



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.

Application Type

Personal injury

About your 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

foo.bar@somewhere.com

Your name

Title

Miss

First name

Test

Last name

Testcase

Have you been known by another name?

No

Date of birth

06/02/1990

Your address

Building and street

Alexander Bain House

Building and street line 2

15 York Street

Building and street line 3

Financial District

Town or city

Glasgow

County (optional)

City of Glasgow

Postcode (optional)

G2 8JQ

Telephone number

07712345678

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?

04/03/2022

Where did the crime happen?

Scotland

Where in Scotland did it happen?

Town or city

Glasgow

Location

Central

When was the crime reported?

04/03/2022

Which police force is investigating the crime?

Greater Manchester Police

What's the crime reference number?

CR123456

Do you want to describe the crime?

No

About the offender

Do you know the offender's name?

No

Your injuries

Do you have physical injuries?

Yes

What was injured?

Head, face or neck,Arms or hands

Head, face or neck injuries

Head or brain,Eye or eyesight,Ear or hearing

Physical injuries

Quadriplegia or tetraplegia (paralysis of all 4 limbs)

Other

Damaged or detached retina

Broken ear bone

Hemiplegia (paralysis of one side of the the body)

Scars

Cartilage

Other

Other head or brain injuries
an alternative Brain Injury

Arm injuries
Arm, Skin, Tissue

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
How the injuries have affected their daily life

Your treatment

Treatment for physical injuries
The treatment I am receiving for my physical injuries

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

GP Practice

Building and street

GP Building

Building and street line 2

GP Street

Building and street line 3

GP Street Line 3

Town or city

GP Town

County (optional)

GP County

Postcode (optional)

GP1 1GP

Have you seen a dentist?

Yes

What is the dentist's address?

Practice name

Dentist Practice

Building and street

Dentist Building

Building and street line 2

Dentist Street

Building and street line 3

Dentist Street Line 3

Town or city

Dentist Town

County (optional)

Dentist County

Postcode (optional)

DP1 1DP

Other compensation

Have you applied to us before?

No

Have you applied for other compensation?

No

Reasons for not applying for other compensation

Did not apply for other forms of compensation

Additional information

Would you like to add any information?

No

Consent & Declaration

You have told us that you are Miss Test Testcase 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.

Read our privacy notice to see 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.

Date: 19/07/2023

I have read and understood the declaration