



Reference number
For official use only

## Criminal Injuries Compensation Scheme

Made by the Secretary of State under the Criminal Injuries Compensation (NI) Order 2002

### APPLICATION FORM - PERSONAL INJURY (Do not use for fatal injuries)

- Please read the attached Guidance notes when completing this form
- A separate form must be completed for each claimant, including children
  - Complete all sections using BLOCK CAPITALS and a black pen
  - Please tick boxes as appropriate
  - Return completed form to the above address

#### Victim Support

Victim Support Northern Ireland is financially supported by the Government to provide independent advice, assistance and support to persons seeking compensation for criminal injuries sustained in Northern Ireland. If it or anyone else helped you complete this application form, please tick below.

Victim Support NI

Citizens Advice Bureau

Solicitor

Relative / friend

Other

No one

#### 1. Details of the victim (Guidance note 1)

1.1 Title Mr  Mrs  Miss  Ms

1.2 Other titles (if any)

1.3 Last name

1.4 Maiden name

1.5 Any other last name(s) used

1.6 First name(s)

1.7 Date of birth

Day	Month	Year

1.8 Sex

Male  Female

1.9 Marital status

Single  Married  Widowed  Divorced  Separated

## 1. Details of the victim (continued)

1.10 Address

Postcode

1.11 E-mail address (if any)

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1.12 Daytime telephone number

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1.13 National insurance number

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If the victim was under 18 at the time of application please enclose a full Birth Certificate.

## 2. Details of the person making an application on behalf of injured person (Guidance note 2)

This section should only be completed if the injured person is under the age of 18 or is incapable of handling his/her own affairs.

2.1 Title

Mr  Mrs  Miss  Ms

2.2 Other title(s) if any

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2.3 Last name

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2.4 First name(s)

--

2.5 Your address

Postcode

2.6 E-mail address (if any)

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2.7 Your daytime telephone number

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2.8 Your relationship to the injured person

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2.9 If not related, please provide details of why you are making an application for this person












## 7. Description of Injuries (continued)

7.3 What are your current symptoms?


7.4 Are you still receiving treatment for your injuries?

Yes

No

7.5 Have the injuries left any permanent scarring or disability?

Yes

No

Please note if you have ticked 'no' for question 7.2, we will write to you in the future for further details.

## 8. Details of treatment as a result of the injury (Guidance note 8)

8.1 Did you go to hospital?

Yes  (Go to 8.2)

No  (Go to 8.8)

8.2 Name of the first hospital you attended


Department(s) you attended


Hospital reference number

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8.3 If you had to stay in hospital give the admission date and the discharge date

Day	Month	Year

Day	Month	Year

in-patient

8.4 If you had to attend the hospital as an out-patient give the date of your first visit and if applicable the date of your second visit

Day	Month	Year

Day	Month	Year

out-patient

8.5 Name of the second hospital you attended (if applicable otherwise go to 8.8)


Department(s) you attended


Hospital reference number

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8.6 If you had to stay in hospital give the admission date and the discharge date

Day	Month	Year

Day	Month	Year

in-patient

8.7 If you had to attend the hospital as an out-patient give the date of your first visit and if applicable the date of your second visit

Day	Month	Year

Day	Month	Year

out-patient









## 14. Signature and authorisation (Guidance note 14)

**Please check that you have completed this application form fully, as failure to do so will result in your form being returned and your claim for compensation subsequently delayed.**

**Read the declaration carefully before signing.**

I hereby apply to the Secretary of State for compensation.

I declare that the information I have given is true and complete to the best of my knowledge.

I shall inform the Secretary of State if there is any change in the details given.

I understand that I may be fined or imprisoned or both if:

- I give false or misleading information, or fail to disclose information that may affect this application.
- I fail to inform the Secretary of State if I receive any sum for compensation or damages from the offender or any other source in respect of the injuries for which I am now applying for compensation.

I authorise the Secretary of State to obtain:

- From any doctor, dentist, consultant or hospital attended by the victim, any relevant medical notes and reports.
- From the police, all relevant information, including copies of my criminal record (if any) and any statements made in connection with this application.
- From the Social Security Agency, any information which is relevant to this application.
- From the NI Housing Executive, any information which is relevant to this application.
- From the Rate Collection Agency, any information which is relevant to this application.
- From Inland Revenue UK, any information which is relevant to this application.
- From my/victim's employer(s), information about earnings, conditions of service, pension rights and any other information which is relevant to this application.
- From any source, any information which is relevant to this application.

I understand that the Secretary of State may notify the authorities mentioned above that I have applied for compensation and may inform them of the decision about this claim.

The information provided on this form may be made available to other departments/agencies for the purposes of preventing or detecting crime.

**If the victim is under 18 years old, legally incapacitated or otherwise incapacitated this application should be signed by the applicant named in Section 2 of this application.**

Signature of victim/  
applicant

Date

Day	Month	Year

**Tick the relevant boxes to show which original documents you have enclosed. These will be returned to you as soon as possible.**

- Full Birth Certificate** – if the victim was under 18 years of age at the time of application
- Proof of enduring Power of Attorney** – if completing this form for an injured person who is over 18 years of age and incapable of handling his/her own affairs.





THE  
COMPENSATION  
*Agency*

## **Criminal Injuries Compensation Scheme**

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### **APPLICATION FORM - PERSONAL INJURY**

## **GUIDANCE NOTES**

### **Introduction**

Please read this guide carefully. It is intended to help you complete the personal injury application form.

The relevant Guidance note is referred to at the beginning of each Section of the Application Form.

This is not a guide to the Criminal Injuries Compensation Scheme, a copy of which can be obtained from the Compensation Agency. Its address is given on page 4 of this Guide.

If you are completing the form on behalf of someone else, please remember that it is written as though it was addressed to the injured person.

When your completed form is received it will be recorded and we will send you an acknowledgement including a reference number which should be quoted in all communications.

When completing the form please remember to:

- write in block capitals;
- tick the boxes that apply; and
- when you are asked to give a date, write in the box provided, using numbers only;

**Example:** for 1 May 2002 write:

Day	Month	Year
01	05	02

### **General information**

If any of the information you have given on the form changes, you must tell us immediately in writing quoting your case reference number.

The Compensation Agency's offices are open from 9.00 am until 5.00 pm from Monday to Friday for enquiries made either by telephone or in person.

### **Guidance note 1: Details of the victim**

It is very important that you provide full details.

### **Guidance note 2: Application on behalf of injured person**

This section should be completed only if the injured person is under 18 years old or is incapable of handling his/her own affairs\*. If you are applying on behalf of a minor you must have parental responsibility for the minor otherwise there could be delays in dealing with the application. If you are unsure about parental responsibility you should seek advice, for example from your local Victim Support Office or Citizens Advice Bureau. You must enclose the child's **full** birth certificate which will be returned to you immediately.

\*For the purposes of the Scheme anyone below the age of 18 is regarded as a minor.

If you are applying on behalf of an adult who is legally incapable of handling his or her own affairs, you must be legally authorised to act on that person's behalf.

### **Guidance note 3: Details of representative or other body helping you with this claim**

You do not need to obtain the services of a Solicitor or Trade Union to represent you in connection with your application, but if you choose to be represented you must tell us who that representative will be so that we can correspond directly with them. Victim Support (NI) can help you to make this application but, they are not able to give you legal advice.

The Compensation Agency is not responsible for victim's legal costs nor can awards to minors be made in favour of anyone other than the person(s) with parental responsibility.

### **Guidance note 4: Details of incident**

It is very important that you give precise details about the date, time and place of the incident.

#### **Questions 4.1 & 4.2**

Your application should relate to one incident. If you wish to apply for compensation in respect of unrelated incidents you must complete a separate application form. If, however your injuries are as a result of abuse over a period of time you should complete one application giving the date the abuse started and ended.

#### **Question 4.4**

Please give a location and full address. For example, rather than saying "The Friar's Inn" or "At John Smith's house", it will be much more useful if you make it clear if the incident happened indoors or outside and provide the full address including the name of the street and town.

### **Guidance note 5: Details of the report of the incident to the police**

We need to ask the police about the circumstances of the incident in which you were injured and your conduct before, during and after the incident. You must complete this section fully if you told the police about the incident, or if someone told them on your behalf.

#### **Question 5.1**

If you told the police about the incident immediately after it happened and later made a formal report, please make it clear that you, or someone acting on your behalf, spoke to the police more than once. If you told the police about the incident, but did not make a formal report, it is important that you say so.

#### **Question 5.2**

If the police were not told about the incident, it is very important that you give a full answer to this question.

#### **Question 5.4**

If you did not tell the police about the incident yourself, it may be difficult for us to make our enquiries unless you tell us who did report it to them.

#### **Question 5.6**

An incident should be reported to the police at the earliest possible opportunity. If the police were not told immediately after the incident, you must provide a full answer to this question.

## Guidance note 6: Details of the report of the incident to an authority other than the police

In certain circumstances, we may accept that it was appropriate for you to report the incident to an authority other than the police. This applies particularly in the case of nurses, teachers and prison officers who are assaulted on duty, or a school pupil who is assaulted at school and reports the incident to the school authorities. It is important that you give details of the person or institution to whom you reported the incident.

## Guidance note 7: Description of injuries as a result of the incident

### Question 7.1

Please describe fully the physical and/or mental injuries you received as a direct result of the incident. It is not necessary to use medical terms. Please **do not** send photographs of your injuries unless asked.

### Question 7.3

If you have not fully recovered from your injuries, you should give us details of your current symptoms. In these circumstances, we may write to you again for more information.

## Guidance note 8: Details of treatment as a result of the Injury

If you received any form of medical, psychiatric, psychological or dental treatment as a direct result of the injury please provide full details about the place(s) of treatment. If you provide full details, it will be easier for your medical/dental records to be found.

We will not pay for medical examinations or reports which have not been specifically requested by us in the course of our enquiries.

## Guidance note 9: Loss of earnings and special expenses

If your injury causes you to lose earnings or earning capacity **for longer** than 28 full weeks you may be eligible for compensation for loss of earnings. Compensation is **not** payable for the first 28 full weeks of lost earnings or earning capacity.

You may be considered for an additional amount of compensation if, as a direct result of the injury, you have been incapacitated for more than 28 full weeks and have incurred special expenses.

"Incapacitated" means, for example, that your injury prevented you from working, or attending school, or, if retired, prevented you from following your normal lifestyle to a significant extent. You do not have to be in work at the time of the injury to qualify for special expenses.

Special expenses can include:

- (a) loss or damage to property or equipment on which you relied on as a physical aid, if the loss or damage was as a direct result of the injury; for example – spectacles and dentures.
- (b) costs (not loss of earnings or earning capacity) associated with National Health Service treatment for the injury.  
  
Examples – NHS prescriptions, dental and optical charges or extra fares to hospital – if the costs have not been met in full by the National Health Service or the Social Security Agency.
- (c) the cost of private medical treatment for the injury if in all the circumstances the private treatment and its costs are considered reasonable by The Compensation Agency.
- (d) the reasonable cost of:
  - (i) special equipment, and/or
  - (ii) adaptations to your accommodation, and/or

- (iii) care, whether in a residential establishment or at home, which is not provided or available free of charge from the National Health Service, local authorities or any other agency, provided the Compensation Agency considers such expenses to be necessary as a direct consequence of the injury.

In the case of (d)(iii) the Compensation Agency will take into account the expense of unpaid care provided to you by a relative or friend of the victim. Compensation in such circumstances will be assessed on the carer's loss of earnings and/or additional personal and living expenses as calculated on such a basis as The Compensation Agency considers appropriate, or by reference to the level of care provided.

Claims for special expenses at Section 9(a) and (b) will only be considered if receipts are provided. Do not send receipts now – we will ask you for them if we think you may be eligible for additional compensation in respect of special expenses.

If we consider that you may be eligible for compensation for loss of earnings and/or special expenses we will send you a "Loss of earnings and special expenses" form and guide. We will use the information you provide to make enquiries to allow us to determine your eligibility for additional compensation and to calculate the amount.

### **Guidance note 10: Payment of compensation from other sources**

You must tell us about any other claims you make or have made, or any damages, or compensation you receive or have received as a result of your injuries. This includes claims lodged with the Motor Insurers' Bureau. We may deduct any amount received in this way from any award we may make.

### **Guidance note 11: Previous applications**

Please tell us about any previous applications you have made for criminal injuries compensation, eg under the 1977 or 1988 Criminal Injuries Compensation (NI) Order.

### **Guidance note 12: Criminal convictions**

You must tell us about any Criminal Convictions that you have. Please note that we will automatically request a Criminal Record check against your name from Police on receipt of a completed Application Form to verify the details given to us.

### **Guidance note 13: Your remarks**

Please add any further information which you feel may assist your application.

### **Guidance note 14: Signature and authorisation**

Please read this section very carefully before you sign it. Your signature is the authorisation which allows us to start our enquiries and to obtain reports from the relevant authorities and to inform these authorities of the decision.

Before sending the form to us please check that you have answered all the relevant questions.

### **Completed forms**

Please return completed form(s) to:

**The Compensation Agency**  
**Royston House**  
**34 Upper Queen Street**  
**Belfast BT1 6FD**

**Tel: (028) 9024 9944**

**Local rate number: 0845 6021994**

**Fax: (028) 9024 6956**



