



Office of Criminal Injuries Compensation

Criminal Injuries Compensation eCourts Portal Application User Guide



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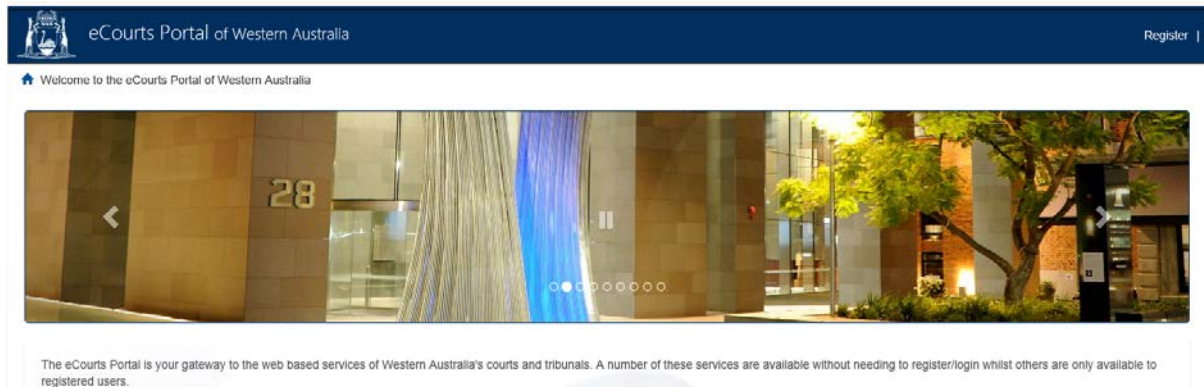
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1. eCourts Portal

To make an application online, you will need to visit:

<https://ecourts.justice.wa.gov.au/eCourtsPortal/>



There will be a link for **Criminal Injuries Compensation Application** on the home page.



Upon selecting this link you will be taken to the **Before you start** screen.

2. Before you start

This screen is information text only with CIC contact details and a link to our FAQs.

Before you start

The *Criminal Injuries Compensation Act 2003* (the Act) provides for victims of crime to be compensated for injuries and some associated losses for incidents which occurred in Western Australia.

If you suffered;

- physical injury;
- psychological harm (called mental and nervous shock);
- pregnancy;
- pain, suffering and loss of enjoyment of life;
- loss of earnings or the capacity to earn an income because of your injuries;
- medical expenses you have incurred or will incur in the future;
- travel expenses incurred attending for medical treatment;
- damage to some personal items; or
- funeral expenses for the deceased, or loss of financial support to close relatives by the deceased;

as a consequence of an offence you are eligible to apply for compensation under the Act. Compensation can include the cost of reports from doctors, dentists, psychologists and counsellors to support your claim. Claims are determined by Criminal Injuries Compensation Assessors.

A 'close relative' under the Act is defined as:

- a parent, grandparent or step-parent of the victim;
- the spouse or a de facto partner of the victim; or
- a child, grandchild or stepchild of the victim.

Compensation Award

The amount of compensation awarded will depend on the extent of injuries and the losses suffered. The maximum award depends on the date the offence occurred:

22 January 1971 - 17 October 1976	\$2,000
18 October 1976 - 31 December 1982	\$7,500
1 January 1983 - 31 December 1985	\$15,000
1 January 1986 - 30 June 1991	\$20,000
1 July 1991 - 31 December 2003	\$50,000
1 January 2004 - present	\$75,000

If a number of offences were committed by the same offender then the maximum is doubled.

Additional Information regarding application:

Before you start the online application process, please ensure you have all incident details and supporting documentation ready to be uploaded, for example:

- Incident and conviction details (if any) such as date, place, offence, offender name etc
- Statement or description of the incident
- Victim impact statement
- Reports from your health professional(s)
- Invoices and/or receipts for claimed expenses and proof of rebates (if any) claimed through Medicare or/and private health insurance
- Evidence of loss of earnings (payslips, tax returns etc) if claimed

You will be asked to attach your supporting documentation during the lodgment wizard process.

For more information on what can be claimed and the application process, please refer to our FAQs.

Need assistance?

On each page you will find information and helpful tips to assist you in completing that section of the application.

You can save your application at any time and return to it later.

If you encounter difficulties or have questions about the online application process please contact the Office of Criminal Injuries Compensation by:

Telephone: (08) 9425 3250

Email: criminal.injuries@justice.wa.gov.au

In Person: Level 10, Golden Square, 32 St Georges Terrace, PERTH WA 6000

Please be aware staff are not able to provide legal advice.

Lodging your application

When the application process has been completed you will be asked to declare the application is true and correct.

Once the declaration has been made you may lodge the application by selecting the lodge icon at the end of the wizard.

Please be aware that section 70 of the *Criminal Injuries Compensation Act 2003* provides that it is an offence to knowingly give any prescribed information knowing that it is false to Criminal Injuries Compensation and there is a penalty of \$5,000.

If you do not provide all required information your application may be rejected and you will be asked to complete all requirements before your application can proceed.

The eCourts Portal of Western Australia is supported on Google Chrome which is best suited when completing your application.

Cancel

Start Application

Upon selecting **Start Application** you will be taken to the **Log in** screen where you can either log in to an existing account or register a new one (this includes law firms).

3. Log in

You are required to log in to an account here because as soon as you begin the next screen, the application will save to your account.

Log in.

Use your account details to log in. If you don't have an account, [Register a new account](#).

User Name

Password

Log in

[Forgot your Password or Account Locked?](#)

When you register a new account you will be sent an email which you will have to open and click on a link to verify the account.

A Law Firm can register using the same **Register a new account** link and by choosing the applicable option on the Registration Form.

If a lawyer would like to register an account and link it to an existing Law Firm then they must speak to the eCourts Manager at their firm who will be able to set them up as an eCourts Portal lodger.

Once you log in to an account you are taken to the **Claim Details** screen.

4. Claim Details

This screen is to determine whether the claim is for injury or relating to a death (ie funeral expenses/loss of financial support). The option selected here denotes what screens you will see throughout the application. So for example, a lodger who is making a claim for injury will not see the screen for funeral expenses.

Claim Details

What is the claim for? *

☐ I am claiming for injury to myself
A claim for injury includes bodily harm, mental and nervous shock or pregnancy and losses such as treatment expenses, travel expenses, report expenses, personal items, loss of income/earning capacity and future treatment expenses.

☐ I am claiming due to death of another person
A claim for the death of another person can only be made if you were a 'close relative' or were present during the incident or immediately after.

☐ None of the above

* Indicates mandatory fields

Claim Details

What is the claim for? *

☐ I am claiming for injury to myself
A claim for injury includes bodily harm, mental and nervous shock or pregnancy and losses such as treatment future treatment expenses.

☒ I am claiming due to death of another person
A claim for the death of another person can only be made if you were a 'close relative' or were present during the incident or immediately after.

☐ None of the above

I am: *

☒ A parent, grandparent or step-parent of the deceased

☐ The spouse or a de facto of the deceased

☐ A child, grandchild or stepchild of the deceased

☐ Not a 'close relative' but I was present during the incident or immediately after

☐ None of the above

I am claiming for: *

☐ Injury (including mental and nervous shock)

☐ Funeral Expenses arising from the death of a close relative

☐ Loss of Financial Support arising from the death of a close relative

☐ Injury AND Funeral Expenses arising from the death of a close relative

☐ Injury AND Loss of Financial Support arising from the death of a close relative

Once you select **Next** you are prompted to save your application.

5. Save Application

A pop up appears asking you to enter a name for their application which will then save to your account eg *Criminal Injuries Compensation Application – Joe Bloggs Ref: 1234/JB*

Save Application

Please enter a name for your application (for your use only)

Criminal Injuries Compensation Application

Save

Cancel

Once you select Save you are taken to the **Type of Application** screen.

6. Type of Application

This screen is to determine whether you are requesting an interim payment or are lodging a complete/incomplete application.

Type of Application

Please choose the option most applicable to your circumstances: *

- ☐ I am lodging a fully complete application without an interim payment request
- ☐ I am lodging a fully complete application with an interim payment request for medical treatment, travel or reports
- ☐ I am lodging an incomplete application to request an interim payment for medical treatment, travel or reports
If you require an urgent interim payment and are not able to gather all supporting documentation right now you may lodge an incomplete application and provide the further documentation at a later date.
- ☐ I am lodging an application only to preserve the time limit
Applications should be made within 3 years from the date of the incident or in the case of multiple incidents by the same offender, the most recent date of incident. The time limit can be preserved if you believe you will not be able to complete the application within the specified timeframe. You should only do this when you are closely approaching the expiry date, ie within 3 months of the expiry date.

If you are lodging an application to preserve the time limit because you don't think you will be able to submit a completed application within the 3 year time limit, you may do this online however you are only permitted to preserve the time limit if there is less than 3 months remaining until the expiry of the time limit.

You are required to enter the date of incident for which you are claiming compensation and the Portal will calculate whether the application can proceed.

If the **I am lodging an application only to preserve the time limit** option is selected, you will not see all of the screens for an application such as the screens in which you would record the injuries suffered and the losses being claimed.

Therefore, when it is time for you to resubmit a complete application you must complete an application form which can be found on our website and lodge it via eLodgment along with all supporting documentation.

Once you select **Next** they are taken to the **Section of the CIC Act** screen.

7. Section of the CIC Act

This screen is to determine what section or sections of the [Criminal Injuries Compensation Act 2003](#) (the Act) you are applying under and whether the police investigation or court proceedings are still ongoing.

Your application can be for multiple incident so select all that apply.

If the police investigation or court proceedings are still ongoing, CIC will not be able to process your application. This is because police and court records are required which will not be released until their proceedings are finalised. In addition, there are implications if the accused is convicted of an offence in that we may seek to recover part or all of an award that may be made to you.

If the accused is not convicted, we cannot take this action which is why we need to know the outcome before being able to process your application. In this scenario, you will be able to complete the application online but you will not be able to Lodge it.

This allows you to fully prepare your application so when the police investigation/court proceedings *are* finalised you can then Lodge your application with everything already prepared.

Under what section(s) of the Criminal Injuries Compensation Act 2003 is your claim being made?

Select the section(s) of the Criminal Injuries Compensation Act 2003 under which your claim is made: *

- ☐ Offender convicted - Section 12: Proved offence
- ☐ Accused acquitted, applicant claims another person committed the offence – Section 13: Alleged offence
- ☐ Accused acquitted due to unsoundness of mind – Section 14: Alleged offence
- ☐ Accused not mentally fit to stand trial – Section 15: Alleged offence
- ☐ Charge not determined – Section 16: Alleged offence
- ☐ No person charged – Section 17: Alleged offence
- ☐ Unsure/Unknown outcome

The assessor may amend this if necessary when enquiries are completed.

Are police investigations or court proceedings still ongoing? *

☒ Yes ☐ No

Once you select Next you are taken to the **Your Details** screen.

8. Your Details (Parent/Guardian/Administrator)

This screen is to record information about any Parent, Guardian or Administrator applying on behalf of the Applicant.

- a) If the Applicant is under 18 years then a parent/guardian *must* make the application on their behalf.
- b) If the Applicant is subject to an order made by the State Administrative Tribunal for reasons such as they have a disability, then the person or persons named in the order as the guardian/administrator *must* make the application on their behalf.

Your Details (Parent/Guardian or Administrator)

Please notify Criminal Injuries Compensation as soon as possible if any details change following lodgment of your application. Any changes to your details should be made in writing by post or email, we cannot take a change of details over the phone.

Is there a parent, guardian or administrator for the Applicant? *

☒ Yes ☐ No

If the Applicant is under 18 at the time of the application then a parent or guardian must make the application.
If the Applicant has a guardian or administrator appointed then the appointed person must make the application.

You are required to indicate whether you are making the application on behalf of an Applicant who is under 18 years or who you are appointed the Guardian/Administrator of.

I am applying on behalf of a person: *

☐ Under 18 years ☐ Who I am appointed the guardian/administrator

Both options require you to upload supporting documentation. For an Applicant who is under 18 years, the birth certificate or other proof is required to be produced and if not, an explanation is to be provided as to why you cannot provide proof of your parent/guardian relation.

I am applying on behalf of a person: *

☒ Under 18 years ☐ Who I am appointed the guardian/administrator

Upload a birth certificate or other record for each parent/guardian or, if unable to upload a birth certificate, provide an explanation

Upload files

Upload file: *
(supported file formats: .jpeg, .png, .doc, .docx and .PDF)

Attachment(s)

File Name

or

Provide details:

For an Applicant who has a Guardian or Administrator appointed, the SAT order *must* be provided with no exceptions.

☐ Under 18 years ☒ Who I am appointed the guardian/administrator

Upload SAT Order *

If you are the Public Trustee applying on behalf of an Applicant, please select the Public Trustee option where you will not be required to enter your contact details as CIC already have these recorded. Otherwise, select the applicable option to you and complete your details.

Ensure you enter the exact same Name, DOB and Address as what you signed up to your eCourts Portal account with otherwise you may not receive notifications of incoming documents nor be able to lodge documents to your matter online. The email address you use to sign up for the eCourts Portal is where all notifications will be sent so ensure you are able to access that email account.

Are you applying as a person or on behalf of an organisation? * ☒ Person ☐ Organisation ☐ Public Trustee
(If you are a lawyer do not enter your details here)

Name

Title *

Surname *

Given name/s

Date of Birth *

Gender

Gender * ☐ Female ☐ Indeterminate/Intersex/Unspecified ☐ Male ☐ Unknown

Relationship to the Applicant

Relationship *

Address

Address *

Suburb *

Postcode * State * Country *

Contact Details
Please note that all correspondence will be emailed to the address you have used to sign up for the eCourts Portal

Email address *

Mobile

Home/Work phone

(These contact details may be used for electronic notifications)

Add Parent/Guardian/Administrator

Parent/Guardian/Administrator	Relationship to Applicant	Address
Name		

Once you have entered the Parent/Guardian/Administrator details, select the **Add Parent/Guardian/Administrator** button to enter the details into a summary table.

It is possible to enter more than one Parent/Guardian/Administrator. If you need to enter an additional person you can fill in the questions and select the **Add Parent/Guardian/Administrator** button again.

You can Edit and Remove an entry to the table as required with the buttons for this positioned to the right of the summary table.

Parent/Guardian/Administrator			
Name	Relationship to Applicant	Address	
Mr Ben JONES	Aunt	2/1 Main St	Edit Remove

Once you select Next you are taken to the **Applicant Details** screen.

9. Applicant Details

This screen is to record information about the Applicant's personal and contact details.


If you, the Applicant, are the logged in user ensure you enter the exact same Name, DOB and Address as what you signed up to your eCourts Portal account

with otherwise you may not receive notifications of incoming documents or be able to lodge documents to your matter online. The email address you use to sign up for the eCourts Portal is where all notifications will be sent so ensure you are able to access that email account.

Applicant Details	
Please notify Criminal Injuries Compensation as soon as possible if any details change following lodgment of your application. Any changes to your details should be made in writing by post or email, we cannot take a change of details over the phone.	
Name	Title * e.g. Mr/Mrs/Miss/Ms/Dr/Other
	Surname * E.G. CITIZEN
	Given name/s e.g. Jane Mary
Alias	Surname:
	Given name/s:
Date of Birth *	<input type="text"/>
Gender	Gender *
	<input type="radio"/> Female
	<input type="radio"/> Indeterminate/Intersex/Unspecified
	<input type="radio"/> Male
	<input type="radio"/> Unknown
Address <small>If you are a lawyer completing this on behalf of a client, please provide your client's current address – all correspondence will still be sent to your law firm</small>	Address *
	Suburb *
	Postcode * State * WA Country *
Contact Details <small>Please note that all correspondence will be emailed to the address you have used to sign up for the eCourts Portal</small>	Email address *
	Mobile
	Home/Work phone
	(These contact details may be used for electronic notifications)
Occupation	
Is there a person you authorise to speak to us on your behalf? *	
<input type="radio"/> Yes <input type="radio"/> No	
(If you are a lawyer or parent/guardian/administrator lodging on behalf of the Applicant you do not need to enter your details here)	
Is the applicant(s) represented by a Lawyer? *	
<input type="radio"/> Yes <input type="radio"/> No	

You may record if there is someone you authorise to speak on your behalf such as a friend, sibling, parent etc.

type of application – separate applications must be lodged if there are several applicants).



A screenshot of a table with three columns: Applicant(s), Address, and Law Firm. The first row contains the text 'Ms Lucy SMITH', '1 George St', and an empty field. To the right of the table are buttons for 'Add Applicant', 'Edit', and 'Remove'.

Applicant(s)	Address	Law Firm
Ms Lucy SMITH	1 George St	

Once the lodger selects Next they are taken to the **Offender Details** screen.

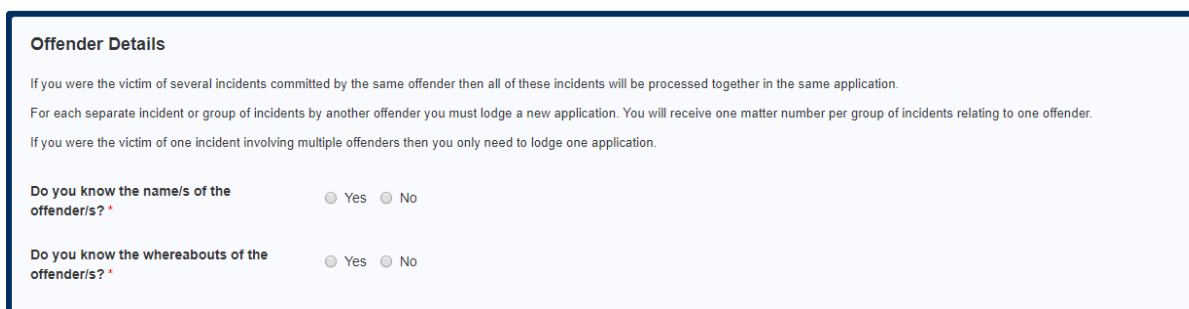
10. Offender Details

This screen is to record the name and whereabouts of the offender/s, if known.

Important: If you are making an application for **several incidents**, you may only lodge one application per offender. CIC groups incidents where they were committed by the same offender (eg Domestic Violence over a period of years).

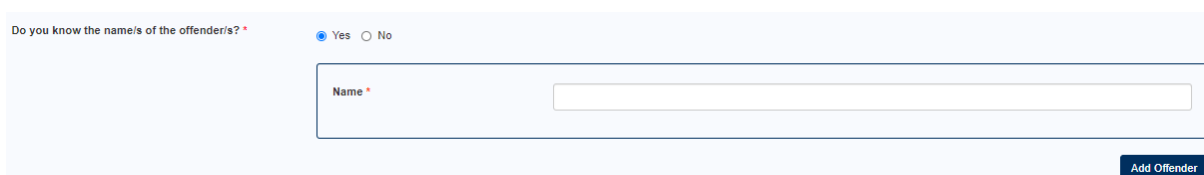
If you were involved in other incidents committed by a different offender or group of offenders, then you must complete the online application process again so you are only recording one offender and you will receive a matter number for each group of offences by one offender.

If your application is for **one incident** involving multiple offenders, you only need to lodge one application/one incident and you may enter all of the names of the offenders here.



A screenshot of the 'Offender Details' section. It contains instructions: 'If you were the victim of several incidents committed by the same offender then all of these incidents will be processed together in the same application. For each separate incident or group of incidents by another offender you must lodge a new application. You will receive one matter number per group of incidents relating to one offender. If you were the victim of one incident involving multiple offenders then you only need to lodge one application.' Below this are two questions with radio button options: 'Do you know the name/s of the offender/s? *' with 'Yes' and 'No' options, and 'Do you know the whereabouts of the offender/s? *' with 'Yes' and 'No' options.

You can enter the name of the offender/s if you know the details and select the **Add Offender** button.



A screenshot of the 'Do you know the name/s of the offender/s? *' question. It has radio button options for 'Yes' (selected) and 'No'. Below the question is a text input field labeled 'Name *' and an 'Add Offender' button.

The name of the offender is added into a summary table and multiple offenders can be added, if applicable.

Offender Name
JOE BLOGGS

Edit Remove

You can Edit and Remove an entry to the table as required with the buttons for this positioned to the right of the summary table.

You can provide details of the offender's whereabouts if known – this is a free text box so anything can be recorded here.

Do you know the whereabouts of the offender/s? * ☒ Yes ☐ No

Provide details of Offender whereabouts * Bob is in Casuarina Prison

Once you select Next you are taken to the **Incident and Prosecution Details** screen.

11. Incident and Prosecution Details

This screen is to record information about the incident or incidents and their relevant prosecution, if applicable.

Important: All incidents added must **ALL** relate to the **SAME** offender/s. If you are applying for other incidents by a different offender then you need to complete the online application again for each different offender.

If you are applying for **one incident** involving multiple offenders then you only need to complete the online application once, adding only one incident. Compensation is determined upon your injuries, not by the amount of offenders/offences.

Incident and Prosecution Details

In this section you need to provide information about the incident for which you are claiming compensation. Please provide as much information on the form as you know or can find out.

If your application relates to more than one incident, you will be able to complete this screen more than once by using the *Add further incident* button at the end of this screen – see our *Tips* for more information on how and when to add further incidents.

The incident/s you record here must ALL relate to the offender/s you have added in the previous screen. If you are applying for multiple unrelated incidents involving separate offenders then you must lodge a new application per offender. If you are applying for one incident involving multiple offenders you only need to complete one application.

Only enter the details that relate to one incident, this is important because each incident needs to be separate for processing.

There is an **Add Incident** button at the end of the screen which will add the incident details into a summary table and then you can continue entering further incidents as required.

Please enter the incidents in date order from the earliest date to most recent.

Date of Incident: *

Did the incident, or the last incident involving this offender, occur less than 3 years ago? * ☐ Yes ☐ No

The Act states an application should be lodged within 3 years from the date of the incident or the last incident involving the same offender.

Location in WA of incident (suburb): *

Did this incident occur while you were at work? * ☐ Yes ☐ No

Was a motor vehicle involved? * ☐ Yes ☐ No

Nature of incident: *
(eg Assault, Murder, Robbery etc)

Do you have a copy of the statement you gave to the police? * ☐ Yes ☐ No
(you can obtain a copy of your statement from the WA Police)

Was the incident reported to the Police/Public Transport Authority/Railway Police/Prisons/Local Council? * ☐ Yes ☐ No

Was a person charged? * ☐ Yes ☐ No ☐ Unknown

i. Extension of Time

If the application requires a request for an extension of time because it has been submitted more than 3 years after the incident, you will be prompted to attach a statement or write free text in the box.

Provide your reasons as to why you did not submit your application within 3 years and the assessor will consider your request and whether it is just to allow an extension of time.

Did the incident, or the last incident involving this offender, occur less than 3 years ago? * ☐ Yes ☒ No

The Act states an application should be lodged within 3 years from the date of the incident or the last incident involving the same offender.

Attach a statement explaining why your application is lodged outside of this time, or provide a statement

Upload file:
(supported file formats: .doc, .docx, and .PDF)

or

Provide details:

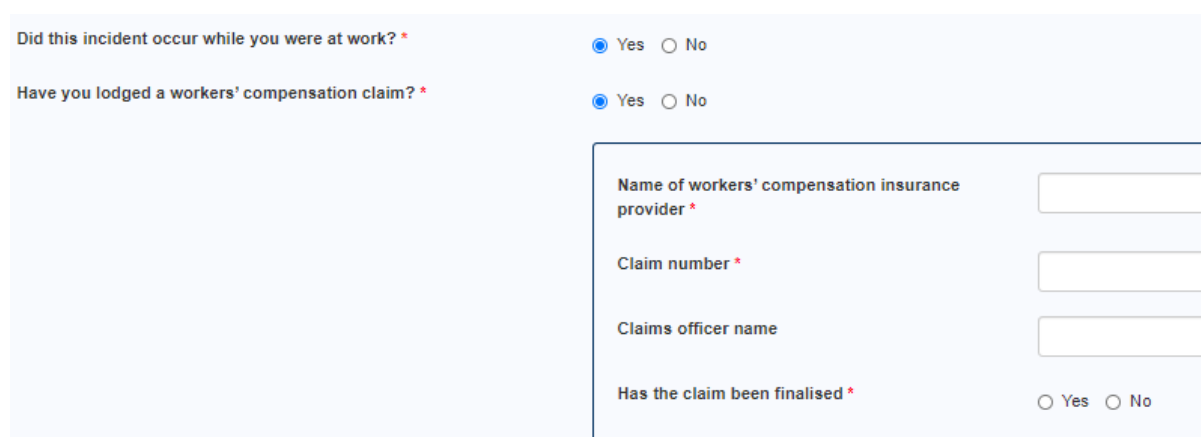
ii. Workers' Compensation

Generally, if the incident occurred whilst you were at work you should make a claim for workers' compensation. If you have not done this you will be prompted to provide an explanation as to why not.

Criminal injuries compensation is a compensation of last resort. The assessor may require you to make a claim for workers' compensation pursuant to [section 21](#) of the Act.

If you can make a workers' compensation claim please do this before submitting an application for CIC.

Additionally, if you *have* made a claim for workers' compensation and the claim is not yet finalised, please be aware the assessor may defer your CIC claim until it is finalised. This is because the assessor must take into account any compensation you have received or will receive from another source pursuant to [section 42](#) of the Act.



The screenshot shows a form with the following fields and options:

- Did this incident occur while you were at work? *
 - ☒ Yes
 - ☐ No
- Have you lodged a workers' compensation claim? *
 - ☒ Yes
 - ☐ No
- Name of workers' compensation insurance provider * (text input)
- Claim number * (text input)
- Claims officer name (text input)
- Has the claim been finalised *
 - ☐ Yes
 - ☐ No

iii. Motor Vehicle Claim

Generally, if the incident involved a motor vehicle you should make a claim with the motor vehicle insurer (if the vehicle is registered in Western Australia then this would be the Insurance Commission of WA). If you have not done this you will be prompted to provide an explanation as to why not. Criminal injuries compensation is a compensation of last resort. The assessor may require you to make a claim with the motor vehicle insurer pursuant to [section 21](#) of Act.

If you can make a claim with the motor vehicle insurer please do this before submitting an application for CIC.

Additionally, if you *have* made a claim with the motor vehicle insurer and the claim is not yet finalised, please be aware the assessor may defer your CIC claim until it is finalised. This is because the assessor must take into account

any compensation you have received or will receive from another source pursuant to [section 42](#) of the Act.

Was a motor vehicle involved? * ☒ Yes ☐ No

Have you lodged a motor vehicle claim for these injuries? * ☒ Yes ☐ No

Name of motor vehicle insurance provider *

Claim number *

Claims officer name

Has the claim been finalised? * ☐ Yes ☐ No

iv. Statement of Events

You are required to provide a statement detailing the incident. This can be the statement you made to the police if you are able to obtain a copy or alternatively, you may provide your own recollection of the events in as much detail as possible.

Do you have a copy of the statement you gave to the police? * ☒ Yes ☐ No
(you can obtain a copy of your statement from the WA Police)

Upload a copy of your statement provided to the police *

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Do you have a copy of the statement you gave to the police? * ☐ Yes ☒ No
(you can obtain a copy of your statement from the WA Police)

Upload a statement which details the incident, or provide a statement

Upload file:
(supported file formats: .doc, .docx and .PDF)

or

Provide details:

v. Incident Report

Generally, an incident should have been reported to the police or relevant authority to enable an investigation. There are some cases where this is not possible however [section 38](#) of the Act provides that an assessor must not make a compensation award if the applicant did not assist the investigators.

- a) If you *have* reported the incident, please provide the incident report number if known.

Was the incident reported to the Police/Public Transport Authority/Railway Police/Prisons/Local Council? *

☒ Yes ☐ No

Provide the incident report number (if known):

- b) If you have *not* reported the incident, please provide an explanation as to why not so the assessor may consider the possible implications of [section 38](#) of the Act.

Was the incident reported to the Police/Public Transport Authority/Railway Police/Prisons/Local Council? *

☐ Yes ☒ No

Upload a statement explaining why a report was not made, or provide a statement

Upload file:
(supported file formats: .doc, .docx, and .PDF)

or

Provide details:

vi. Was a person charged

There are sub-questions depending on what you answer. Just complete as much information as you know, and if there is something you don't know you may select the **Unknown** option.

vii. Add Incident

Once all of the incident and prosecution details have been entered, you will need to add the incident into a summary table by selecting the **Add Incident** button.

Date of Incident	Location in WA of Incident	Nature of Incident	
1 May 2020	Perth	Common Assault	<div><div>Add Incident</div><div>EditRemove</div></div>

If you are making an application for multiple incidents, complete the questions again for each incident and add to the summary table. Do not enter multiple incident details in one entry.

You can Edit and Remove an incident in the table as required with the buttons for this positioned to the right of the summary table.

Once you select Next you are taken to the **Claim for Interim Payment** screen (only IF you selected an option that is to request an interim payment on the Type of Application screen, otherwise you will be taken to the Injury Details screen OR in the case of a Funeral Expenses/Loss of Support claim, to the Deceased Person Details screen).

12. Claim for Interim Payment

This screen is only relevant if you are requesting an interim payment. You may upload a **quote** for treatment, travel or report expenses that you are expected to incur. Do not upload any *invoices* here. Invoices can be uploaded on the specific loss screens which are upcoming, this screen should only have *quotes* uploaded.

Claim for Interim Payment

The maximum interim payment is \$2,250.00 for an incident after 1 January 2004.

If your request for an interim payment is for treatment, travel or reports not yet incurred, please upload the quote/s now – the assessor will not be able to consider your request without a quote or an invoice from your recommending health professional for the expense/s. If your request is for expenses already invoiced, you will be able to record and attach those invoices in the upcoming screens.

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Add Quote

Attachment(s)

File Name

You can preview and remove any attachments by using the buttons to the right

Add Quote

Attachment(s)

File Name
Test.png

Preview Remove

Once you select **Next** you are taken to the **Injury Details** screen.

13. Injury Details

This screen is to obtain your victim impact statement, photos of scarring and any miscellaneous documentation.

You are required to provide a victim impact statement detailing how the incident has affected you. You may upload or enter a statement. Please go into as much detail as possible as this will help the assessor understand your injuries to be able to calculate an appropriate amount of compensation to award you.

If you have any scarring from the incident, please upload recent photos.

Injury Details

What were your injuries? *

You will need to provide a statement setting out the impact of the incident and your injuries on you. The statement may include the psychological as well as the physical impact of the incident and your injuries. If you made a victim impact statement for the Court, a copy of this may be provided. If the Court victim impact statement is out of date, please provide an updated statement.

Upload files

or

Provide details:

Upload file: *

(supported file formats: .jpeg, .png, .doc, .docx and .PDF)

Attachment(s)

File Name

Upload recent photographic evidence of scarring:

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

If applicable, upload documents relating to the incident eg submissions, statements, police freedom of information records, Department of Communities (formerly Department for Child Protection) records, court documents, photos.

Do not upload medical records or documents relating to your loss here, you will have an opportunity to do this later in the application. Ensure you label your attachments according to their content.

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

Once you select **Next** you will be taken to the **Treatment Details** screen.

14. Treatment Details

If you have received treatment as a result of your injuries, you are required to record the details of each place you have attended and upload the medical

evidence. Or, if you have not received treatment then you will have to provide an explanation.

Treatment Details

Did you receive treatment (including blood testing for infectious diseases)? *

☐ Yes ☐ No

Complete the details of one health professional at a time and select the **Add Treatment** button. The health professional is added into a summary table and you can continue to enter more as required.

Did you receive treatment (including blood testing for infectious diseases)? *

☒ Yes ☐ No

You need to provide evidence to establish the injury you suffered. To do this you can provide a report from your doctor or psychologist, the hospital notes or discharge summary, blood test results or a report from your dentist in the case of damage to teeth.

If you do not provide this information your application may be rejected and delayed for you to obtain the medical evidence.

Please enter the details of any health care professional you have seen to treat injuries sustained in the incident. *

Name of health professional: *

Name of Hospital/Practice: *

Address of Hospital/Practice: *

Contact Number for Hospital/Practice:

Health Professional

Hospital/Practice

Add Treatment

As with all summary tables, you will be able to Edit and Remove your entries as required.

Health Professional	Hospital/Practice	
Dr Jones	RPH	<div>EditRemove</div>

You are required to upload medical evidence of your injuries (medical reports, hospital records, GP notes, psychological reports, blood test results etc). The onus is on the Applicant to provide all necessary supporting documentation.

Without this information the assessor may reject your application and ask you to obtain it. Medical evidence assists the assessor in understanding the injuries you suffered to be able to calculate an appropriate amount of compensation to award you.

Are you able to upload all of your medical reports from the health professionals you have sought treatment from? *

☒ Yes ☐ No

Ensure you upload all medical records pertaining to your application now and label your attachments according to their contents. *

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Browse...

Attachment(s)

File Name

If your medical records are bulky and you are having difficulty uploading them, you may provide them by post. Ensure you advise in the text box whether this applies to you so we know we can expect to receive the medical records at a later date.

Are you able to upload all of your medical reports from the health professionals you have sought treatment from? *

☐ Yes ☒ No

Provide an explanation as to why you cannot upload the reports now and whether you will be able to provide them by post. *

If you have *not* had treatment, you will be prompted to provide an explanation as to why not.

Did you receive treatment? *

☐ Yes ☒ No

If you did not receive any treatment, upload or enter a statement explaining why not:

Upload file:
(supported file formats: .doc, .docx, and .PDF)

or

Provide details:

Once you select **Next** you will be taken to the **Claims for Report Expenses** screen.

15. Claims for Report Expenses

This screen will record the details of any report expenses being claimed. These **must** be supported by an invoice.

Claims for Report Expenses

Report Expenses are fees charged by a health professional for providing a written report.

Do you wish to claim for the cost of reports? *

☐ Yes ☐ No

Complete the details of one report expense at a time and select the **Add Report Expense** button. The expense is added into a summary table and you can continue to enter more expenses. Please enter the expenses in the same

order in which you intend to upload the invoices – this greatly helps the CIC staff to reconcile your entries.

Do you wish to claim for the cost of reports? *
☒ Yes ☐ No

Provide Details
If there is more than one report you can use the Add further report button at the end to enter each invoice. Please attach each report invoice in date order of how you have entered them.

Date: *

Name of the health professional: *

Cost of the report: *

Has the report been paid? *

☐ Yes ☐ No

Who should be paid/reimbursed for the cost of the report? *

Do you wish to claim an interim payment for the cost of this report? *

☐ Yes ☐ No

Add Report Expense

Date	Health Professional	Cost	Interim Payment	
01/05/2020	Dr Vo	1234	Yes	<div>EditRemove</div>

As with all summary tables, you will be able to Edit and Remove your entries as required.

You must upload all invoices being claimed. CIC staff will reconcile your entries and against the invoices provided and if there are any invoices missing you will be contacted to obtain them – this may delay the processing of your application so please check that you have uploaded everything.

If possible, please upload all invoices combined in one document.

Upload report expenses *

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)	
File Name	
Test.png	<input type="button" value="Preview"/> <input type="button" value="Remove"/>

Once you select **Next** you are taken to the **Claims for Treatment Expenses** screen.

16. Claims for Treatment Expenses

This screen will record the details of any treatment expenses being claimed. These **must** be supported by invoices and Medicare or/and private health insurance rebate documentation.

Claims for Treatment Expenses

Treatment Expenses are past expenses ie medical, dental or counselling incurred by you as a result of the incident.

Do you have private health insurance? *

☐ Yes ☐ No

Do you wish to claim for treatment expenses? *

☐ Yes ☐ No

If you are claiming for treatment expenses, you must first claim all available private health insurance and Medicare rebates and upload documentation to evidence this so we may calculate the 'gap' expense.

Complete the details of one treatment expense at a time and select the **Add Treatment Expense** button. The expense is added into a summary table and you can continue to enter more expenses. Please enter the expenses in the same order in which you intend to upload the invoices – this greatly helps the CIC staff to reconcile your entries.

Do you wish to claim for treatment expenses? *

☒ Yes ☐ No

If you are claiming for treatment expenses, you must first claim all available private health insurance and Medicare rebates and upload documentation to evidence this so we may calculate the 'gap' expense.

Provide Details:

If there is more than one expense you can use the Add further treatment expense button at the end to enter each invoice. Please attach the invoices in date order of how you have entered them with the Medicare/private health insurance rebate attached.

Date: *

Name of health professional: *

Service provided: *

(eg. counselling, GP consultation)

Cost of service provided: *

Private health insurance rebate amount received:

(if applicable)

Medicare rebate amount received:

(if applicable)

Gap Amount:

(Cost less rebate amount)

Has the treatment expense been paid? *

☐ Yes ☐ No

Who should be paid/reimbursed for the treatment? *

Do you wish to claim an interim payment for the cost of this expense? *

☐ Yes ☐ No

[Add Treatment Expense](#)

Date	Health Professional	Cost	Interim Payment
13/05/2020	Dr Willis	\$75.00	No

[Edit](#)

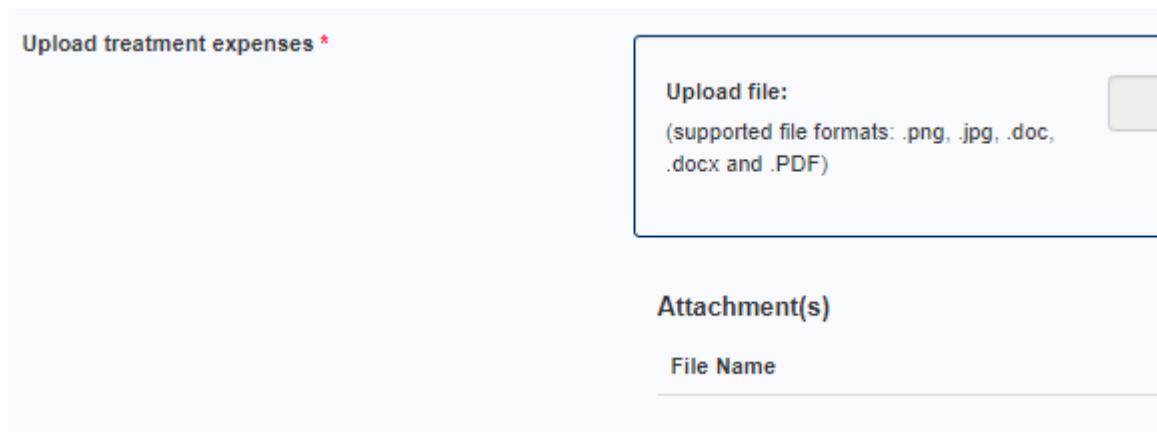
[Remove](#)

As with all summary tables, you will be able to Edit and Remove your entries as required.

You must upload all invoices being claimed. CIC staff will reconcile your entries and against the invoices & rebate documentation provided and if there

are any invoices or/and rebate documentation missing you will be contacted to obtain them – this may delay the processing of your application so please check that you have uploaded everything.

If possible, please upload all invoices combined in one document with the rebate documentation attached to the relevant invoice.



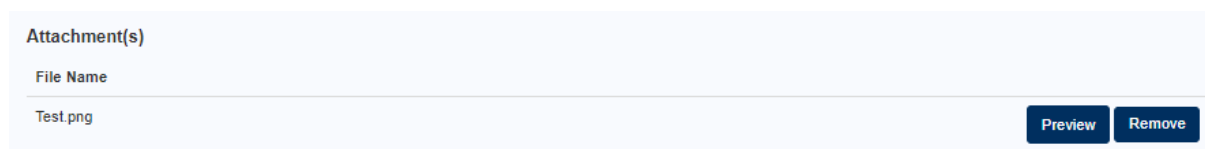
Upload treatment expenses *

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

You can preview and remove any attachments by using the buttons to the right.



Attachment(s)

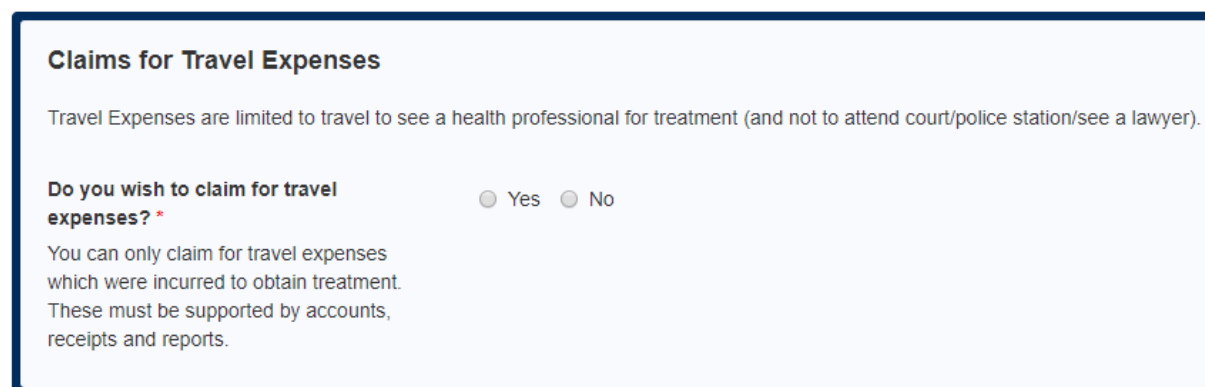
File Name
Test.png

Preview Remove

Once you select **Next** you are taken to the **Claims for Travel Expenses** screen.

17. Claims for Travel Expenses

This screen will record the details of any travel expenses being claimed. These **must** be supported by evidence such as an appointment history with the relevant health practitioner, invoices for treatment on the claimed dates or/and bus, train, taxi or parking receipts.



Claims for Travel Expenses

Travel Expenses are limited to travel to see a health professional for treatment (and not to attend court/police station/see a lawyer).

Do you wish to claim for travel expenses? * ☐ Yes ☐ No

You can only claim for travel expenses which were incurred to obtain treatment. These must be supported by accounts, receipts and reports.

This screen is split up into two questions so you can claim for travel by private vehicle or/and travel by bus, train or taxi including parking fees.

Do you wish to claim for travel expenses? * ☒ Yes ☐ No

You can only claim for travel expenses which were incurred to obtain treatment. These must be supported by accounts, receipts and reports.

Do you wish to claim for travel by private vehicle? * ☐ Yes ☐ No

Do you wish to claim for travel by bus, train or taxi including parking fees? * ☐ Yes ☐ No

Complete the details of one travel expense (round trip) at a time and select the **Add Travel Expense** button. The expense is added into a summary table and you can continue to enter more expenses. Please enter the expenses in date order from the earliest to most recent visit.

Do you wish to claim for travel by private vehicle? * ☒ Yes ☐ No

Travel by private vehicle: *
Please enter each return visit per date/health professional.

Date of travel: *

Name of the health professional: *

Starting Location: *
(Provide an address)

Destination: *
(Provide an address)

Total number of Kilometres: *
(Return Trip)

Do you wish to claim an interim payment for this travel expense? * ☐ Yes ☐ No

Add Travel Expense

Date	Name of Health Professional
12/05/2020	Dr Willis

Edit Remove

As with all summary tables, you will be able to Edit and Remove their entries as required.

Travel by bus, train or taxi including parking fees is entered just once, as a total of all costs. A claim for this must be supported by invoices/receipts. If possible, please upload all invoices/receipts combined in one document.

Do you wish to claim for travel by bus, train or taxi including parking fees? * ☒ Yes ☐ No

Travel by bus, train or taxi including parking fees: *

Total fares/fees: *

Do you wish to claim an interim payment for this travel expense? * ☐ Yes ☐ No

Upload travel receipts *

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)		
File Name		
Test.png		<input type="button" value="Preview"/> <input type="button" value="Remove"/>

Once you select **Next** you are taken to the **Claims for Personal Items** screen.

18. Claims for Personal Items

This screen will record the details of any personal items being claimed.

Claims for Personal Items

Personal Items are limited to clothing, footwear, spectacles, hearing aids and artificial-limbs – you cannot be compensated for lost or stolen items.

Do you wish to claim for any personal items which were damaged in the incident? * ☐ Yes ☐ No

Please only record personal items which are compensable as provided for in [section 6\(1\)](#) of the Act.

Complete the details of one personal item at a time and select the **Add Personal Item** button. The item is added into a summary table and you can continue to enter more items.

Do you wish to claim for any personal items which were damaged in the incident? * ☒ Yes ☐ No

Compensation is available for damage to some personal items worn by the applicant at the time of the incident if damage was caused during the incident. This includes clothing or footwear, spectacles, (not sunglasses unless prescription), hearing aids, artificial limbs and surgical implants. Compensation is for the value of the item at the date of the offence, not for the replacement cost. Please note that compensation is not available for items lost or stolen during the incident, retained by police for evidence, or for loss or damage to other types of property such as wallets, mobile phones and car and home contents.

Provide Details

Please only enter one item at a time, there is an Add Further Personal Item button at the end of the screen which you can use to enter each item individually.

Personal Item Category: *

- ☐ Clothing or footwear
- ☐ Spectacles, or contact lenses, used to correct eyesight
- ☐ Hearing aid
- ☐ Artificial teeth or limb
- ☐ Surgical appliance or implant used to correct or relieve a physical disability or medical condition

Description of item damaged: *

Detail of the damage and how it was caused: *

Estimated value/replacement cost: *

Add Personal Item

Category	Item Damaged	Estimated Value/Replacement Cost
Clothing	Tshirt	14

Edit

Remove

As with all summary tables, you will be able to Edit and Remove your entries as required.

Please provide a quote or invoice for the replacement personal item. For items such as clothing or footwear, a screenshot of the item or replacement from the maker's website would suffice.

If possible, please upload all quotes/invoices combined in one document.

Upload quote/invoice:

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)	
File Name	
Test.png	<div>Preview</div> <div>Remove</div>

Once you select **Next** you are taken to the **Claims for Loss of Income or Earning Capacity** screen.

19. Claims for Loss of Income or Earning Capacity

This screen will record the details of any loss of income or earning capacity being claimed.

Claims for Loss of Income or Earning Capacity

Compensation is available for loss of income or earning capacity arising as a result of the incident. You are entitled to claim for actual loss of past income, loss of future income and loss of earning capacity. The loss is calculated net of income tax.

Do you wish to claim for loss of income or earning capacity? *

☐ Yes
 ☐ No

Do you wish to claim for loss of income or earning capacity? *

☒ Yes
 ☐ No

You will need to submit detailed information about your claim including the period for which you are claiming loss of income, the hours and dates of work missed, your gross and net rate of pay, details of any paid leave entitlements used during your period of incapacity, details of any workers' compensation or Centrelink payments paid to you during your incapacity and details of any other compensation or insurance you may have received, for example from an income protection insurance policy.

If you were an employee at the time of the incident, please provide a letter from your employer verifying the details requested above, and copies of your payslips covering 6 weeks before the incident and for the period of incapacity you are claiming.

You may also be required to submit copies of tax returns and assessments, depending on your circumstances.

If your claim is for loss of earning capacity, it is of assistance to have an opinion of your health care professional/s about your earning capacity.

Has your ability to work in the past been affected by your injuries? *

☐ Yes
 ☐ No

Is your ability to work currently affected by your injuries? *

☐ Yes
 ☐ No

Do you consider there has been an overall impact on your earning capacity in terms of your ability to complete training, secure work, undertake employment tasks or work in particular types of employment? *

☐ Yes
 ☐ No

Is there any additional information you wish to bring to the assessor's attention? *

☐ Yes
 ☐ No

viii. Loss of Past Income

The first question is asking if you have suffered a loss of actual **past** income (ie you were unable to work for a fixed period of 3 weeks).

Has your ability to work in the past been affected by your injuries? * ☒ Yes ☐ No

What was the first date that your ability to work was affected? *

Is your ability to work still affected? * ☐ Yes ☒ No

What was the last date that your ability to work was affected? *

How was your ability to work impacted? * ☐ Unable to work
☐ Reduced hours
☐ Different type of work

Provide Details: *

Have you received any income over the above period of time? * ☒ Yes ☐ No
(ie sick leave or other paid leave, Centrelink benefits, workers' compensation, personal accident or income protection insurance)

Amount of income Gross/Net: *

Source of income: *
(ie. who paid you)

ix. Loss of Current/Future Income

The second question is asking if you are currently suffering a loss of income which also covers future loss of income (ie you might be unfit to work for 4 more weeks but then can return to normal duties).

Is your ability to work currently affected by your injuries? * ☒ Yes ☐ No

Specify how your injury impacts your ability to work: * ☐ Unable to work
☐ Reduced hours
☐ Different type of work or alternate duties

Provide Details: *

x. Loss of Earning Capacity (Past or/and Future)

The third question is asking if you have or will suffer a loss of earning capacity (ie you were unable to complete schooling to attain a position you would have otherwise gained had the incident not occurred or you suffered an injury that now prevents you from working in your usual occupation and therefore you are earning a lower wage).

Do you consider there has been an overall impact on your earning capacity in terms of your ability to complete training, secure work, undertake employment tasks or work in particular types of employment? *

☒ Yes ☐ No

Provide a description of the impact of your injuries on your earning capacity: *

xi. Additional Information

The last question is asking if you have any additional information to bring to the attention of the assessor.

Is there any additional information you wish to bring to the assessor's attention? *

☒ Yes ☐ No

Provide Details: *

xii. Supporting Documentation

You must provide documents in support of your claim OR provide an explanation if you cannot provide the documents.

Please note that the onus is on the Applicant to provide necessary supporting documentation and failing to provide may result in a delay in processing the application.

Providing as much information as possible and your calculations on what loss you have or will suffer will assist the assessor in calculating an appropriate amount of compensation to award you.

Upload documents in support of your loss or/and earning capacity claim, or if you are unable to provide supporting documentation please give an explanation as to why not

Upload files

Upload file: *

(supported file formats: .jpeg, .png, .doc, .docx and .PDF)

Attachment(s)

File Name

or

Provide details:

Supporting documents could include:

- Pay slips (6 weeks before the incident and all pay slips after the incident when your income was affected)
- Tax returns for the 3 years before the incident and all since the injury
- A letter from your employer detailing your pre-incident average net earnings, hours worked, time off work due to incident and any paid leave
- School records (primary school, high school, TAFE, University etc.)
- Your calculations on how you reached your loss of income/earnings

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)

File Name

Test.png

Preview
Remove

Once you select Next you are taken to the **Claims for Provision of Future Treatment Expenses** screen.

20. Claims for Provision of Future Treatment Expenses

This screen will record the details of any future treatment expenses being claimed.

Claims for Provision of Future Treatment Expenses

If it is likely you will need treatment in the future, the award can make an allowance for it. You must provide a letter or report from your health care provider setting out the nature, likely duration and cost of the treatment. You must give information about any Medicare or private health insurance rebates which may be available and you will be required to claim all available rebates before applying for payment out of the part of the award set aside for these expenses.

Are you likely to incur expenses for treatment after your application has been finalised? *

☐ Yes
☐ No

Are you likely to incur expenses for treatment after your application has been finalised? ● Yes ○ No

Please ensure you provide a quote from the recommending health professional detailing what treatment is required. If you do not provide this information your application may be rejected and delayed for you to obtain the quote. An assessor may not be able to award you future treatment expenses without a quote from a qualified health professional.

What will be required? *
If you require different types of treatment recommended by more than one health professional then please use the Add Further Future Treatment Expense button for each type.

Expected total cost:

Private health insurance rebate:

Medicare rebate:

Add Future Treatment Expense

What will be Required?	Expected Cost	
psychotherapy	456.00	Edit Remove

Complete the details of one type of future treatment required at a time and select the **Add Future Treatment Expense** button. The future treatment expense is added into a summary table and you can continue to enter more expenses.

As with all summary tables, the lodger will be able to Edit and Remove their entries as required.

You must provide a quote/report from a qualified health professional detailing the recommended treatment, giving details of the nature, duration and likely cost of the treatment, including any available rebates. If your future treatment recommendations are recorded in a report already uploaded, you do not need to upload it again – please make reference to this in the *What will be required?* field.

If possible, please upload all quotes/reports combined in one document.

Upload quote or/and letter from the recommending health professional:

Upload file:
(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)	
File Name	
Test.png	<div>Preview</div> <div>Remove</div>

Once you select Next you are taken to the **Deceased Person Details** screen, if applicable, or if it is just an injury claim then you are taken to **Payment Details** screen).

21. Deceased Person Details

This screen is to record the details of the Deceased Person where the application relates to a claim for funeral expenses or loss of financial support.

Deceased Person Details

In this section you need to provide information about the deceased's will and assets. This information is needed because;

1. compensation for the funeral expenses is only available to a close relative who incurred the expense, if the deceased's estate was not enough to pay for this expense, and
2. in calculating the loss suffered by the dependants of the deceased the assessor must take account of the extent to which the dependant has financially benefitted from the death, for instance by inheriting property of the deceased.

What is the name of the deceased? *

What is your relationship to the deceased? *

Has a death certificate been issued? *

☐ Yes
 ☐ No

Did the deceased leave a Will? *

☐ Yes
 ☐ No

Has any other money or compensation from another source been received arising from the death? *

☐ Yes
 ☐ No

(e.g. Homicide Funeral Assistance Scheme, Go Fund Me, Insurance Commission of WA, life insurance etc)

Did the deceased leave any assets? *

☐ Yes
 ☐ No

Has a death certificate been issued? * ☒ Yes ☐ No

Upload Death Certificate:

Did the deceased leave a Will? * ☒ Yes ☐ No

Upload Will: *

Has any other money or compensation from another source been received arising from the death? * ☒ Yes ☐ No
(e.g. Homicide Funeral Assistance Scheme, Go Fund Me, Insurance Commission of WA, life insurance etc)

Provide details: *

Did the deceased leave any assets? * ☒ Yes ☐ No

List all assets left *
(e.g. house, car)

Total estimated value of all assets

Name of Deceased		Relationship		Add Deceased Person	
Bob Smith		Father		Edit	Remove

Complete the details of one deceased person at a time and select the **Add Deceased Person** button. The deceased person is added into a summary table and you can continue to enter further deceased persons, if applicable.

As with all summary tables, you will be able to Edit and Remove the entries as required.

If you are in possession of documents that may assist the assessor to understand the estate left by the deceased, please upload them here. The assessor must take into account the estate left by the deceased.

Upload other documentation you have that may assist such as a Statement of Assets and Liabilities, documents in support of an application for Probate or letters of administration

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Attachment(s)

File Name

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)	
File Name	
Test.png	<input type="button" value="Preview"/> <input type="button" value="Remove"/>

Providing all relevant documents will assist your claim to be processed quicker, however we understand there may be times where you are unable to obtain some or all relevant documents. If this applies to you, or you have more information to provide, enter your comments.

If you are unable to upload documentation or have additional information provide your comments here

When you select **Next** you are taken to either the **Loss of Financial Support** or **Funeral Expenses** screen, depending on your claim selection.

22. Loss of Financial Support

This screen is to record the details of the dependants of the deceased who suffered a loss of financial support as a result of the deceased's death.

Loss of Financial Support

If the personal representative is claiming compensation for the loss of the financial support of the deceased to the dependants, full details of the type and amount of the financial support from the deceased must be provided. A single claim is available for this type of compensation and the application must therefore include all the dependants of the deceased.

Have the dependants of the deceased suffered loss of the financial support of the deceased? *

☐ Yes
 ☐ No

Have the dependants of the deceased suffered loss of the financial support of the deceased? *

☒ Yes ☐ No

Name of dependant: *

You will be able to add each dependant by using the Add Further Dependant button at the bottom.

Relationship to deceased: *

Was the dependant living with deceased at their time of death? *

☐ Yes ☐ No

Details of any payments being made by the deceased to support the dependant: *

Add Dependant

Name of Dependant	Relationship to Deceased	
Billy Smith	Son	Edit Remove

Complete the details of one dependant at a time and select the **Add Dependant** button. The dependant is added into a summary table and you can continue to enter further dependants, if applicable. Each dependant added must be recorded as an Applicant on the **Applicant Details** screen. If you have not done this, please return to that screen to add all dependants.

As with all summary tables, you will be able to Edit and Remove the entries as required.

You must upload documents to support your claim for loss of financial support. This will assist the assessor to calculate what the deceased was contributing to the financial support of the dependant in order to award an appropriate amount of compensation.

Attach financial documentation

Upload file:

(supported file formats: .png, .jpg, .doc, .docx and .PDF)

Add Item

Attachment(s)

File Name

Please provide copies of all relevant financial documents such as:

- bank statements
- tax returns
- salary information
- statement of assets and liabilities
- Will
- insurance policies
- documents in support of an application for probate or letters of administration
- deed of family arrangements; and
- details of the proceeds of any estate of the deceased.

You can preview and remove any attachments by using the buttons to the right.

Attachment(s)	
File Name	
Test.png	<div>Preview</div> <div>Remove</div>

When you select **Next** you are taken to the **Payment Details** screen.

23. Claims for Funeral Expenses

This screen is to record the details of any funeral expenses being claimed.

Claims for Funeral Expenses

Are you making a claim for funeral expenses? *

☐ Yes
 ☐ No

Are you making a claim for funeral expenses? *

☒ Yes ☐ No

Did a close relative to the deceased incur expenses for the funeral? *

☐ Yes ☐ No

Under the Act a "close relative" includes:

- A parent, grandparent or step-parent;
- The spouse or de facto partner; and
- A child, grandchild or step-child

Name and relationship to the deceased of the person who incurred the expense: *

Name: *

Relationship to the deceased: *

Funeral expenses details:

If you need to add more than one account you may use the Add Further Funeral Expense button at the end.

Name of provider:

(Funeral home)

Date of account:

Cost:

Has the account been paid?

☐ Yes ☐ No

Are you applying for an interim payment for the funeral expense?

☐ Yes ☐ No

An interim payment can be approved for the funeral expenses for "such reasonable amount" as the assessor decides. Funeral expenses do not include ancillary expenses such as transport of family members to attend the funeral, memorial services or catering at the funeral or afterwards.

Add Funeral Expense

Name of Provider

Date of Account

Cost

Funeral Home

02/06/2020

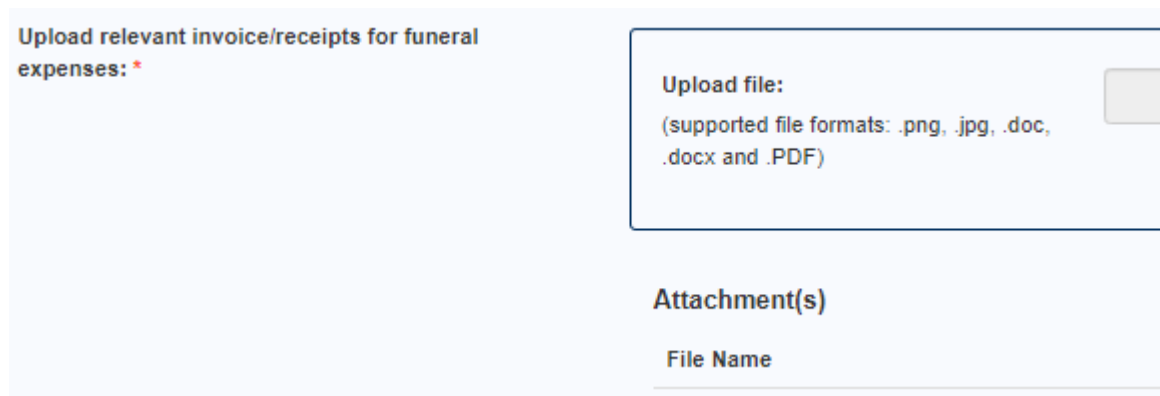
10200

Edit Remove

Complete the details of one funeral expense at a time and select the **Add Funeral Expense** button. The funeral expense is added into a summary table and you can continue to enter further funeral expenses, if applicable.

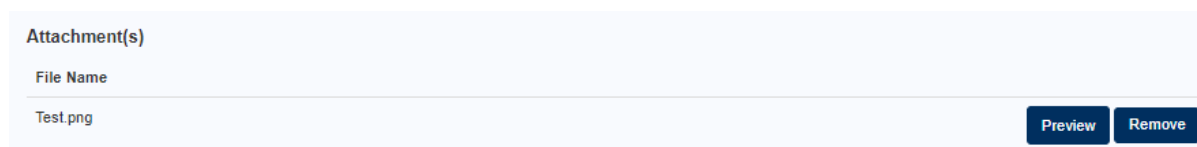
As with all summary tables, you will be able to Edit and Remove the entries as required.

You must upload the invoices for which funeral expenses are being claimed.



The screenshot shows a form titled "Upload relevant invoice/receipts for funeral expenses: *". It features a file upload area with the text "Upload file:" and "(supported file formats: .png, .jpg, .doc, .docx and .PDF)". Below this is a table header "Attachment(s)" with a sub-header "File Name".

You can preview and remove any attachments by using the buttons to the right.



The screenshot shows a table with the header "Attachment(s)" and a sub-header "File Name". The table contains one row with the file name "Test.png". To the right of the table are two buttons: "Preview" and "Remove".

When you select Next you are taken to the **Payment Details** screen.

24. Payment Details

This screen will record the Applicant's payment details for if and when compensation is awarded. It also records whether the Applicant authorises CIC to pay monies to a third party (ie for an unpaid report or treatment expenses).

Payment Details

If your claim is successful, payments can be made via electronic funds transfer (EFT) to you or your lawyer's bank account. Payment will be made into your lawyer's trust account unless they specify otherwise. We will have their bank details on file or contact them directly if required.

My Bank Details

Account Name:

BSB:

Account Number:

If you would like money to be paid to someone else (e.g. a service provider) complete the authority for the Office of Criminal Injuries Compensation to make payments to another person on your behalf from the compensation:

Name of person:

(Who incurred the expense)

Service provider/business name:

Amount to be paid:

Method of payment:

☐ Cheque ☐ EFT

When you select **Next** you are taken to the **Summary and Declaration** screen.

25. Summary and Declaration

This screen is for you to first preview your application to ensure all details are entered correctly and then to declare the application is true and correct before lodging.

The name of the person who is logged into the eCourts Portal will display on the declaration and cannot be modified.

Application Summary and Declaration

Your application is almost complete.

Before proceeding review the details provided in this application by clicking the **Preview** button and then make your declaration.

If the Applicant is under 18 years or has an appointed Guardian/Administrator then they cannot acknowledge the declaration themselves. The Parent, Guardian or Administrator must acknowledge the declaration on their behalf. If you are a lawyer you may lodge the application on your client's behalf however you must have a written authority which is signed by your client to acknowledge the application. Your client must be aware of the terms of lodging the application and you are responsible for ensuring their awareness.

Name

Surname: *

Smith

Given name/s:

Lucy

Relationship of the person completing the application to the Applicant *

- ☐ I am the Applicant
- ☐ I am the Applicant's Lawyer
- ☐ I am the Applicant's Parent/Guardian
- ☐ I am the Applicant's appointed Guardian/Administrator

You may preview your application by selecting the **Preview** button at the bottom of the screen. By selecting this button a zip folder is downloaded which contains the rendered application form and all documents uploaded.

* Indicates mandatory fields

Save for later

Cancel

Preview

Upon selecting the Relationship of the person completing the application to the Applicant, the acknowledgement and declaration will become visible. You are required to tick all boxes next to each line to confirm your understanding.

Relationship of the person completing the application to the Applicant *

- ☒ I am the Applicant
- ☐ I am the Applicant's Lawyer
- ☐ I am the Applicant's Parent/Guardian
- ☐ I am the Applicant's appointed Guardian/Administrator

Acknowledgement *

Please tick all boxes to confirm that you have read and understood the statements

- ☐ The assessor will give written notice of the making of my application to the offender, and may if requested provide copies of supporting documents to the offender;
- ☐ the assessor may seek and receive further information and evidence from any other source/s the assessor thinks necessary;
- ☐ the assessor may deduct from any compensation any amount I owe under a compensation reimbursement order;
- ☐ the documents submitted with this application will be destroyed after finalisation of the application and only electronic copies will be retained; and
- ☐ I must keep a copy of the documents submitted with the application.

Declaration *

Please tick all boxes to confirm that you have read and understood the declarations

- ☐ To the best of my knowledge, all information provided in this application is true and correct and no details relevant to the application have been left out; and I understand that:
- ☐ under section 70 of the Act it is an offence knowingly to give false information in support of an application for compensation, the maximum penalty for which is a fine of \$5 000.

When you select **Lodge** you are taken to the **Lodgment** screen.

26. Lodgment

Once you select **Lodge** your application is rendered into a PDF document and a Matter is created in the court management system that CIC operates in.

This process may take several seconds-minutes so you should not leave the web page. Generally it will take a little longer where more documents are uploaded.

Once the Matter is created, you will be able to see the CIC Matter number.

The screenshot shows the eCourts Portal of Western Australia interface. At the top is a green header with the Western Australian coat of arms and the text "eCourts Portal of Western Australia". Below the header is a breadcrumb trail: "Home > Manage Lodgments > Lodgment". The main heading is "Lodging: Criminal Injuries Compensation Application". Below this is a process flow diagram with three blue circular nodes connected by arrows: "Validate" (with a checkmark), "Lodge" (with a checkmark), and "Confirmation" (with a checkmark). Below the flow diagram is a box titled "Lodgment Status:" containing a list of timestamps and status updates: "29/06/2020 11:10:35: Validating", "29/06/2020 11:10:38: Validation Successful", "29/06/2020 11:10:42: Rendering and Uploading Criminal Injuries Compensation Application.pdf", "29/06/2020 11:10:48: Uploading (1) attachment(s)...", "29/06/2020 11:10:48: Uploading Test.png", "29/06/2020 11:10:52: Lodging...", and "29/06/2020 11:11:21: Lodgment Completed for Matter CIC/CIC/PER/CIC/955/2020 Lucy SMITH".

The **View Lodged Document** button is all the way to the right hand side of the Lodgment screen.

This screenshot is a close-up of the "Lodgment Status:" section from the previous image. It shows the same list of status updates. At the bottom right of the status box, there is a small blue button with a magnifying glass icon and the text "View Lodged Document".

Selecting this will download a zip folder with the rendered application and supporting documentation uploaded throughout the online application. The rendered application will have the Matter number and date lodged at the top.

You should take this opportunity to save the application and supporting documents to your desktop as a copy of what you have submitted.

Criminal Injuries Compensation Address: Level 10, Golden Square 32 St Georges Terrace PERTH WA 6000 Website: www.justice.wa.gov.au Phone: (08) 9425 3250 Fax: (08) 9425 3271	Matter Number: CIC/1148/2020 Date Lodged: 29 Jul 2020
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You will be able to view your application (but not supporting documentation) at any time by logging into the eCourts Portal and viewing your Lodged applications in the **Manage Lodgments** screen (you will need to enter a date range).

Lodged

From: 8/06/2020		To: 8/06/2020		Search
Name	Date Created	Date Lodged		
Criminal Injuries Compensation Application	09 Jun 2020 09:16:34 AM	09 Jun 2020 10:36:33 AM	View Document	

Your application is now complete and CIC will begin to process your application. You will only be contacted if further information is required, or when the claim is finalised. Please ensure you regularly check your emails (including Junk) as this is how CIC will communicate with you.

All correspondence will display on the eCourts Portal so alternatively you may login to your account to see if you have received any notifications.

You may view your Matter Status by selecting the eLodgment option. See the *eLodgment Help Guide* for instructions on how to do this, as well as how to lodge further documents to your Matter online.