

Application For Immediate Financial Assistance

Who can claim immediate financial assistance?

If you are a victim of a violent act, witnessed a violent act or are a family member of a victim who died as a result of a violent act and are experiencing financial hardship, you may be eligible to apply for an immediate upfront payment of financial assistance. The maximum amount payable in immediate assistance is \$5000.

Family members of a primary victim who has died can also claim funeral expenses

What can I claim immediate financial assistance for?

Immediate financial assistance includes:

- financial assistance for out of pocket expenses that have been paid or will need to be paid for medical treatment of any injuries received;
- in exceptional circumstances, expenses relating to the relocation or securing of your home or business;
- If the violent act resulted in the death of the primary victim:
 - any funeral expenses or medical expenses of the primary victim incurred by you
 - financial support if you were financially dependant on the primary victim

Financial hardship

For the purposes of this application, financial hardship will generally be assessed on your gross income in the 8 weeks prior to the violent act. You will be considered to be experiencing financial hardship if your gross income is less than:

INCOME	per week	8 weekly
Single no children	\$420.00	\$3360.00
Single or couple, combined one child	\$734.00	\$5872.00
Partnered (combined) no children	\$700.00	\$5600.00
For each child	\$34.00	\$272.00

If your income is more than the limits provided above and you feel that you are experiencing financial hardship, you may still be eligible for immediate assistance. You

will be required to set out the circumstances of hardship and provide relevant documents with your application.

Income includes wages and self-employment income, Centrelink payments (including pensions or benefits) as well as income from other sources, such as rental properties and/or trusts and investments.

How will my application be processed?

When we receive your application form, we will register your claim and send you a letter of acknowledgement.

Copies of police reports and medical records will be required to support your claim. In some cases, it may also be necessary to obtain detailed medical reports. If you have these documents, you should provide them with your application. If you do not provide them, the CVSU will need your permission to get this information.

Receipts and copies of accounts and documents, such as pay slips, will be required if you are claiming out-of-pocket expenses or loss of earnings.

Once all the necessary information has been obtained, we will assess your claim. We will advise you of the result of the assessment and the amount of payment to which you are entitled, if any.

Will the offender have to pay?

If you receive an award of financial assistance, we may take legal action to recover the money from the offender. You do not have to give evidence or be involved in these proceedings.

Privacy and confidentiality

The information provided in this application form will not be disclosed except with your consent, or where required or authorised by law. The CVSU is authorised to disclose some information to the offender if legal action is taken to recover money from the offender. We may also be required to produce documents to a court where there is other legal action taking place.

Lodging your application

You can lodge your application with the CVSU in Darwin, or at the Magistrates' Court in regional centres (outside Darwin).



DO NOT use this form if:

- the injury was caused by a motor vehicle accident and the primary victim (or primary victim's next of kin) is entitled to payment under the Motor Accidents (Compensation) Act;
- the injury is employment related, unless the employer is disputing the claim for workers' compensation; or
- you are only claiming medical expenses, and you are entitled to payment for the injuries, expenses and loss from another source (for example your medical expenses are covered by private health insurance)

If you receive financial assistance under this application, and then receive money from another source as a result of the violent act or injury, you may be required to refund all or part of your financial assistance payment.

Contact the Crime Victims Services Unit (CVSU)

For information or assistance in completing this form please contact us by:

Telephoning

1800 460 363

Writing

Crime Victims Services Unit
GPO Box 1722
Darwin NT 0801

Emailing

cvsu.doj@nt.gov.au

Visiting our website

www.cvsu.nt.gov.au

Visiting the CVSU

Old Admiralty Towers, 68 The Esplanade Darwin

Part 1 The Applicant's Details

Details of the applicant applying for immediate financial assistance

1. Your full name

Title Miss Ms Mr Mrs Dr
 Other (please specify) _____

Surname _____

Given Names _____

2. Have you used any other name(s)?

No Yes
(Please provide the name(s)) _____

3. Date of birth / /

4. Gender Male Female

5. Occupation

6. Address

State _____ Postcode _____

7. Postal address (if different from above)

State _____ Postcode _____

8. Contact numbers

Home (____) _____

Work (____) _____

Mobile _____

Email _____

If English is not your first language and / or you wish to nominate another person to communicate on your behalf, please provide their details in the next column.

Name _____

Contact no(s) _____

9. Are you of Aboriginal or Torres Strait Islander descent?

Yes No

10. Are you a permanent resident of the Northern Territory?

Yes
No, interstate resident
No, overseas resident

Part 2 Guardian or Representative Details

An application may be made for a victim by someone who has a general interest in their welfare, including the parent or guardian of a victim incapacitated or under 18 years of age.

11. Your full name

Surname _____

Given Names _____

12. Date of birth / /

13. Relationship to the victim, or reason for acting on the victim's behalf

14. Address (if different from the applicant's address)

State _____ Postcode _____

15. Postal address (if different from above)

State _____ Postcode _____

Continued next page...

16. Contact numbers

Home (____) _____

Work (____) _____

Mobile _____

Email _____

If English is not your first language and / or you wish to nominate another person to communicate on your behalf, please provide their details below.

Name _____

Contact no(s) _____

Part 3 Eligibility for Assistance

17. Are you applying as a:

- Primary Victim GO TO QUESTION 21
- Secondary Victim
- Family Victim

18. Who is the Primary Victim?

Date of birth of the Primary Victim

Your relationship to Primary Victim

19. Has the Primary Victim made an application for financial assistance as a result of this violent act?

No Yes

20. Do you know if any other person, other than the Primary Victim, will be applying for financial assistance in relation to this violent act?

No Yes (please provide names)

21. Have you applied for, or received, a previous payment of financial assistance in relation to this violent act?

No

Yes (please provide details of amount) \$ _____

22. Does your gross income fall within any of the following categories? (you will need to provide proof of your income with this application).

Yes

(please tick which category and GO TO QUESTION 24)

	Weekly	8 weekly
Single, no children	\$420.00 <input type="checkbox"/>	\$3360.00 <input type="checkbox"/>
Single, or couple combined, one child	\$734.00 <input type="checkbox"/>	\$5872.00 <input type="checkbox"/>
partnered (combined), no children	\$700.00 <input type="checkbox"/>	\$5600.00 <input type="checkbox"/>
for each child	\$34.00 <input type="checkbox"/>	\$272.00 <input type="checkbox"/>

No GO TO QUESTION 23

23. If your income exceeds the categories above, and you consider that you are experiencing financial hardship, please provide reasons.

Part 4 Details of the Violent Act

24. When did the violent act occur?

Date / /

OR over a period of time from / / to / /

25. Did the violent act result in the death of the Primary Victim?

No

Yes (please provide date of death) / /

26. Is the application being made within two years of the date of the violent act?

Yes

No (please provide reason(s) why application was not made within 2 years)

27. Where did the violent act take place?

28. Can you briefly describe what happened?

29. Do you know the name(s) of the offender(s)?

No Yes (please provide name(s))

30. Was the violent act domestic violence?

No Yes

31. Was the violent act sexual assault?

No Yes

Part 5 Report to the Police

32. Was the violent act reported to the police?

Yes, by me

Yes, by another person

(please provide their name) _____

No

(please provide details as to why no report was made)

33. When was it reported? Date / /

Police station _____

Police reference number (if known) _____

34. Do you have a copy of the police report?

No Yes (if so, please provide a copy)

35. Has the offender(s) been charged with the violent act?

No GO TO PART 6

Don't know GO TO PART 6

Yes

36. Has the matter been heard by the court?

No Yes (please provide date) / /

Result (if known) _____

Part 6 Other Proceedings

37. Have you or the Primary Victim made, or intend to make, a Motor Accidents Compensation claim in relation to this violent act?

No Yes

(please provide information on the current status of the claim)

38. Have you or the Primary Victim made, or intend to make, a Work Health claim in relation to this violent act?

No Yes (please provide information on the status of the claim)

39. Have you made, or intend to make, a civil claim in relation to this violent act?

No Yes (please provide the name of the party(s) you are claiming against)

40. Have you received, or will you receive, an insurance payment or money from any other source in relation to this violent act?

No Yes (please provide details)

41. Are you entitled, or might you be entitled, to reimbursement of any out-of-pocket expenses from the Primary Victim's estate? (that is, funeral expenses)

No Yes (please provide details)

42. Since the date of this violent act, or in the two years before the date of this violent act, have you been the victim of another violent act?

No GO TO PART 7

Yes

43. What was the date of that other violent act, the injury(s) you received and the name of the offender?

Date / /

Injury(s) _____

Name of offender _____

44. Did you make an application for financial assistance in relation to that other violent act?

No Yes

Part 7 Injuries Received

45. Describe your injuries

***Note: If you have copies of medical records or reports that verify your injuries, please provide them.**

46. Did you get medical or other treatment for your injuries?

No Yes (please provide details)

Please list the name and location of each place where you received medical or other treatment. For example, Tennant Creek Hospital, Sexual Assault Referral Centre in Darwin, dentist or private psychologist.

Name of hospital _____

Name of medical centre or remote area clinic

Name of health practitioner

Other health or medical facility

47. Do you have an existing medical condition that has been affected by this violent act?

No Yes

(please provide details of the existing condition and how it has been affected)

Part 8 Financial Loss (Out-of-Pocket Expenses)

Financial loss includes medical expenses, loss of earnings, loss of personal effects (for example, spectacles, clothing etc) and other out-of-pocket expenses as detailed below. **To claim financial loss you must be able to provide receipts, invoices, accounts or other proof of the loss or expenses.** If you have them you should also provide any statements from Medicare and / or your private health insurer.

To claim future medical treatment or other expenses, you must provide a statement from the service provider detailing the service and the cost of such service. Once your claim has been assessed and the expenses approved, payment will be made directly to the service provider. In order to determine medicare entitlements for these expenses, please provide your current medicare number below.

48. Medical and related expenses

Types of medical expenses include any fees you have paid or will need to pay for treatment at hospital or your doctor, dentist, physiotherapist or other health care provider. It also includes expenses such as ambulance transport or the cost of prescriptions.

Are you claiming medical and related expenses?

No GO TO QUESTION 49

Yes (please provide the following information)

Medical expenses

Name of service provider	Amount paid	Amount to be paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Have you received any refunds from Medicare for these expenses?

No Yes Amount _____

Have you received any payments from a private health insurer for these expenses?

No Yes Amount _____

Medical / psychiatric reports and records

You are also entitled to claim the cost of obtaining medical records and reports from a health or medical professional such as your doctor, psychologist or surgeon to support your claim. Please provide a copy of the report or records.

Name of service provider (hospital, doctor)	Report date	Cost of obtaining the records or report
		\$
		\$
		\$

49. Other

Primary and Secondary Victims can only claim actual loss of earnings as a result of the violent act. If you are a Family Victim, you cannot claim loss of earnings. You must provide a statement from your employer, payslips or copies of documents such as your income tax return to show your earnings at the time of the violent act. If you are self-employed, tax returns or a statement from an accountant or bookkeeper will be required. Income support or emergency assistance you have received during the period will be deducted from the amount claimed, as will any amount you have received or are entitled to receive in income or other insurance.

Are you claiming loss of earnings?

No GO TO QUESTION 50

Yes (please provide the following information)

Dates absent from work	Total number of days absent
/ / to / /	
/ / to / /	
/ / to / /	

Did you use any paid sick leave during the period you were absent from work?

No Yes Number of days _____

Have you used any paid holiday leave during the period(s) you were absent from work?

No Yes Number of days _____

What is the name of your employer? If you are self employed, please provide the name of your accountant or bookkeeper.

Have you received emergency assistance or income support during this period, such as Centrelink payments or payments from an income insurer?

No Yes Amount _____

50. Personal items

This includes lost, destroyed or damaged personal items worn or carried by you at the time of the violent act. Items which can be claimed from personal insurers cannot be included.

Are you claiming for loss of personal items as a direct result of the violent act?

No GO TO QUESTION 51

Yes (please provide a receipt or a quote from the supplier for the replacement costs of each item)

Description of Item	Amount paid	Amount to be paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

51. Other expenses

In exceptional circumstances, you can claim expenses that you have had or are likely to have to assist in your recovery from the violent act (for example, relocation expenses, providing security for your home or business etc). Items which can be claimed from personal insurers cannot be included. Please provide copies of any documents that may support your claim.

Are you claiming other expenses which have been paid or you will pay as a direct result of the violent act?

No GO TO QUESTION 52

Yes (please provide a receipt or a quote from the supplier for the replacement costs of each item)

Description and need for claim eg need to secure home following break-in	Amount paid	Amount to be paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

52. Financial support

If you are claiming as a Family Victim and you were entirely or substantially dependent on the Primary Victim for financial support, you can claim the loss of money that you would have received from the Primary Victim over a period of 12 months. To support your claim,

you should provide copies of any relevant receipts or evidence of expenses or allowances prior to the death of the Primary Victim.

Were you financially dependent on the Primary Victim?

No Go to Part 9

Yes (please provide the following information)

Reason for dependency _____

List each expense that the Primary Victim would have paid	Estimated weekly expense	Estimated expense over a 12 month period
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

TOTAL	\$	\$
--------------	----	----

42. Have you received emergency assistance or income support since the death of the Primary Victim, such as Centrelink payments or payments from an income insurer?

No Yes Amount _____

Part 9 Document Checklist

Have you provided?

- A copy of the police report, or signed the authority to access police records.
- A copy of hospital / medical records and any medical reports detailing injuries, treatment and prognosis, or signed the authority to access these records, reports and information.
- If you are claiming loss of earnings, a statement from your employer, payslips or your income tax return, to show your earnings at the time of the violent act. If you are self-employed, tax returns, or statement from your accountant or bookkeeper.
- If you are claiming medical expenses, copies of your receipts, accounts or other proof of the expense and a statement of Medicare or health insurance benefits received or receivable, if any.
- If you are claiming loss of personal effects, a copy of receipts or quotations for replacement of the item(s).
- If you are claiming any other financial losses (that is, relocation expenses or the cost of providing security for your home or business) a copy of any documentation that may support your claim.
- If you are claiming future medical expenses you will need to provide information from a medical or health practitioner as to the treatment required and the estimated cost of the treatment.

Part 10 Signature

I, _____ understand that:

1. pursuant to section 33 of the *Crime Victims Assistance Act 2006* ('the Act') the director may give written notice and a copy of this application to the person named as an offender;
2. pursuant to section 35(1) of the Act an assessor may require an applicant to undergo an examination by a medical practitioner, a psychologist or a psychiatrist;
3. pursuant to section 36(2) of the Act an assessor may, by written notice, require an applicant to give the assessor further information or documents relevant to the application;
4. pursuant to section 36(4) of the Act, the assessor may, by written notice, require any other person to give the assessor the information or documents described in the notice within the time specified in the notice;
5. pursuant to section 47(1)(a) and (b) of the Act, the assessor may require a person to refund an amount if satisfied that the person has received an award or immediate payment to which the person was not entitled;
6. pursuant to section 63 of the Act, it is an offence to knowingly or recklessly provide false or misleading information to a person exercising a power or performing a function under the Act.

Signed _____
(applicant or representative)

Dated _____

Part 11 Authority to Obtain Records and Reports

Please complete the authority to enable the Crime Victims Services Unit to obtain a copy of:

1. Medical records or reports from the hospital, medical centre, health clinic or other service provider to support the claim that an injury or injuries were received as a result of a violent act;
2. Any reports or statements (including statements recorded on an audio or video tape) made to the police in relation to the violent act or injuries and any other document or thing in the possession of the police relating to the violent act or injuries;
3. Any information from the police and / or the Director of Public Prosecutions in relation to criminal proceedings instituted against the offender or reasons criminal proceedings were not instituted and details of the conviction or non-conviction of the offender;
4. A copy of the birth certificate of the applicant, and if applicable, a copy of the death certificate of the Primary Victim and any information from the Public Trustee of the Northern Territory relating to the existence (if any) of an Estate of the Primary Victim and the extent of the applicant's claim on that Estate.

AUTHORITY OF PRIMARY OR SECONDARY VICTIM

I, _____ of _____

authorise the Crime Victims Services Unit or its agent, to obtain for inspection, any information or documents, including medical and other records, that relate to this application, the violent act and/or any injuries suffered by me as a result of that violent act on or about _____/_____/_____. I authorise the Crime Victims

Continued next page...

Services Unit or its agent, to obtain such information as may be requested in relation to my application.

Dated ____/____/____

Signed _____

AUTHORITY OF FAMILY VICTIM

I, _____
(name)

of _____

(address)

authorise the Crime Victims Services Unit or its agent, to obtain for inspection, any information or documents, including medical and other records, that relate to this application, the violent act on or about
_____/_____/_____ and/or the death of

(name of Primary Victim)

I authorise the Crime Victims Services Unit or its agent, to obtain such information as may be requested in relation to my application.

Dated ____/____/____

Signed _____

Part 10 Payment of Financial Assistance Authority

If it is determined that you are entitled to financial assistance, payment will be made by transfer into your bank account or, in the case of a minor or incapacitated person to the Public Trustee.

Please nominate a bank account for payment:

Bank _____

Branch (BSB no.) _____

Account no. _____

Account name _____

Signed _____
(applicant or representative)

Dated ____/____/____

If you do not have a bank account, please indicate whether the payment will be:

- Posted to you at the address on this form
- Collected by you (we will advise you by phone or post when the funds are available)

Collected by another person on your behalf (please complete the authority below)*

I _____
(print your name)

hereby authorise

(print name of person authorised)

of _____
(address)

to collect on my behalf the financial assistance payable to me.

(your signature)

(authorised person's signature)

***Please note, if you have nominated another person to collect your award on your behalf, that person must attend at the CVSU office and show identification.**