



# CICA Summary Application Form

This document provides a summary of the information supplied to CICA in your application form. Please contact us on 0300 003 3601 if you require any changes to be made.

## **About your application**

### **What would you like to do?**

Start a PRAYING MANTIS application

### **Are you applying because someone died?**

No

### **Was the crime reported to the police?**

Yes

### **Do you have a crime reference number?**

Yes

### **Who are you applying for?**

Myself

### **Are you 18 or over?**

Yes

### **Are you a British citizen or EU national?**

Yes

## **Your details**

### **Confirmation method**

Email

### **Email address**

test.testcase@digital.justice.gov.uk

### **Your name**

**Title**

Mr

**First name**

Foo

**Last name**

Bar

**Have you been known by another name?**

No

**Date of birth**

1970-01-01T00:00:00.000Z

**Your address**

**Building and street**

1 Test Lane

**Town or city**

Testertown

**County (optional)**

Testcounty

**Postcode (optional)**

G2 8DU

## **About the crime**

**What led to your injuries?**

Physical assault

**Did the crime happen once or over a period of time?**

Once

**When did the crime happen?**

2023-01-01T00:00:00.000Z

**Where did the crime happen?**

Scotland

**Where in Scotland did it happen?**

**Town or city**

Aberdeen

**Location**

Nightclub

**When was the crime reported?**

2023-01-01T00:00:00.000Z

**Which police force is investigating the crime?**

Police Scotland Fife

**What's the crime reference number?**

123refABC

**Do you want to describe the crime?**

Yes

**Brief description of the crime**

Some words about the crime. Big fight.

## **About the offender**

**Do you know the offender's name?**

Yes

**Offenders name**

Baz

**Do you have contact with the offender?**

No

## **Your injuries**

**Do you have physical injuries?**

Yes

**What was injured?**

Arms or hands, Legs or feet

**Arm injuries**

Arm, Skin

**Arm injuries**

Broken arm

**Arm or hand skin injuries**

Cuts, Bruises

**Leg injuries**

Leg, Toes

**Leg injuries**

Other

**Other leg injuries**

Small cuts

**Toe injuries**

Broken toe

**Did you get any infections?**

No

**Pregnancy****Did you lose a pregnancy?**

No

**Your mental health****Do you have a disabling mental injury?**

No

**The impact the injuries have had****Did you have a job when the crime happened?**

Yes

**Do you have limited capacity to work?**

No

**How your injuries have affected your daily life**

Slowed running times.

Other things.

**Your treatment****Treatment for physical injuries**

Hot stones.

**Have you finished your treatment?**

Yes

**Are you registered with a GP practice?**

Yes

**Have you seen a GP?**

Yes

**What is the GP's address?**

**Practice name**

TestDoctor

**Building and street**

1 Doctor street

**Town or city**

Doctortown

**Postcode (optional)**

DR1 4RT

## **Other compensation**

**Have you applied to us before?**

No

**Have you applied for other compensation?**

No

**Reasons for not applying for other compensation**

I didn't realise you could apply.

## **Additional information**

**Would you like to add any information?**

No

## **Consent summary**