advice, help and support to people looking for compensation for criminal injuries they have suffered in Northern Ireland. If Victim Support or anyone else helped you fill in this application form, please tick the relevant box below.

Victim Support NI

Citizens Advice

A Solicitor

A Relative or friend

Someone else

No one

1. Your Details (If you are the Victim) (See Guidance note 1)

1a Title Mr Mrs Miss Ms

1b Other titles (if other, please tell us the title)

1c Last name

1d Your name before you were married

1e Any other last names you have used

1f First names

1g Date of birth

Day	Month	Year

1h Sex (please tick) Male Female

1i Are you (please tick) Single Married Widowed Divorced Separated

1. Your details (continued)

1j Your Address

Postcode

1k E-mail address (if any)

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1l Daytime telephone number

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1m National Insurance number

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2. Your details if you are applying on behalf of the victim (See Guidance note 2)

You should only fill in this section if the injured person is under 18 or is not able to handle their own affairs

2a Title (please tick)

Mr

Mrs

Miss

Ms

2b Other titles (if you tick other please tell us your title)

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2c Last name

--

2d First names

--

2e Your address

Postcode

2f E-mail address (if any)

--

2g Daytime telephone number

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2h Your relationship to the victim

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2i If you are not related to the victim, please provide details of why you are making an application on behalf of this person.

2. Your details if you are applying on behalf of the victim (continued)

- 2j If the victim is over 18 do you have enduring power of attorney (which gives you permission to act on the person's behalf) Yes If Yes, please provide proof of enduring power of attorney No If No, please tell us why you need to apply on behalf of the victim

If you fill in this section you must sign the declaration at Section 14

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

If you are over 18 and able to handle your own affairs you may still ask someone to act as your representative in all matters related to your claim for compensation. If you choose someone to represent you we will send all correspondence (letters and so on) direct to them. You are still responsible for the information your representative gives us. Please go to Section 4 if this section does not apply to you.

- 3a Title (please tick) Mr Mrs Miss Ms

- 3b Other titles (if other, please tell us the title)

- 3c Last name

- 3d First names

- 3e Name of representative, organisation or firms

- 3f Address

 Postcode

- 3g E-mail address (if any)

- 3h Telephone number

- 3i If you are a solicitor please fill in your document exchange (DX) number

- 3j If you want us to give a reference number when we write to you, please write it here

6. Details of any other authority you reported the incident to other than the police (See Guidance note 6)

6a Was the incident reported to any authority other than the police, such as a school principal employer or prison governor.

Yes (Go to 6b) No (Go to Section 7)

6b Did you report the incident yourself? (please tick)

Yes (Go to 6d) No (Go to 6c)

6c Why did you not report the incident yourself?
Please say clearly who told the authority

6d Who was the incident reported to?

Name

--

Address

6e When was the incident first reported? Give the date and time (please specify morning or afternoon).

Day	Month	Year

at

--

Postcode

am/pm (delete as appropriate)

6f If the incident was not reported immediately after it happened please say why.

6g Did you make a written statement? (please tick)

Yes No

7. Description of your injuries as a result of the incident (See Guidance note 7)

7a What injuries did you receive?

7b Have you fully recovered? (please tick)

Yes (Go to 7e) No (Go to 7c)

7. Description of your injuries (continued)

7c What are your current injuries?

7d Are you still receiving treatment for your injuries? (please tick)

Yes

No

7e Have the injuries left any permanent scarring or physical disability? (please tick)

Yes

No

If you tick no for question 7b, we may write to you for more details.

8. Details of any treatment you have received as a result of your injury (See Guidance note 8)

8a Did you go to hospital? Yes **(Go to 8b)** No **(Go to 8h)**

8b Name of the first hospital you went to

Please tell us which departments treated you

If you have the hospital reference number, please write it here

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8c If you had to stay in hospital please tell us the date you went in and the date you left

Day	Month	Year

Day	Month	Year

inpatient

8d If you had to go to hospital as an outpatient please tell the date of your first visit and the date of your second visit (if this applies)

Day	Month	Year

Day	Month	Year

outpatient

8e Name of the second hospital you went to (if this applies, otherwise go to Section 8h)

Please tell us which department treated you

If you have the hospital reference number, please write it here

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8f If you had to stay in hospital please tell us the date you went in and the date you left

Day	Month	Year

Day	Month	Year

inpatient

8g If you had to go to hospital as an outpatient please tell us the date of your first visit and the date of your second visit (if this applies)

Day	Month	Year

Day	Month	Year

outpatient

14. Signature and permission (See Guidance note 14)

Please check that you have filled in this application form fully. If you do not we will have to return your form and your claim for compensation will take longer.

READ THE DECLARATION CAREFULLY BEFORE YOU SIGN IT.

I want to apply to the Department of Justice for compensation.

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

I shall tell the Department of Justice if there are any changes in the details I have given.

I understand that I may have to pay a fine or go to prison (or both) if:

- I give false or misleading information, or fail to give information that may affect my application; or
- I fail to tell the Department of Justice if I receive any amount of compensation or damages from the person or people who caused my injuries, or any other source, relating to the injuries for which I am now applying for compensation.

I give the Department of Justice permission to ask:

- any doctor, dentist, consultant or hospital I went to for any relevant medical notes and reports;
- the police for all relevant information, including copies of my criminal record (if any) and any statements' made in connection with this application;
- the Social Security Agency for any information which is relevant to this application;
- the NI Housing Executive for any information which is relevant to this application;
- the Rate Collection Agency for any information which is relevant to this application;
- HMRC for any information which is relevant to this application;
- my employers for information about my earnings, conditions of service, pension rights and any other information which is relevant to this application; and any other source for any 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 tell the authorities mentioned above that I have applied for compensation and may tell them the decision about this claim.

I understand that the information I have provided on this form may be given to other departments or agencies for the purposes of preventing or detecting crime.

If you are under 18 or not able to handle your own affairs, the person making the claim on your behalf should sign this declaration.

Your signature
(victim or person
applying on behalf
of the victim)

Date

Day Month Year

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Please write your
name in
(BLOCK CAPITALS)

You need to provide proof of enduring power of attorney (which gives you permission to act on the person's behalf) if you are filling in this form on behalf of the victim if they are over 18 and not able to handle their own affairs.

You must provide original documents with this application (not photocopies). We will return these to you as soon as possible.



THE
COMPENSATION
Agency

Criminal Injuries (NI) Order 2002

CRIMINAL INJURIES COMPENSATION SCHEME GUIDANCE NOTES

Introduction

Please read this guide carefully. It is meant to help you fill in the personal injury application form. We refer to the relevant guidance note at the beginning of each section of the application form. This is not the full guide to the Criminal Injuries Compensation Scheme. If you would like a copy of the full guide or of the scheme itself, write to us at the address on page 4 of this guide.

If you are filling in the form on behalf of someone else, please remember that it is written as though it is for the injured person.

When we receive your filled-in form we will send you a letter including a reference number which you should tell us whenever you contact us.

When you fill in 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 May 2002 write:

Day	Month	Year
01	05	02

General information

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

Our offices are open from 9 am to 5 pm, Monday to Friday. You can phone us or come in to see us. (Our contact details are on page 4.)

Guidance note 1: Details of Victim

It is very important that you provide full details.

Guidance note 2: If you are applying on behalf of the victim

You should only fill in this section if the victim is under 18 or not able to handle their own affairs. If you are applying on behalf of a minor (anyone under 18) you must have what the law calls 'parental responsibility' for them, otherwise it may take longer for us to deal with the application. If you are not sure whether you have parental responsibility you should get advice, for example, from your local Victim Support office or Citizens Advice. You must send the child's **full** birth certificate with the application which we will return to you immediately.

If you are applying on behalf of an adult who is legally not able to handle their own affairs, you must have permission to act on that person's behalf.

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

You do not need to get help from 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 contact them direct. Victim Support (NI) can help you to make this application free of charge.

We are not responsible for your legal costs and we will hold all awards of compensation for minors in a trust fund until the victim becomes 18.

Guidance note 4: Details of the incident

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

Questions 4a and 4b

Your application should be about one incident. If you want to apply for compensation for incidents which are not connected you must fill in a separate application form for each incident. If, however, your injuries are as a result of abuse over a period of time you should fill in one application form and give the dates the abuse started and ended.

Question 4d

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 make it clear if the incident happened indoors or outside and provide the full address, including the name of the street and town.

Guidance note 5: Details of how the incident was reported to the police

We need to ask the police about the circumstances of the incident in which you were injured and what you did before, during and after the incident. **You must fill in this section fully** if you told the police about the incident, or if someone told them on your behalf.

Question 5a

If you told the police about the incident immediately after it happened and later made a formal report, please make it clear that you, or someone acting on your behalf, spoke to the police more than once. If you told the police about the incident, but did not make a formal report, it is important that you say so.

Question 5b

If the police were not told about the incident, it is very important that you give a full answer to this question.

Question 5d

If you did not tell the police about the incident yourself, it may be difficult for us to carry out our investigation unless you tell us who did report it to them.

Question 5f

An incident should be reported to the police at the earliest possible opportunity. If the police were not told immediately after the incident, you must provide a full answer to this question.

Guidance note 6: Details of any other authority you reported the incident to.

In certain circumstances, we may accept that it was appropriate for you to report the incident to an authority other than the police. This applies particularly if you are a nurse, teacher or prison officer and you were assaulted while you were on duty, or you are a school pupil who was assaulted at school and you reported the incident to the school authorities. It is important that you give details of the person or institution you reported the incident to.

Guidance note 7: Description of your injuries as a result of the incident

Question 7a

Please describe fully the physical and mental injuries you received as a direct result of the incident. It is not necessary to use medical terms. Please **do not** send photographs of your injuries unless we ask you to.

Question 7c

If you have not fully recovered from your injuries, you should give us details of your current injuries. In these circumstances, we may write to you again for more information.

Guidance note 8: Details of any treatment you have received as a result of your injuries

If you received any form of medical, psychiatric, psychological or dental treatment as a direct result of your injury please provide full details about the places where you were treated. If you provide full details, it will be easier for us to find your medical and dental records.

We will not pay for medical examinations or reports which we have not specifically asked you to obtain while we are looking into your case.

Guidance note 9: Loss of earnings and special expenses

If your injury causes you to lose earnings or earning capacity (what you would be able to earn) **for longer** than 28 full weeks you may be entitled to compensation for loss of earnings. We **do not** pay compensation for the first 28 full weeks you have lost earnings or earning capacity.

We may consider you for a further amount of compensation if, as a direct result of the injury, you have been incapacitated for more than 28 full weeks and have had to pay for special expenses (see below).

'Incapacitated' means, for example that you are not able to work, go to school, or, if you are retired, you are significantly not able to follow your normal lifestyle. You do not have to be in work at the time of the injury to qualify for special expenses.

Special expenses can include:

- (a) loss or damage to property or equipment you relied on as a physical aid, if the loss or damage was as a direct result of the injury (for example, glasses and dentures);
- (b) costs (not loss of earnings or earning capacity) for treatment you have received from the NHS (for example, NHS prescriptions, dental and optical charges or extra fares to hospital – if the costs have not been met in full by the NHS or the Social Security Agency);
- (c) the cost of private medical treatment for the injury if in all the circumstances we consider the private treatment and its costs reasonable;
- (d) the reasonable cost of:
 - (1) special equipment;
 - (2) adaptations to your accommodation;

- (3) care, in a residential establishment or at home, which is not provided or available free of charge from the NHS, local authorities or any other agency, as long as we consider these expenses were necessary as a direct result of your injury.

In the case of d3 we will take unpaid care into account if it was provided by a relative or friend of the victim. In these circumstances we will assess compensation on the carer's loss of earnings or extra personal and living expenses worked out as appropriate, or by the level of care they provided.

We will only consider claims for special expenses at Section 9a and b if you can provide receipts. Do not send receipts now – we will ask you for them if we think you may be eligible for extra compensation for special expenses.

If we consider that you may be eligible for compensation for loss of earnings or special expenses we will send you a 'Loss of earnings and special expenses' form and guide. We will use the information you provide to look into your case to allow us to find out if you are entitled and to work out the amount you may be entitled to.

Guidance note 10: Payments and compensation for your injuries from other sources

You must tell us about any other claims you make or have made, or any damages or compensation you receive or have received as a result of your injuries. This includes claims with the Motor Insurers' Bureau, your employer and so on. We may take any amount you receive in this way from any award of compensation we make.

Guidance note 11: Previous applications

Please tell us about any previous applications you have made for criminal injuries compensation, for example, under the 1977 or 1988 Criminal Injuries Compensation (NI) Order.

Guidance note 12: Criminal convictions

You must tell us about any criminal convictions that you have. We will automatically ask the police to carry out a criminal record check against your name when we receive your filled-in application form to confirm the details you give us.

Guidance note 13: Extra information

Please add any extra information which you feel may help your application.

Guidance note 14: Signature

Please read this section very carefully before you sign it. By signing the form you give us permission to start looking into your claim and to get reports from the relevant authorities and to tell these authorities of our decision.

Before you send the form to us please check that you have answered all the relevant questions.

Filled-in forms

Please return your filled-in form, **with correct postage paid** to:

The Compensation Agency

Royston House

34 Upper Queen Street

Belfast BT1 6FD

Phone: (028) 9024 9944

Local rate number: 0845 6021994

Textphone: (028) 9052 7668

Fax: (028) 9024 6956

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

website: www.compensationni.gov.uk



THE
COMPENSATION
Agency

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

