

Criminal Injuries Compensation Authority
 Tay House
 300 Bath Street
 Glasgow, G2 4LN
 Freephone: 0800 358 3601



a government funded scheme - putting victims first

For office use only
 Reference number:

Compensation after a fatal injury

You do not need to be represented to apply for criminal injuries compensation. You can get free advice from us on **0800 358 3601** or from organisations such as Victim Support on 0845 303 0900 (www.victimsupport.org.uk) or Citizens Advice (www.citizensadvice.org.uk). **If you choose paid representation we cannot meet the costs of this.**

How to fill in this form

We need this information to assess your case and will send the form back to you if there is information missing. This could delay your application.

If you are having difficulty completing this form please call one of our advisers on freephone **0800 358 3601**.

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. **Use section 12 to provide any additional information you want and continue on extra sheets if necessary.** If you are applying on someone else's behalf answer the questions as though you were the applicant. Please note that you can get more information at www.cica.gov.uk

We will store and process the information you provide in line with the Data Protection Act 1998. Under the Act you can ask to see all the information we have about you.

Eligibility statements

Please tick "yes" or "no" for each of the following.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| You are only applying for funeral expenses. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Your parent, child, husband, wife or partner has died as a result of a violent crime. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| They died on or after 1 August 1964. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| They died in England, Scotland or Wales. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| This is the only compensation claim in respect of this criminal injury that you have made or intend to make. You may answer "yes" even if you are also applying on behalf of a minor applicant. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered "no" to any of these questions you might not be able to apply. Please call freephone 0800 358 3601 for further clarification. Otherwise, please continue.

1 Details of the applicant

Please tell us here the details of the person seeking compensation. There is a separate section where we ask for details of the person who has died.

a) Title (Miss, Mr, Mrs, Ms, etc):

b) Last name:

c) First name:

d) Any other name(s) you have used:

e) Date of birth:

f) Town/place of birth:

g) National insurance number:

If you have no national insurance number please explain why:

h) If you are 16 or 17 years old, are you living independently? **Yes** **No**

i) Gender: **Female** **Male**

j) Address and postcode:

Postcode

k) Contact phone number:

l) Email address:

m) Relationship to the person who died:

n) Were you estranged from the deceased person immediately before they died? **Yes** **No** **not applicable**

o) Were you financially dependent on the person who died? **Yes** **No** **not applicable**

p) Were you a child of the deceased and under the age of 18 when they died? **Yes** **No**

h) Were there any people who witnessed the incident or could provide further details about it? **Yes (details below)** **No**

Name	Name	Name
Address	Address	Address

4 Funeral expenses

If you paid for the funeral, you can apply to have a reasonable cost repaid even if you do not qualify for any other type of award. **You must attach the funeral account and receipt to this form.**

a) Did you pay for the funeral? **Yes** **No**

b) If you did not pay for the funeral, or only paid for part of it, please give the names, addresses and postcodes of anyone else who contributed:

Name	Name	Name

c) What was the total cost of the funeral?

d) How much of the total cost did you pay?

5 Other people who qualify

Please give the name, address and relationship to the person who died of anyone you think may be eligible for an award (as defined in our guide):

Name	Name	Name
Relationship	Relationship	Relationship

6 Previous applications

a) Have you claimed criminal injuries compensation before? Yes No

b) If “yes”, what was/were your previous CICA reference number/s (for example X/02/345678-CW-89)? If you don’t know please provide your name and address at the time of the incident, as well as the date you applied. Continue at section 12 (additional information) if necessary.

7 Payments or compensation from other sources

You must tell us about any other claims you make or have made to other organisations, and also about any payments you receive or have received as a result of this incident. Please give the name and full address of the person or organisation from whom you expect to receive payment, the date on which the claim started, and the amount of compensation you have received or hope to receive.

a) Name of person or organisation:

b) Address and postcode:

 Postcode

c) Date claim started:

d) Amount you have received or expect to receive:

8 Criminal convictions in the UK or abroad

Do you have any criminal convictions? Yes No If “no” please go to section 9.

We must consider an applicant’s criminal convictions. We do convictions checks on applicants. To help us deal with your case, if you have criminal convictions, you must provide details below, starting with the most recent.

a) Offence (if you were convicted abroad please tell us the country):	Sentence:	Date of sentence:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

b) Offence (if you were convicted abroad please tell us the country):	Sentence:	Date of sentence:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

c) Offence (if you were convicted abroad please tell us the country):

Sentence:

Date of sentence:

d) Offence (if you were convicted abroad please tell us the country):

Sentence:

Date of sentence:

e) If there are any further convictions please list them in the box below using the same format as above (offence; sentence; date of sentence):

9 The deceased's criminal convictions in the UK or abroad

Did the deceased have any criminal convictions? Yes No

If "no" please go to section 10.

We must consider the deceased's criminal convictions. We do convictions checks on applicants. To help us deal with your case, if the deceased had any criminal convictions, you must provide details below, starting with the most recent.

a) Offence (if convicted abroad please tell us the country):

Sentence:

Date of sentence:

b) Offence (if convicted abroad please tell us the country):

Sentence:

Date of sentence:

c) Offence (if convicted abroad please tell us the country):

Sentence:

Date of sentence:

d) Offence (if convicted abroad please tell us the country):

Sentence:

Date of sentence:

e) If there are any further convictions please list them in the box below using the same format as above (offence; sentence; date of sentence):

10 Personal injury

You may also be entitled to apply for an additional award if you were personally injured as a direct result of this incident. Please refer to the guide to compensation for more information on eligibility. If you complete this section please note that we will send you two case reference numbers that you should quote when contacting this office.

a) Were you present at this incident? Yes No

b) If “no”, when did you become aware that the deceased had been fatally injured?

c) If you sustained a mental injury, please give brief details of your involvement in this incident. Continue at section 12 (additional information) if necessary.

d) Have you had any treatment, including any physiotherapy, for your injuries? Yes No

Are you still receiving treatment? Yes No

e) Please list the physical and/or mental injuries you were treated for as a result of the incident. This only needs to be a brief description (for example “facial cuts x 3”):

f) Please list your current symptoms, if any, including any permanent scarring or deformity:

Do not send any photographs of scarring unless we ask for them. We may contact you in the future to ask for further information about the injuries and any ongoing treatment.

In some cases of very serious injury we may make payments towards loss of earnings or special expenses. Please keep any receipts relating to special expenses paid out as a result of the injuries described above. You can find out more about special expenses in our guide to the criminal injuries compensation scheme.

10.1 Medical details

a) Did you attend Accident and Emergency (A&E)?
If so, give the name and address of the hospital, the date you attended and attach the discharge note from A&E. If the hospital charges for this, keep the receipt and we will pay you back.

Date attended:

b) General practitioners (GPs) hold medical records, which we need to access. Please give the name, initials and full address of your GP, even if you didn't see them in relation to this incident.

If you did see your GP, give the date you **first attended** in relation to this incident:

c) If you needed dental treatment because of your injury, please give the name and full address of the dentist who treated you.

Date attended:

11 Please tick the relevant boxes to show what documents or additional forms you have enclosed

	Enclosed	Not applicable
Death certificate (must be supplied)	<input type="checkbox"/>	
Copy of your marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that you and the person who died lived together (for example a joint mortgage statement or tenancy agreement)	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your registration document if you were civil partners	<input type="checkbox"/>	<input type="checkbox"/>
The full, original birth certificate of anyone under 18	<input type="checkbox"/>	<input type="checkbox"/>
Adoption certificates (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Applying on behalf of someone for whom you have parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>
Applying on behalf of someone over 18 who is legally incapable of managing their own affairs	<input type="checkbox"/>	<input type="checkbox"/>
Using a representative	<input type="checkbox"/>	<input type="checkbox"/>
I expect to be unable to work for more than 28 weeks as a result of my injuries	<input type="checkbox"/>	<input type="checkbox"/>

Please tick to indicate that the following statements are true before returning your form

- I will post an original application and not a photocopy
- I have supplied the police reference number for this incident

Consent and signature form

Please sign the following authorisation and return this form and any supplementary forms to us at the address given on the front of this form. Please read this part carefully before you sign below. Your signature authorises us to investigate your claim and get reports from the relevant authorities.

I have read and agree with the following statements:

- The information I have given the Authority is true.
- If I deliberately provide false information my application may be refused under Paragraph 13 of the Scheme. You may also refuse my application if I make duplicate claims for the same injury (including fatal injuries) and do not explain that one is a copy.
- I understand that you may attempt to re-claim any compensation paid to me where appropriate, if you find out that I am living with the offender.
- I understand that you will carry out a convictions check on me (and, in fatal injury applications, the deceased).
- I will give you and, if appropriate, the Tribunals Service - Criminal Injuries Compensation:
 - written details if any of the information I have provided changes;
 - details of claims for compensation or damages related to the injury set out in this form from any other person or organisation, and I understand that you can delay settling my claim while this is resolved;
 - details of damages or compensation from any other source for the injury set out in this form; and
 - all the reasonable help you need and let you see all medical reports about the injury (including fatal injuries).
- I acknowledge that that you may contact any of the organisations listed below for information in order to support my claim or if you need to verify any of the information I have provided. You may also tell the people and organisations listed below that I have made this application and tell them of the decision in my case where appropriate:
 - the Police (including police doctors, surgeons and Interpol)
 - Medical authorities
 - the Department for Work and Pensions
 - HM Revenue and Customs
 - Any other person or organisation with information relevant to this application

If the applicant is 12 years or older they must sign this form at a) below. If you are filling in this form for someone under 18 or incapable of managing their own affairs, you should sign at b)

Applicant (aged 12 or over)

Parent, Guardian or authorised person

a) Sign

b) Sign

Print

Print

Date

Date

You must enclose an original birth certificate for any child.

Please tick to say you have done this

We will return all original documentation to you.

Equal opportunities monitoring form

We aim to provide a fair service that treats everyone equally in terms of our practices and procedures. To make sure we are doing this, please tell us the following information about you by ticking the relevant boxes below. Your responses will not affect the claim.

This information will be kept separate from your application and will be treated in the strictest confidence.

Gender Female Male

Do you identify as transgender, transexual or intersex? Yes No

Age 16-24 25-34 35-44 45-55 56-65 over 65

Religion Baha'i Parsi Buddhist Rastafarian
 Christian Sikh Hindu Jewish
 Muslim None Other (please state)

Sexual orientation Heterosexual Gay / Lesbian Bisexual

Do you consider yourself disabled? Yes No

Are you:

a) White

English Scottish Welsh Irish

Other White background (please state)

b) Mixed

White and Black Caribbean White and Black African

White and Asian Other Mixed background (please state)

c) Asian, Asian British

Indian Pakistani Bangladeshi

Other Asian background (please state)

d) Black, Black British

Caribbean African

Other Black background (please state)

e) Chinese, Chinese British

Any other background (please state)