GOVERNMENT OF WESTERN AUSTRALIA

CRIMINAL INJURIES COMPENSATION APPLICATION - FORM 1

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: APPLICANT'S DETAILS

Note: The applicant is the person on whose behalf the application is made.

1	Is this application a claim for: (select more than one option if appropriate)	☐ Injury (bodily harm, mental and nervous shock or pregnancy).
		☐ Loss arising from death (funeral expenses or loss of financial support)**. IF SO**,**USE FORM 2 for that claim.**
		☐ Neither (you are not eligible for compensation unless you were injured in the commission of an offence, or suffered loss when a close relative died).
2	Are you making this application on behalf of: (select more than one option if appropriate)	☐ Yourself.
		☐ A child under 18 years of age (provide their birth certificate or other record you are their legal guardian).
		☐ A person with a disability as the person's guardian or administrator (provide the SAT order).
		☐ The personal representative of a deceased person **IF SO, USE FORM 2 for that claim.**

3 Provide the details of the applicant:			
Name	Male ☐	Female ☐	Other ☐
	Surname:		
	Given Name/s:		Date of Birth: / /
Address			
Telephone	Home:	Mobile:	Work:
Email Address	This will be the default method of communicating with you unless otherwise requested		
Motor Vehicle Drivers Licence number	Licence No:		Occupation:
Is there a person you authorise to speak to us on your behalf?	Name:		Relationship to you:
	Phone:		
Email Address	This will be the default method of communication unless otherwise requested		

4 If you are making this application on behalf of the applicant, provide your details below:			
Name	Surname:		
	Given Name/s:		Date of Birth: / /
Address			
Telephone	Home:	Mobile:	Work:
Email Address	This will be the default method of communicating with you unless otherwise requested		
Your relationship to the applicant	☐ Parent (provide the applicant's birth certificate or other record you are their legal guardian). ☐ A person with a disability as the guardian or administrator (provide the SAT order).		

IMPORTANT NOTICE: The Office of Criminal Injuries Compensation maintains records in electronic format. Please ensure you keep copies of all documents you submit, and submit only a copy of any document you need to retain. All documents submitted with your application will be destroyed when your application has been finalised.

PART B: INCIDENT AND PROSECUTION DETAILS

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

5 Please provide date of incident.			
6 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. Please attach a signed statement explaining why your application is lodged outside of this time.		
7 Where in WA did the incident occur?			
8 Was this a work related incident?	☐ Yes	Name of Workers' Compensation insurance provider:	Claim Number:
		For WAPOL incidents, OHS Incident Number: Health & Welfare Claim Number:	
9 Was a motor vehicle involved?	☐ Yes	Insurance Commission of WA Claim Number:	
10 What was the nature of the incident?	(e.g. assault, sexual offence, murder etc.)		
11 Do you have a copy of the statement you made to the police?	☐ If yes: Attach a copy, you can obtain a copy of your statement from WA Police.		
	☐ No: Please attach a signed statement detailing the incident.		
12 Was the incident reported to Police/Public Transport Authority/ Railway Police?	☐ Yes		
	☐ No: Give a statement detailing the incident and explaining why a report was not made.		
13 Do you know the Incident Report number?	☐ If yes: Provide the Incident Report number ☐ No		
14 Do you know the name/s of the offender/s?	☐ Yes: Give details below		
	Surname:	Surname:	
	Given Name/s:	Given Name/s:	
15 Do you know the whereabouts of the offender/s?	☐ Yes: Please give details of the offender/s' whereabouts.		
16 Is the police investigation finalised?	☐ Yes ☐ No ☐ Unknown		
17 Was a person charged ?	☐ Yes: What was/were the charge/s?		
	☐ No		
18 Is the matter finalised in Court?	☐ Yes ☐ No: When is the next Court date?		
19 Select the court where the charge was heard	☐ Magistrates Court	☐ District Court	
	☐ Supreme Court	☐ Children's Court	
20 What was the outcome?	☐ Guilty	☐ Unknown	
	☐ Not Guilty	☐ Date of the outcome:	
21 Was the offender ordered to pay money to you?	☐ Yes ☐ No	☐ How much?	
	Has any been received: ☐ Yes ☐ No	If so, how much? $_____	

PART C: CLAIMS

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

22 Are you making a claim for an interim payment?

Yes: Select the option/s that best describes your application for an interim payment.

- ☐ I need treatment expenses paid
- ☐ I need ambulance expenses paid
- ☐ I need to obtain a report (medical, dental or psychological)
- ☐ I need funeral expenses paid for a deceased close relative **IF SO**,**USE FORM 2 for that claim.**

Claims for Injury

23 What were your injuries?

Eg bodily harm, mental and nervous shock or pregnancy
Attach a statement of the injuries you suffered and the impact of your injuries on you.
Include recent photos showing any scars if appropriate.

24 Provide documents to demonstrate the injuries you suffered

☐ Report/s from your treating health care professional/s (attach the relevant report/s).

☐ Hospital/s and health care provider/s where you received treatment.

Name of health care provider:	
Name of hospital/practice:	
Address of hospital/practice:	
Contact number of practice:	

Names of health care provider:	
Names of hospital/practice:	
Address of hospital/practice:	
Contact number of practice:	

☐ None of the above. If you did not have any treatment attach a signed statement explaining why.

Claims for Reports (medical, dental, psychological, counselling)

25 If you are claiming the cost of reports, complete the table below and attach invoices to support your claim.

Reference number	Date	Name of the health care professional	Cost of the report provided	Has the report been paid	
				Yes	No
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐
5.				☐	☐

If you want to claim an interim payment for a report you have ***already obtained*** complete the table below.

Include the reference number and health care professional details noted in question 26 for the report for which you wish to claim an interim payment		Select who should receive the interim payment		
Reference number	**Name of the health care professional**	**You**	**Health Care Professional**	**Other** (parent, lawyer)
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

26 If you want to claim an interim payment for a report(s) that you have ***not yet obtained*** complete the table below and attach quotes/invoices.

Name of the health care professional who will provide the report	Cost of the proposed report

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

27 If you are claiming for travel expenses complete the table below and ensure the accounts, receipts and reports you have provided support your claim for each journey.

Date	**Name of the health care professional**	**Starting location** (provide address)	**Destination** (provide address)	**Total number of kilometres return trip** (private vehicle)	**Fare** (Bus, Train, Ambulance and Taxi)

Claims for Treatment Expenses: If you are claiming for treatment expenses, you must first claim all available private health insurance and Medicare rebates. Complete the Table below and ensure you provide copies of each invoice, receipt and rebate.

28 Do you have private health insurance? ☐ Yes: Provide the name of your private health insurance fund below. _____ ☐ No

Reference number	**Date**	**Name of the health care professional**	**Service provided**	**Cost of the service provided**	**Private health insurance rebate amount received** (if applicable)	**Medicare rebate amount received** (if applicable)	**Gap** (Cost less rebate amount)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

29 Complete the table below if you want an interim payment for a treatment expense you have ***already incurred.***

Include the reference number and health care professional details noted in question 29 for treatment for which you wish to claim an interim payment.		**Select who should receive the interim payment**		
Reference number	**Name of the health care professional**	**You**	**Health Care Professional**	**Other** (eg parent)
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

30 Complete the table below if you want to claim an interim payment for treatment expenses you have ***not yet incurred*** for treatment you wish to undergo **before** your application is finalised.

Name of the health care professional who will provide the treatment	**Treatment required**	**Cost of the proposed treatment**

31 Are you claiming for loss of income or loss of earning capacity ?	☐ Yes: Select the options that best describes your claim. ☐ Loss of income: ☐ Loss of earning capacity:

32 Are you claiming for loss of earning capacity? (current and/or future)	☐ Yes: Provide a detailed statement and provide the documents requested below after question 34. Ensure the claim is supported by the reports, and briefly describe the income you are currently prevented from earning and/or are going to be prevented for earning in the future.

33 Did you receive any income while you were unfit for work?	☐ No ☐ Yes: Select the options that describe how you were paid and provide documents in support ☐ Sick leave or other paid leave (e.g. annual leave) ☐ Centrelink benefit ☐ Workers' compensation ☐ Personal accident or income protection insurance ☐ Other form of income support. Please attach a signed statement giving details.
34 How much income did you receive?	☐ Net: $_____ ☐ Gross: $_____

Include copies of the following documents as part of your claim for loss of income, if relevant:

☐ Pay slips (6 weeks before the incident and all pay slips after the incident when your income was affected)

☐ Copies of your tax returns for the 3 years before the incident and all since the injury

☐ Letter from your employer detailing your pre-incident average net earnings, hours worked and any paid leave

Claims for Personal Items: You are not entitled to compensation for the value of lost or stolen property such as jewellery, wallet, phone etc.

35 If you want to claim for any personal items (clothing, footwear, spectacles, hearing aid, artificial limbs) which were damaged in the incident, complete the table below.

Item Damaged	Detail the damage and how it was caused	Estimated value/ replacement cost

Claims for Provision for Future Treatment Expenses

36 Are you likely to incur expenses for treatment **after your application has been finalised**? e.g. dental, counselling etc	☐ Yes: Provide details of the nature of the treatment, the expected costs and any available private health insurance or Medicare rebates and attach a letter/report from your health care professional.

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*	☐
Section 13: *Alleged offence – accused acquitted, applicant claims another person committed the offence*	☐
Section 14: *Alleged offence – accused acquitted due to unsoundness of mind*	☐
Section 15: *Alleged offence – accused not mentally fit to stand trial*	☐
Section 16: *Alleged offence – charge not determined*	☐
Section 17: *Alleged offence – no person charged*	☐

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		

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