



CRIMINAL INJURIES COMPENSATION APPLICATION FORM 2

Please read the '*Guide to Lodging an Application*' to assist you to complete this form. 'The Act' refers to the *Criminal Injuries Compensation Act 2003*

PART A: CLAIMS BY A PERSONAL REPRESENTATIVE OF A DECEASED PERSON FOR LOSS SUFFERED BY A CLOSE RELATIVE

Note: Under the Act a close relative does not include a sibling, aunt, uncle, or cousin.

PART B: INCIDENT AND PROSECUTION DETAILS

Note: For multiple incidents please complete a separate Part B for each incident.

7	Please provide date of incident.						
8	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Please attach a signed statement explaining why your application is lodged outside of this time.						
9	Where in WA did the incident occur?						
10	<input type="checkbox"/> Yes	Name of Workers' Compensation insurance provider:	Claim Number:				
11	<input type="checkbox"/> Yes	Insurance Commission of WA Claim Number:					
12	(e.g. motor vehicle crash, murder etc.)						
13	<input type="checkbox"/> If yes: Attach a copy, you can obtain a copy of your statement from WA Police. <input type="checkbox"/> No: Please attach a signed statement detailing the incident.						
14	<input type="checkbox"/> Yes <input type="checkbox"/> No: Give a statement detailing the incident and explaining why a report was not made.						
15	<input type="checkbox"/> If yes: Provide the Incident Report number <input type="checkbox"/> No						
16	<input type="checkbox"/> Yes: Give details below <table border="1"> <tr> <td>Surname:</td> <td>Surname:</td> </tr> <tr> <td>Given Name/s:</td> <td>Given Name/s:</td> </tr> </table>			Surname:	Surname:	Given Name/s:	Given Name/s:
Surname:	Surname:						
Given Name/s:	Given Name/s:						
17	<input type="checkbox"/> Yes: Please give details of the offender/s' whereabouts.						
18	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know				
19	<input type="checkbox"/> Yes: What was/were the charge/s? <input type="checkbox"/> No						
20	<input type="checkbox"/> Yes	<input type="checkbox"/> No: When is the next Court date?					
21	<input type="checkbox"/> Magistrates Court <input type="checkbox"/> District Court <input type="checkbox"/> Supreme Court <input type="checkbox"/> Children's Court						
22	<input type="checkbox"/> Guilty <input type="checkbox"/> Don't know <input type="checkbox"/> Not Guilty <input type="checkbox"/> Date of the outcome:						
23	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> How much?				
	Has any been received: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much? \$ _____						

PART C: FUNERAL EXPENSES

A "close relative" of the deceased includes:

- a parent, grandparent or step-parent;
- the spouse or de facto partner; and
- a child, grandchild or step-child

24 Did a close relative incur expenses for the funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Name and relationship to the deceased of the person who incurred the expense.	
26 Has the funeral expense been paid?	<input type="checkbox"/> Yes: Attach relevant invoices/ accounts and receipts to support the claim.
	<input type="checkbox"/> No
27 Are you applying for an interim payment for the funeral expense?	<input type="checkbox"/> Yes: Attach relevant invoices/ accounts and receipts to support your claim.
	<input type="checkbox"/> No

Loss of Financial Support

28 Have the dependents of the deceased suffered loss of the financial support of the deceased?	<input type="checkbox"/> Yes: Complete the table below	<input type="checkbox"/> No		
Name of dependent	Relationship to the deceased victim	Was the dependent living with the deceased person at the time of the death		Details of any payments being made by the deceased to support the dependent. Attach a statement if necessary.
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

PART D: PAYMENT DETAILS

Bank Account Details

If your claim is successful, payments can be made via electronic funds transfer (EFT) to your bank account. Provide your bank details below if you wish to receive EFT payment. If you do not wish to receive funds via EFT a cheque will be sent to the address given in question 3 or 4.

Account Name			
Account Number		BSB Number	_____

If you would like money 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 your compensation.

Name				
Service provider/ business name				
Amount to be paid				
Address or EFT details of the person you would like to be paid.	Address (Cheque)			
	OR			
	EFT Details	Account Name:		
		Account Number:		
BSB Number:			_____	
Signature		Date		

PART E: DECLARATIONS

Select the section of the Criminal Injuries Compensation Act 2003 under which your claim is made

Section 12: Proved offence – offender convicted	<input type="checkbox"/>
Section 13: Alleged offence – accused acquitted, applicant claims another person committed the offence	<input type="checkbox"/>
Section 14: Alleged offence – accused acquitted due to unsoundness of mind	<input type="checkbox"/>
Section 15: Alleged offence – accused not mentally fit to stand trial	<input type="checkbox"/>
Section 16: Alleged offence – charge not determined	<input type="checkbox"/>
Section 17: Alleged offence – no person charged	<input type="checkbox"/>

Acknowledgement of Application

The Office of Criminal Injuries Compensation will acknowledge receipt of your application by letter. The letter will include your Matter Number and will be sent via your preferred method of communication (email or post). Ensure you have provided your contact details in part A of this application.

I understand that:

- 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;
- I must keep a copy of the documents submitted with the application.
- 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.

Declaration:

- 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:
- 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.

Name		Date	
Signature			
This page must be printed and your signature hand signed using a pen			

Application Form 06062025

HOW DO I LODGE MY APPLICATION?

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

Mail: GPO Box F317 PERTH WA 6841

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