

Department of Justice
Crime Victims Services Unit

Application For Financial Assistance by a Secondary Victim

You should use this form if you are a **SECONDARY VICTIM**

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

1. I was at the scene of a violent act, and have suffered an injury as a result of witnessing the act.	If any of these statements apply to you, then you are a Secondary Victim. Use this form to apply for financial assistance. 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.
2. I am a child, step-child or under the guardianship of a victim, and I suffered an injury as a result of becoming aware of the a violent act.	
3. I am a parent, step-parent, or guardian of a child who was a victim, and I suffered an injury as a result of becoming aware of a violent act.	

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

You should **NOT** use this form.

1. I was injured as a direct result of a violent act.	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'. You can also submit an 'Application for Immediate Financial Assistance' if you are experiencing financial hardship and need help with out- of- pocket expenses.
2. I am the victim of a compensable violent act (some sexual assaults are compensable violent acts)	
3. I was injured trying to prevent another person from committing a violent act.	
4. 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)	
5. 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)	

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

You should **NOT** use this form.

1. I am the spouse or de facto partner of someone who has died as a result of a violent act.	If any of these statements apply to you, then you are a Family Victim. Do NOT use this form. Use the form 'Application for Financial Assistance by a Family Victim'. 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.
2. I am the parent, step parent, or guardian of someone who has died as a result of a violent act.	
3. I am a child, step-child or under the guardianship of someone who has died as a result of a violent act.	
4. I am entirely or substantially dependent for financial support on someone who has died as a result of a violent act.	

DO NOT use this form if:

- the injury was caused by a motor vehicle accident, and the Primary Victim is entitled to payment under the Motor Accidents (Compensation) Act;
- the injury is employment related, unless the Primary Victim's 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, if 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.



What can I claim?

A Secondary Victim can claim up to \$40 000 for injuries and up to \$10 000 for financial loss.

Injuries are those sustained as a direct result of witnessing an act of violence or, if you are a child, step-child, parent, step parent or guardian of a victim, becoming aware of the act of violence.

Financial loss is out-of-pocket expenses you have already paid or will pay as a result of the act of violence (for example medical expenses, loss of earnings, or damage to personal items).

The maximum amount payable to a Secondary Victim for a combined total of injuries and financial loss (out-of-pocket expenses) is \$40 000. **However, there is one amount of \$40 000 for all Secondary Victims of the same violent act. If there is more than one Secondary 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 money spent on obtaining medical treatment for the injuries received or, in exceptional circumstances, relocating as a result of the violent act, or needing to provide security for your home or business.

Where the Primary Victim has died as a result of the violent act, 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, 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).

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

The applicant is the Secondary 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)

/ /

Your relationship to the Primary Victim

12. Has the Primary Victim made an application for financial assistance in relation to this act of violence? (if known)

No Yes

13. Is there any other person who may be entitled to apply as a victim of this violent act? (if known)

No Yes

(Please provide the name(s)) _____

14. 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.

15. Your full name

Surname _____

Given Names _____

Continued next page...

16. Date of birth / /

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

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

State _____ Postcode _____

19. Postal address (if different from above)

State _____ Postcode _____

20. 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

21. When did the violent act occur?

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

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

No Yes
(please provide date of death) / /

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

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

24. Where did the violent act take place?

25. Can you briefly describe what happened?

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

No Yes (please provide name(s))

27. Was the violent act domestic violence?

No Yes

28. Was the violent act sexual assault?

No Yes

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

No GO TO PART 6 Yes

39. What was the date of that other violent act, the injuries you received and the name of the offender?

Date / /

Injury(s) _____

Name of offender _____

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

No Yes

Part 6 Injuries Received

41. Briefly describe your injuries

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

42. 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 _____

43. 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 7 Financial Loss (Out-of-Pocket Expenses)

Financial loss includes medical expenses, loss of earnings, loss of personal effects (such as 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.

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. Depending on when the treatment is to take place, the CVSU will either pay this amount direct to the service provider or include the amount in the payment to the applicant. In order to determine Medicare entitlements for these expenses, please provide your current Medicare number below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You can claim financial loss whether or not you are claiming injuries in Part 8.

44. 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 45

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
		\$
		\$
		\$

45. Loss of earnings

You can only claim actual loss of earnings as a result of the violent act. 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. Any 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 46

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 GO TO QUESTION 46

Yes Amount _____

46. 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 47

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
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

47. 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 at 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 GO TO PART 8

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
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- the condition has been assessed as chronic and moderately disabling by a qualified practitioner (that is, psychologist or psychiatrist).

OR

A severely disabling chronic psychological or psychiatric disorder (a category 2 condition) which can be claimed in relation to any violent act. The condition must be assessed as chronic and severely disabling by a qualified practitioner (that is, a psychologist or psychiatrist).

Are you claiming a psychological or psychiatric disorder?

No GO TO QUESTION 48

Yes a moderately disabling chronic psychological or psychiatric condition

Please write "category 1" in the table at question 48

OR

Yes a severely disabling chronic psychological or psychiatric condition

Please write "category 2" in the table at question 48

Part 8 Injuries

In addition to any financial loss claimed in Part 7 above, you can also claim for injuries you suffered as a direct result of the violent act.

Payment can only be made for the three most serious injuries. The amount of money payable for each injury is set by regulation, and payment is made at the following rates:

- First injury – 100% of the set amount
- Second injury – 30% of the set amount
- Third injury – 15% of the set amount

The minimum amount payable for injuries is \$7500 and the maximum is \$40 000. If the total value of the injuries is less than \$7500 you will not be eligible to receive an award. You can still claim financial loss or out-of-pocket expenses.

If you have evidence of the injury or injuries you have suffered such as hospital records, medical reports and proof of continuing symptoms or disability, please provide them. If you do not, the CVSU will obtain these records and other information from the relevant health or medical service provider.

Psychological or psychiatric disorder

If you are claiming a psychological or psychiatric disorder as one of your injuries, you may claim either:

A moderately disabling chronic psychological or psychiatric disorder (a category 1 condition) which can only be claimed when:

- the violent act was murder, kidnapping, armed robbery with use of or threats of violence, abduction of a child under 16, indecent assault of a child under 16, or deprivation of liberty together with unlawful entry of building; and

48. Table of injuries

The injuries that can be claimed and the amount of money payable are set by regulation. You can:

- Access the regulations on our website at **www.cvsu.nt.gov.au** to find the type of injury and write it in the table below;
- Contact the CVSU for assistance with completing the table; or
- Write a short, general description of the injuries (for example, broken left arm, scarring on leg) in the table below. The CVSU will use this description and your medical records to complete the table. The CVSU will select the three most serious injuries, as set out in your records or relevant medical reports.

Please nominate your injury(s) in the table below. You may nominate more than three injuries, however only the three most serious injuries will be used for the purpose of calculating any amount to which you are entitled.

Injuries being claimed

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 i.e. relocation expenses or the cost of providing security at your home or business, a copy of any documentation that may support your claim.
- If you are claiming future medical expenses 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 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 you received an injury or injuries as a result of a violent act;
2. Any reports or statements (including statements recorded on an audio or video tape) made by you 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 and / or any injuries suffered by me as a result of that violent act on or about ____/____/____. I authorise the CVSU or its agent to obtain such information as may be requested in relation to my application.

Dated ____/____/____

Signed _____

Part 12 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.**