

# ACT FINANCIAL ASSISTANCE SCHEME

## Related Victim/Homicide Witness Application Form

Please complete the relevant sections of this application for financial assistance as a related victim or homicide witness. Use the [Guide to completing a financial assistance application](#) to assist you in completing the form.

You can either print off this form and complete it by hand, or you can complete it electronically.

Please post your completed application to: Financial Assistance Section, VS ACT, GPO Box 158, Canberra City ACT 2601

or Email it to [fasvsact@act.gov.au](mailto:fasvsact@act.gov.au)

Contact Victim Support ACT for any questions you have about an application for financial assistance

Free call 1800 822 272 (Email) [fasvsact@act.gov.au](mailto:fasvsact@act.gov.au)

Related Victims and Homicide witnesses in the ACT may be eligible for financial assistance under the *Victims of Crime (Financial Assistance) Act 2016*. Please fill out this form if you are a related victim of a person who died as a direct result of homicide or are a witness to a homicide.

**A Related victim** is a relative (see the [Guide to completing a financial assistance application](#) for a list of eligible relationships) of or person who was in a relationship with a person who died as a result of an act of violence done by another person. Related victims may be eligible for an immediate need payment, an economic loss payment, and in some circumstances, a recognition payment.

**A Homicide witnesses** is a person who was present when the homicide occurred or is a witness in a criminal proceeding related to the homicide. Homicide witnesses may be eligible for an immediate need payment and/or an economic loss payment.

If you are both a **related victim** and a **homicide witness** you do not need to make two applications. You should apply only as a **related victim**.

**Immediate need payments** are for cleaning the scene of a homicide, personal security and emergency medical costs (emergency medical costs are not available to homicide witnesses).

**Economic loss payments** are for counselling and other psychological support and for related victims only, medical expenses, travel expenses, loss of earnings and other related expenses.

**Recognition payments** are a payment to acknowledge the harm suffered to relatives of a homicide victim (these are only available to certain related victims).

If you are applying as a **primary victim** then please use the 'Primary Victim Application Form', and if you are applying for a **funeral assistance** payment then please use the 'Funeral Assistance Application Form'.

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**Privacy Notice:** The Victims of Crime Commissioner is collecting your personal information in order to assess your application for financial assistance in accordance with section 31 of the *Victims of Crime (Financial Assistance) Act 2016*. This information may be disclosed to The ACT Civil and Administrative Tribunal for the purpose of hearing a review should you ask for a review of the Commissioner's decision.

In general the material in our possession is not released to other people, however we may be required to produce documents to a court where there is a legal requirement to do so. Should you obtain legal representation for your claim a copy of the application and medical evidence collected may be provided to the solicitor.

The Victims of Crime Commissioner is required to comply with the *Territory Records Act 2002* (ACT), the *Information Privacy Act 2014* (ACT) and the *Freedom of Information Act 1989* (ACT).

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I am applying as a

related victim

homicide witness

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I am applying for

An immediate need payment

An economic loss payment

A recognition payment

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Have you previously lodged an application for financial assistance?

yes

no

If yes, please provide details (eg. reference number, assessor name, progress of application etc.)

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Have you previously been required to repay an amount of money under the Financial Assistance Scheme as either recovery from an offender or repayment as a victim?

yes

no

If yes, is there still money owing?

What is the amount still owing?

yes

no

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**SECTION 1 - Details of the person applying** (complete this section if you are the person wanting assistance. If you are applying on someone's behalf, please provide the related victim or homicide witness details here).

Title                      First Name    Middle name(s)

  

Surname    Any previous name(s)

  

Gender    If other, please specify    Date of Birth

Male                      Female                      Other

Are you of Aboriginal and/or Torres Strait Islander origin?

Yes, Aboriginal

Yes, Torres Strait Islander

No

Residential address

Postal address (if different from residential address)

Contact phone number

Alternative contact phone number

E-mail

Do you require the assistance of an interpreter? If so, please specify language

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## SECTION 2 - Details of a person applying on behalf of the related victim or homicide witness

If you are applying on the victims/witnesses behalf and you do not have a formal authority to do so (eg. lawyer, guardian), written consent will need to be provided by the victim/witness allowing you to do so. Please refer to the **Guide to completing a financial assistance application** about how the victim/witness can provide written consent.

Are you completing this application on someone's behalf?                      yes                      no

*If yes please fill out the below questions.*

What is your relationship to the applicant?

First name

Surname

Residential address

Postal address *(if different from residential address)*

Contact phone number

Alternative contact phone number

E-mail

Please explain the reason for assisting the applicant to complete the application *(e.g age, disability, location.)*

***If you are formally appointed to act on behalf of the applicant please attach a copy of relevant documentation (eg. guardianship documentation).***

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## SECTION 3 - Details the homicide

Please provide as much information as you have.

Full name of primary victim (homicide victim)

Date of Birth

Date of the act of violence

Date of death (if different to the date of the act of violence)

Place of the act of violence

What is the name of the Investigating  
Police officer?

What is the police reference  
number?

Was anyone charged with the offence                      yes                      no                      unsure

List the name(s) of the offender(s) *(if known)*

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**SECTION 4 - Relationship to the primary victim** [\(complete this section \*\*only\*\* if you are applying as a related victim\)](#)

At the time of death, were you financially dependant on the primary victim?

yes                      no

If yes, please describe how you were financially dependent

*You may be required to provide further information as to how you were financially dependent on the homicide victim.*

What was your relationship to the primary victim

Father/step-father	Mother/step-mother	Guardian	Child/step-child
Husband	Wife	Partner	Boyfriend
Girlfriend	Brother/step-brother	Sister/step-sister	Half-brother
Half-sister	Other		

If other, please specify



Expense	Service provider/Expense details	Amount
cleaning scene of homicide		
personal security costs		
relocation costs		
emergency medical		

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emergency medical		

*If you require further space to list expenses you can add them to the notes page at **SECTION 9***

## **SECTION 7 - Financial Assistance for Economic Loss**

To support your claim for economic loss payments you may need to provide receipts and/or invoices and other supporting documentation. Assistance from other sources such as private health insurance, medicare, and other rebates will be taken into account. Please check the paid box if you have paid the expense already.

### Expense

Counselling/Psychological support	Expenses incurred making the application		
Medical/Dental	Travel		
Justice related	Other		
Service provider/Expense details		Amount	Paid

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Expense

Counselling/Psychological support  
Medical/Dental  
Justice related

Expenses incurred making the application  
Travel  
Other

Service provider/Expense details

Amount

Paid

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Expense

Counselling/Psychological support  
Medical/Dental  
Justice related

Expenses incurred making the application  
Travel  
Other

Service provider/Expense details

Amount

Paid

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If you require further space to list expenses you can add them to the notes page at **SECTION 9**

Are you claiming loss of earnings? (not available for homicide witnesses)

yes

no

Dates absent from work

Total number of days absent

*A medical certificate or statement from a medical professional may be required to support your claim for loss of earnings.*

*To support your claim for loss of earnings, you must provide a statement from your employer that includes their name and address and the dates you were absent from work. The statement from your employer should also include a balance of your holiday or sick leave entitlements as these must be used before you can claim loss of earnings. The statement should provide the dates when you were no longer using holiday or sick leave and the date when you returned to work.*

*If you were self-employed, you should provide some form of evidence that shows your absence from work, such as a statement from your accountant and medical records. Any statement to support your claim for loss of earnings will need to be provided before your claim is determined by an assessor.*

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## **SECTION 8 - Money received from other sources**

Have you received money, or do you intend to make a claim in relation to this matter regarding:

Medicare or private health benefit      yes  
no

Life insurance	yes
	no
an award of damages or a reparation order?	yes
	no
worker's compensation?	yes
	no
civil or other court claim?	yes
	no
insurance payment?	yes
	no
Centrelink payment or other source?	yes
	no

If you answered yes to any of the above questions please provide further details of the claim here

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**SECTION 9 - Declaration and agreement to conditions** (the person who is applying for financial assistance must complete this section unless there is a person [legally acting on their behalf](#)).

The information you provide on your application form is very important to support your claim. You can write to us to add or change information that you provided in this application at any time before an application is finalised.

If you have any questions please contact Victim Support ACT on (02) 6205 2066 or 1800 822 272.

I declare that

- the information provided in this application is true and correct

**I confirm the above declaration**

I understand that

- giving false or misleading information is a serious offence and may adversely affect the result of the application
- Victim Support ACT will make relevant enquiries to verify the information provided
- Victim Support ACT may request documents to prove identity at any time throughout the claims process

**I have read and agree to the above conditions**

Signature (if submitting this form electronically please type your name)

Date

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## **SECTION 10 - Notes**

Please add any additional information here that you would like the Commissioner to take in to account when deciding your application.