

**Historic Abuse Redress Scheme - Application Form**

Established in respect of Historic Child Abuse suffered when in the Full-Time Residential Care of the States of Jersey: 9 May 1945 - 31 December 1994

*The completion of this Application Form is required in order to consider your claim for financial compensation. Therefore, please take time to provide the requested information as accurately and as fully as possible.*

*The States of Jersey's legal advisers, Mourant Ozannes, may require additional information in respect of the content of this Application Form if considered necessary to evaluate and process your claim.*

*If there is insufficient room for any answer, a separate sheet may be attached to this Application Form*

**1. Personal details**

Forenames:.....

Surname:.....

Any former names or names by which known whilst in care:.....

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Current permanent address:.....

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Contact telephone number:.....

Date of birth:.....

Place of birth:.....

When submitting this Application Form, please provide certified copies of any two of the following:

- (a) passport;
- (b) driving licence;
- (c) birth certificate;
- (d) marriage certificate;
- (d) a recent utility bill;
- (e) any other official document confirming your identity

**2. Claimant's representative (if appointed)**

Name of representative: .....

Address of representative: .....

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Relationship of representative to you: .....

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**3. Details of care**

Dates when in the full-time residential care of the States of Jersey: .....

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Care Home(s) in question: .....

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Any relevant family background (if known): .....

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Names of any other children in care who were your friends or associates when in care:

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**4. Abuse alleged to have taken place**

*The following information is required to evaluate and process your claim. If there are events or matters you feel unable to commit to writing, please contact your representative or the States of Jersey's legal advisers, Mourant Ozannes, in order to discuss how to proceed.*

*Detail if lengthy may be set out in a separate sheet to be attached to this Application Form*

Detail of abuse: .....

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Date(s)/time period(s) of abuse: .....

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Perpetrator(s) of abuse: .....

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Any witnesses to the abuse: .....

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**5. Complaints of abuse**

If you complained or confided in any other person at the time or shortly thereafter in relation to the abuse in question, please confirm to whom you complained or in whom you confided, what you advised them and of any action taken they or you took as a result: .....

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**6. Criminal proceedings**

Please confirm if you provided a statement to the States of Jersey police as part of the historic abuse inquiry: YES / NO

Please confirm if any previous police statements have been provided in relation to the abuse to any police force at any time: YES / NO

If YES, please specify the (approximate) date(s) of any statement(s) provided to the police:

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If YES, by submitting this Application Form you are giving your unconditional consent to the release of all such police statements to Mourant Ozannes in order to consider your claim.

If NO, please explain the reason for not providing a statement to the police: .....

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Please confirm whether to your knowledge any of the persons named as abusers have been subject to criminal proceedings (whether found guilty or not) in any jurisdiction and give any detail known to you:.....

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Please confirm if you have ever given evidence in any criminal proceedings in relation to the abuse and if so state the Court and approximate date evidence was given: .....

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**7. Criminal Injuries Compensation Board application/award**

Please confirm if you have previously submitted a claim for compensation in respect of historic child abuse to the Criminal Injuries Compensation Board in Jersey: YES / NO

If YES and you did submit a claim, please confirm the outcome and the amount of any compensation received by you: historic abuse inquiry: .....

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If YES, by signing this Application Form you are giving your consent to the release of all papers held by the Criminal Injuries Compensation Board in respect of your claim and the outcome of it.

**8. Previous civil proceedings**

Please confirm if any previous civil proceedings have been threatened or commenced by you or on your behalf against any party in relation to the allegations of abuse: : YES / NO

If YES, please provide the details and the outcome: .....

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**9. Claimant's personal declaration**

By signing this Application Form, I acknowledge and confirm that:

- (a) I consent to the States of Jersey Police releasing to Mourant Ozannes any documents in their possession in respect of any statement I have made in relation to an allegation of historical abuse;
- (b) I consent to any police authority releasing to Mourant Ozannes any documents in their possession in respect of any statements made in connection with any alleged abuse;
- (c) I consent to the Criminal Injuries Compensation Board releasing to Mourant Ozannes any documents in their possession in respect of any claim submitted by me for financial compensation for any alleged abuse and any award made in my favour;
- (d) I consent to the disclosure of this application form to the States of Jersey Police and the Criminal Injuries Compensation Board;
- (e) I acknowledge and accept that in order for my claim to proceed, I may be required to meet with and discuss my claim with a psychiatrist in order that a psychiatric evaluation/report be prepared for the purposes of considering the compensation claim. I confirm that I agree to co-operate fully in such a report being prepared and provided to Mourant Ozannes and further agree that any material obtained pursuant to this application form may be shared with the psychiatrist preparing the report;
- (f) I agree that to the best of my abilities I will otherwise co-operate fully with Mourant Ozannes in providing information relevant to the determination of my compensation claim and to provide any relevant material in my possession to Mourant Ozannes for that purpose;
- (g) Save as explained above, I confirm that I have not received any form of damages or compensation from any source in respect of any of the allegations put forward in this Application Form;
- (h) I confirm that any records held by the States of Jersey, including social services records, hospital records, education records, medical records and mental health records will be reviewed as part of consideration of my claim;
- (i) I consent to the release of my private medical records (including general practitioner records and records held by any hospital or other medical practice, as I detail in the attached authority) to Mourant Ozannes for the purposes of assessing my claim and provide the attached authority for the purposes of obtaining those records from any medical practitioner(s).

**10. Warning: Risk of criminal prosecution**

I understand and acknowledge that the provision by me of any information that I know to be untrue or false, or which I do not believe to be true, with a view to obtaining the payment of financial compensation under the scheme established by the States of Jersey is a criminal offence.

As such, I am fully aware that, should the States of Jersey's advisers at any stage become concerned as to the truthfulness of any statements made by me, this Application Form and any other information supplied by me with a view to obtaining the payment of financial compensation will be referred to the States of Jersey Police for investigation and possible criminal prosecution.

**11. Declaration of truthfulness**

By signing below, I HEREBY CONFIRM AND DECLARE the contents of this Application Form to be true to the best of my knowledge, information and belief.

*Signed*

Claimant Signature: .....

(Print Name): .....

Dated: .....

In the Presence of Signature: .....

(Print Name and Professional Qualification): .....

All communications in respect of the Scheme should be addressed as follows:-

PRIVATE & CONFIDENTIAL  
HISTORIC ABUSE CLAIMS  
Mourant Ozannes  
18-22 Grenville Street  
St Helier  
Jersey JE4 8PX  
Tel: (00 44 1534) 676371  
Fax: (00 44 1534) 676333  
Email: [historicclaims@mourantozannes.com](mailto:historicclaims@mourantozannes.com)

**Authority for access to  
Medical Practitioner Records**

I, hereby authorise the Medical Practitioners listed below to release to Mourant Ozannes of 12 Grenville Street, St Helier, Jersey, JE4 8PX all of my records held by them to include, but not be limited to, copies of all consultation notes, hand written notes, computer records, test results, imaging results and any other records held by the medical practitioner. I understand that the request for all records will include everything held by my medical practitioner whether the medical practitioner considers them relevant to the allegations that I am making or not, so that a full medical history is known.

Signature:	
Print Name and Address:	
Date of Birth:	
Names of both past and present medical practitioners that you have been registered with since birth:	
Date	

A copy of this authority shall be deemed to have the same authority as the original.