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www.cica.gov.uk

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 new 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

01/01/1970

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?

01/01/2023

Where did the crime happen?

Scotland

Where in Scotland did it happen?

Town or city

Aberdeen

Location

Nightclub

When was the crime reported?

01/01/2023

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

You have told us that you are Mr Adam Caldwell and you are applying on behalf of yourself.

By submitting this application, you confirm that you understand the following:
the information given in this application for compensation is true

Criminal Injuries Compensation Authority (CICA) may share and receive information
with the following parties for the purposes of processing this application for

compensation or verifying information provided:

police, prosecutors and ACRO Criminal Records Office, including for the purposes of obtaining a report of the crime and a record of any criminal convictions you may have medical organisations, practitioners, and police medical staff to obtain medical evidence - including medical records and expert reports. CICA will let you know if this is required

any other individuals or organisations where necessary to process this application

any representative appointed to act for you in the course of this application

CICA must be notified immediately of any change in circumstances relevant to this application, including any change of address and information about any other claim or proceedings which may give rise to a separate award or payment in respect of your injuries

Providing wrong or misleading information

If untrue or misleading information is deliberately provided, compensation may be refused and the person(s) responsible may be prosecuted.

[how we use your data \(opens in new tab\)](#)

Information about appointing a legal or another representative

It is not necessary to appoint a legal or other representative to act on a victim's behalf.

If a representative is appointed at any stage, please be aware that:

CICA cannot meet their costs

we will only communicate directly with any appointed representative

If we make an award, we will pay it only to the victim or their legal representative. This is unless the application has been made on behalf of:

an adult who cannot manage their own financial affairs

a child who is under 18 years of age

It is our general policy to put an award for a child in an interest-earning deposit account until they reach the age of 18.

If a monetary award is to be made and there is a dispute about outstanding legal fees, it is our policy to retain the disputed amount until the dispute has been resolved.

If it is decided that a representative's services are no longer required, CICA must be notified in writing as soon as possible.