

# Application For Financial Assistance by a Family Victim

## You should use this form if you are a FAMILY VICTIM

You are a Family Victim if any of the following statements apply to you.

<p><b>1.</b> I am the spouse or de facto partner of someone who has died as a result of a violent act.</p>	<p>If any of these statements apply to you, then you are a Family Victim. Use this form to apply for financial assistance.</p> <p>You can also submit an 'Application for Immediate Financial Assistance' for funeral expenses, or if you are experiencing financial hardship and need help with out-of-pocket expenses.</p>
<p><b>2.</b> I am the parent, step-parent, or guardian of someone who has died as a result of a violent act.</p>	
<p><b>3.</b> I am a child, step-child or under the guardianship of someone who has died as a result of a violent act.</p>	
<p><b>4.</b> I am entirely or substantially dependent for financial support on someone who has died as a result of a violent act.</p>	

You are a Primary Victim if any of the following statements apply to you.

You should NOT use this form.

<p><b>1.</b> I was injured as a direct result of a violent act.</p>	<p>If any of these statements apply to you, then you are a Primary Victim. Do NOT use this form. Use the form 'Application for Financial Assistance by a Primary Victim'.</p> <p>You can also submit an 'Application for Immediate Financial Assistance' if you are experiencing financial hardship and need help with out-of-pocket expenses.</p>
<p><b>2.</b> I am the victim of a compensable violent act (some sexual assaults are compensable violent acts)</p>	
<p><b>3.</b> I was injured trying to prevent another person from committing a violent act.</p>	
<p><b>4.</b> I was injured trying to help or rescue another person against whom a violent act was being committed (but not in the course of my employment duties)</p>	
<p><b>5.</b> I was injured trying to arrest a person who was committing or had just committed a violent act (but not in the course of my employment duties)</p>	

You are a Secondary Victim if any of the following statements apply to you.

You should NOT use this form.

<p><b>1.</b> I was at the scene of the violent act, and have suffered an injury as a result of witnessing the act.</p>	<p>If any of these statements apply to you, then you are a Secondary Victim. Do NOT use this form. Use the form 'Application for Financial Assistance by a Secondary Victim'.</p> <p>You can also submit an 'Application for Immediate Financial Assistance' for funeral expenses where the Primary Victim has died, or if you are experiencing financial hardship and need help with out-of-pocket expenses.</p>
<p><b>2.</b> I am a child, step-child or under the guardianship of the victim, and suffered an injury as a result of becoming aware of a violent act.</p>	
<p><b>3.</b> I am a parent, step parent, or guardian of the victim who was a child, and I suffered an injury as a result of becoming aware of a violent act.</p>	

### DO NOT use this form if:

- the death of the Primary Victim was caused by a motor vehicle accident, and you are entitled to payment under the Motor Accidents (Compensation) Act;
- the death of the Primary Victim was employment related, unless the employer is disputing the claim for worker's compensation;
- you are only claiming medical expenses, and you are entitled to payment for the expenses and loss from another source (for example the medical expenses are covered by private health insurance, or you are entitled to money or property from the deceased victim's estate).

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.



### **What can I claim?**

**A Family Victim can claim up to \$10 000 for financial loss or out-of-pocket expenses that have been incurred as a result of the death of the victim such as funeral expenses, medical expenses or financial support if you were entirely or substantially dependent on the victim for financial support.**

The maximum amount payable to a family victim is \$10 000. **However, there is one amount of \$40 000 for all family victims of the same violent act. If there is more than one family victim, then the amount is shared and awarded proportionately.**

### **Need an immediate payment?**

If you are experiencing financial hardship and need help with out-of-pocket expenses, you can apply for immediate financial assistance of up to \$5000.

Out-of-pocket expenses might include medical expenses or financial support or, in exceptional circumstances, relocating as a result of the violent act, or needing to provide security for your home or business.

Family members can also submit an 'Application for Immediate Financial Assistance' for funeral expenses.

### **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 will be required if you are claiming out-of-pocket expenses.

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 collected 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).

## **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](mailto:cvsu.doj@nt.gov.au)

#### **Visiting our website**

[www.cvsu.nt.gov.au](http://www.cvsu.nt.gov.au)

#### **Visiting the CVSU**

Old Admiralty Towers 68 The Esplanade Darwin

## Part 1 The Applicant's Details

The applicant is the Family Victim

### 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. Address

\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

### 5. Postal address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

### 6. Contact numbers

Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### 7. Are you a permanent resident of the Northern Territory?

Yes

No, interstate resident

No, overseas resident

**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) \_\_\_\_\_

### 8. Occupation \_\_\_\_\_

\_\_\_\_\_

### 9. Gender Male Female

### 10. Are you of Aboriginal or Torres Strait Islander descent?

Yes  No

### 11. What is the name of the Primary Victim?

\_\_\_\_\_

**Date of birth of the Primary Victim** (if known)

/ /

**Date of death of the Primary Victim** (if known)

/ /

**Your relationship to the Primary Victim**

\_\_\_\_\_

### 12. Are any other family members applying for financial assistance in relation to this violent act? (if known)

No  Yes

(Please provide the name(s)) \_\_\_\_\_

\_\_\_\_\_

### 13. Have you made an application for Immediate Financial Assistance in relation to this violent act?

No  GO TO PART 2

Yes

(reference no. if known) \_\_\_\_\_ GO TO PART 6

## 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 who is incapacitated or under 18 years of age.

### 14. Your full name

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

### 15. Date of birth / /

Continued next page...

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

**18. Postal address (if different from above)**

\_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

**19. Contacts**

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 Details of the Violent Act**

**20. When did the violent act occur?**

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

**21. Is the application being made within two years of the date of the violent act, or from the date of death of the Primary Victim?**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**22. Where did the violent act take place?**

\_\_\_\_\_

**23. Can you briefly describe what happened?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

No     Yes  (please provide name(s))

\_\_\_\_\_  
\_\_\_\_\_

**25. Was the violent act domestic violence?**

No     Yes

**26. Was the violent act sexual assault?**

No     Yes

**27. Was the Primary Victim's death as a result of a motor vehicle accident?**

No     Yes

**28. Was the Primary Victim's death as a result of a violent act during the course of work duties?**

No     Yes  (please provide details(s))

\_\_\_\_\_  
\_\_\_\_\_

## Part 4 Report to the Police

### 29. 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)

### 30. When was it reported? Date / /

Police station \_\_\_\_\_

Police reference number (if known) \_\_\_\_\_

### 31. Do you have a copy of the police report?

No  Yes  (if so, please provide a copy)

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

No  GO TO PART 5

Don't know  GO TO PART 5

Yes

### 33. Has the matter been heard by the court?

No  Yes  (please provide date) / /

Result (if known) \_\_\_\_\_

## Part 5 Other Proceedings

### 34. Have you made, or do you 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)

### 35. Have you made, or do you intend to make, a Work Health claim in relation to this violent act?

No  Yes

(please provide information on the status of the claim)

### 36. Have you made, or do you 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)

### 37. 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)

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

No  Yes  (please provide details)

## Part 6 Financial Loss (Out-of-Pocket Expenses)

Financial loss includes medical expenses and other losses or out-of-pocket expenses that you have incurred or are likely to incur as a direct result of the violent act and the death of the Primary Victim. **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.

**39. Medical and related expenses**

Types of medical expenses include any fees you have paid or will need to pay for treatment of the Primary Victim at hospital or by a doctor, surgeon 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 40

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 for the Primary Victim. Please provide a copy of the report or records.

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

**40. Other**

In circumstances where the violent act caused the death of the Primary Victim, the Family Victim can claim for funeral expenses for the Primary Victim incurred by the Family Victim.

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 and the death of the Primary Victim (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 you have paid, or will pay, as a direct result of the violent act?**

No

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

Description and need for claim (for example, need to provide security for home following break-in)	Amount paid	Amount to be paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**41. Financial support**

If 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 7

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
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL</b>	\$	\$

**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 7 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 medical expenses, copies of 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 any other financial losses i.e. relocation expenses or the cost of providing security for your home or business, a copy of any documentation that may support your claim.

## Part 8 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 9 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 item 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.

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 on or about \_\_\_\_/\_\_\_\_/\_\_\_\_

and / or the death of \_\_\_\_\_  
(name of Primary Victim)

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.**