

Criminal Injuries

Application form—Injury

Compensation Scheme

If you need **help** to complete this form, please contact:

[Victim Support:](#)

Magistrate's Court, Union St, St Helier, Jersey JE1 1BH

Tel: **01534 440496**

Email: victimsupport@gov.je

Please read the notes on this page carefully before you start to fill in the form.

- 1 Use this form to apply for compensation if you have been injured as a direct result of a crime of violence.
- 2 If the person who was injured has died, do not use this form. Please write to the Board and ask for a **fatal injury application form**. If they died otherwise than from the injury, ask for a **fatal injury (Article 26) application form**.
- 3 If you are applying on behalf of someone
who is under 18
or who cannot fill the form in
or who is unable for any reason to manage their own affairs
you must be sure to complete section 2 and the authorisation at section 11. The person who was injured should sign the form as well, if possible.
- 4 If you are under 18 and you complete the form yourself, you must ask your parent or guardian or another person who has parental responsibility to complete section 2 on the form and to sign the authorisation at section 11.
- 5 Check by reading the **Criminal Injuries Compensation Scheme** that you appear to be eligible for compensation. If you did not receive a copy of the Scheme with this form then contact the above address and ask for one to be sent to you.
- 6 If the incident in which you received your injuries happened before 1st May 1991 you should not complete this Form but contact the Secretary to the Board at the address above.
- 7 Read all sections on this form and give all the information asked for. Some of the questions can be answered with a tick in the box which applies. Where necessary please write **don't know** or **doesn't apply** rather than leave a blank unless asked to do so. If you need more space for your answers, use a separate sheet of paper or send a letter and attach it securely to this form.
- 8 When you are asked to give a date, write it in the box provided using numbers only. For example, if the date was May 10th 2007 you should write

1	0	0	5	0	7
---	---	---	---	---	---

date month year
- 9 You will receive an acknowledgement within a few days telling you that your application has been registered and informing you of your personal reference number. **You must use this number whenever you contact the Board.** If you change your address, you must also write to the Board immediately informing us of your old and new addresses.

Use black ballpoint pen or ink because we may need to photocopy this form.

Remember to sign and date this form at the end.

Write in **BLOCK CAPITALS** and tick the boxes that apply.

Please use black ballpoint pen or ink

1 Details of the Injured person

Mr Mrs Miss Ms Other (Please State)

Family name

First Name(s)

Date of Birth

date	month	year		

Social Security Number

Place of Birth

Single Married Divorced Separated Widow Widower

Address:

Postcode

Day time Telephone Number

Occupation at time of incident

Employee Number if relevant

FOR OFFICIAL USE ONLY

Sex

Age

2 Details of person making an application on behalf of someone else

This Section must be completed by an adult if the injured person is under the age of 18 or the injured person is incapable of handling their own affairs.

If you are the injured person and are 18 years or over please leave this section blank and go to Section 3.

If you are not the injured person but are applying on their behalf please enter your details below

Mr Mrs Miss Ms Other (Please State)

Family name

First Name(s)

Date of Birth

date	month	year		

Relationship to the injured person or status

Address:

Postcode

Day time Telephone Number

Where did the incident happen (give FULL address)

FOR
OFFICIAL
USE ONLY

What is the name of the person who injured you? Please give this if you know it. If you do not know it, the Board may still be able to deal with your application.

Were you and the person who injured you living together as members of the same family at the time of the incident? Yes No

Was the incident reported to the Police? Yes No

If the incident was not reported to the Police, please explain why.

If the incident was reported to the Police, please give the information requested below.

(a) the name of the person who reported it

(b) the date on which it was reported
date month year

(c) the name of the Police Station at which it was reported

(d) the name and number of the Police Officer involved

(e) the crime reference number

(f) was a written statement made? Yes No

Did the incident result in criminal proceedings? Yes No

If yes please give

(a) the name of the court

(b) the result and date

If the incident was reported to an authority other than the police, please give

(a) the date on which it was reported
date month year

(b) the name and address of the authority

5 Details of injuries and medical treatment

What injuries did you receive?

Have you fully recovered from your physical injuries and any psychological consequences?

Yes No

If not please describe your symptoms

Are you still receiving treatment?

Yes No

Have you received a medical certificate(s) from a Doctor?

Yes No

Have the injuries left any permanent scarring or deformity?

Yes No

If so have you sent it/them, or do you intend to send it/them to the Employment & Social Security Department?

Yes No

If yes, then you may be asked to send photographs, in which case the Board will contribute towards the cost.

PLEASE DO NOT SEND ANY PHOTOGRAPHS UNLESS ASKED

If you received hospital treatment for your injuries, please give the name and address of the hospital, and, if possible, your hospital reference number.

Hospital address

Hospital reference No:

Date as in-patient:

Date as out-patient:

Second hospital attended if applicable

Hospital address

Hospital reference No:

Date as in-patient:

Date as out-patient:

Please give the FULL name and address of your own G.P.

Have you consulted him/her as a result of your injuries? Yes No

If you received or are still receiving treatment from any other hospital or doctor or dentist please give names and addresses

PRIVATE MEDICAL TREATMENT The Board will not compensate for the cost of private treatment unless satisfied that it was reasonable to obtain treatment privately. Where the Board is so satisfied compensation will not exceed a reasonable amount.

6 Absence from work, school or college and any loss of earnings

How long were you away from work, school or college as a result of your injuries?

<input type="text"/>	to	<input type="text"/>	OR	<input type="text"/>
date month year		date month year		not absent

Have you lost any earnings as a result of the incident? Yes No

If you are employed, please state your take home pay at the date of your injury. This should include overtime, bonuses etc. but after deducting Social Security contributions. You will be required to produce a certificate of loss of earnings from your employer.

£ <input type="text"/>	weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
------------------------	---------------------------------	----------------------------------

If your employment situation changes after completion of this form, please inform the Board.

What payments have you received from your employers for the time you were off work because of your injuries?

If you continued to lose earnings when you went back to work because of your injuries, please give details.

Please give the name and address of your employers, school or college at the time of the incident. If you had just started or were due to start a new job when you were injured, please give the name and addresses of both the new and previous employers.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Telephone number

If you are self employed, or your earnings are in the form of fees or a share of profits, please state the total loss sustained by yourself.

£ <input type="text"/>

In addition, if you are self-employed please provide a separate detailed account with this form. You should be prepared, if required, to produce documents to support your claim, such as certified accounts and notices of assessments to income tax.

Please note that there is a limit to the amount of compensation for loss of earnings the Scheme can provide.

7 Receipt of benefits

Have you received any Social Security Benefits (whether in Jersey or elsewhere) as a result of the incident?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Please list the benefits you have received since the incident

<input type="text"/>
<input type="text"/>

Please give the full address of the relevant benefit office(s)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Please note that benefits received as a result of the incident, including Unemployment Benefit and other benefits paid in the U.K. or elsewhere, are deducted in full from any loss of earnings. If you are entitled to claim benefits but do not do so, the Board will reduce compensation by the full value of these benefits. The Board will refuse to make an award until you have taken reasonable steps to claim benefits for which you are eligible.

8 Out of pocket expenses

Please give details including amounts, of any out of pocket expenses such as dental costs, fares to hospital for treatment and repair or replacement of physical aids. Normally the Board will **ONLY** refund such expenses if receipts are provided. Please note the Board can compensate for lost or damaged clothing.

Repairs to or replacement of damaged or lost personal adjuncts, etc. Note that compensation in respect of jewellery, watches etc. is limited.

Any other expenses eg extra fares to hospital, prescriptions etc.

--

9 Payments and compensation from other sources

If you have received compensation from any other sources, please give details.

Include compensation orders made by criminal courts, damages received through civil claims, or similar payments from any other sources. The Board will deduct any amount received in this way from any award they may make.

Please give details of any pension or gratuity from your employers, or payments from an insurance company or similar body, which you have received or are likely to receive as a result of your injuries. Please state the amounts received and the companies involved.

Who paid the premiums for any insurance policy?

--

10 Previous applications by the person who was injured

Have you made a previous application to the Board for compensation?

Yes

No

If yes, please give

the date of the incident

--	--	--	--	--	--

the date of the application

--	--	--	--	--	--

the Board's reference number

--

11 Signature and authorisation

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE FORM

I certify that all the statements I have made in this application form are true to the best of my knowledge, and that this is my only application to the Board in connection with this incident.

I undertake to tell the Board of any changes that might affect its decision on whether I am entitled to compensation and, if I am, to what amount.

I agree to give the Board all reasonable assistance, particularly in obtaining medical and other reports, if they are needed.

I authorise the following to assist the Board in considering my application:

The Police, to give any relevant information, including copies of any statements I made to them and a list of any convictions which may be recorded against me.

The Hospitals I attended, and the doctors, dentists and others who treated me, to give reports on my injuries and treatment.

The Social Security Department and equivalent authorities elsewhere.

Such other authorities deemed to be appropriate.

My employers, to give information about my earnings, pension rights and other relevant matters.

The Comptroller of Income Tax in relation to my earnings.

I authorise the Board to ask any court responsible for enforcing a compensation order in my favour to hold any outstanding money received as a result of the order until the Board informs it that I have accepted or rejected its decision of final assessment.

I understand that the Board may inform the authorities and persons mentioned above that I have made this application, and tell them its decision.

Signature of person who was injured

date

When submitting this application form please provide some proof of the applicant's identity (e.g. a photocopy of the current driving licence, passport or citizens card).

IF YOU ARE MAKING AN APPLICATION ON BEHALF OF SOMEONE ELSE, SEE NOTE 3 ON THE FRONT OF THIS FORM AND THEN COMPLETE THE FOLLOWING DETAILS

Is the person who was injured under 18 years of age?

Yes

No

If yes, please send a photocopy of their full birth certificate.

If you do not have parental rights for this child, please give the name and address of the person who does

Name

Address

Postcode

If the person who was injured is over 18, do they normally manage their own affairs?

Yes

No

Signature of person making the application

date