Applying on behalf of someone for whom you have parental responsibility

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.**

Injured person's full name

The rest of the information on this form should be about you, not the person you are filling out the form for. Please tell us immediately if you stop being responsible for the child. Remember to enclose the full, original birth certificate.

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: d d m m y y y y

f) Address and postcode:

Postcode

g) Contact phone number: 0

h) Email address:

i) Relationship to the applicant (for example parent, guardian, social worker):

j) Do you share parental responsibility with another parent or guardian: **Yes** ☐ **No** ☐
If "yes", please give that person's name in the box:

k) Is there a care, supervision, residence or other local authority order over the child? **Yes** ☐ **No** ☐

If "yes", give the name and address of the local authority and enclose a copy of the documentation.