

Criminal Injuries Compensation Authority
 Tay House
 300 Bath Street
 Glasgow, G2 4LN
 Freephone: 0300 003 3601



For office use only
 Reference number:

Compensation for a personal injury following a single incident

You do not need to be represented to apply for criminal injuries compensation. You can get free advice from us on **0300 003 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 **0300 003 3601**.

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. **Use section 10 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 injured person. 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.

Were you injured on or after 1 August 1964? Yes No

Were you injured in an incident in England, Scotland or Wales? Yes No

Did you suffer a physical or psychological injury as a result of a violent crime, or were you present when someone closely related to you was the victim of a violent crime? Yes No

Is this 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 No

Was the incident reported to the police or another appropriate authority? Yes No

If you answered “no” to any of these questions you might not be able to apply. Please call 0300 003 3601 for further clarification. Otherwise, please continue.

2 Details of the incident

We appreciate that recounting the incident may be difficult. However, the information we ask for is essential in order for us to assess your claim.

a) Incident date: Time: am/pm

b) There is a two-year time limit to apply for compensation. If the incident happened more than two years ago, please tell us why you are applying now so that we can take your explanation into account.

c) Full address where the incident took place:

d) Were you injured in the course of your work? Yes No

e) If you know who injured you please write their name here:

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

g) If “yes”, are you still living together as members of the same family? Yes No

h) Please give brief details of the incident in the space below (continue at section 10 if you need to):

i) 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 |
| | | |

3.1 Reporting the incident to the police

a) When was the incident reported to the police?

b) If the incident was not reported to the police please tell us why so that we can take the explanation into account:

c) Was the offender prosecuted?

Yes No

If the person has not been prosecuted please explain in the box below:

If the incident was reported to another authority but not to the police please go straight to section 3.2.

d) Please give the name of the police force investigating the case and the name and address of the specific police station managing it (if you are in London remember to tell us which borough this is in):

e) If the incident was not reported immediately, please explain the delay so we can take the explanation into account:

f) Who reported the incident to the police?

g) Please give the name and identification number of the police officer the incident was reported to:

h) The police will have a reference number they use to identify this incident. You must get this from them and write it here.

i) Did you make a formal police statement?

Yes No

3.2 Reporting the incident to another authority

a) When was the incident reported?

b) Please tell us the name of the authority you reported the incident to and the contact name, address and postcode of the person with the relevant details:

c) If the incident was not reported immediately, please explain the delay so that we can take the explanation into account:

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

Sentence:

Date of sentence:

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

| | Enclosed | Not applicable |
|--|--------------------------|--------------------------|
| 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 (not required if the incident was not reported to the police)

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 injured person 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)

Injured person (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)