

## Forensic cleaning expenses

This form should only be used by a service provider who is applying for forensic cleaning expenses relating to a homicide that occurred in NSW.

### General information

The maximum amount that can be considered for forensic cleaning related expenses is \$5,000.00. If payment is approved, the amount will be paid from an eligible family member's financial assistance for immediate needs.

This application must be signed by a family member of the homicide victim, or by a representative or support person on behalf of the family member.

### PART 1: Details of the forensic cleaner applying for expenses

1. Name

2. Name of company

3. Address

Suburb

Postcode

4. Contact details Phone

Mobile

Email

### PART 2: Details of the homicide victim

5. Full name Surname

Given name

6. Date of birth (dd/mm/yyyy)

7. Date of death (dd/mm/yyyy)

8. Address where the homicide occurred

Suburb

Postcode

### PART 3: Details of forensic cleaning expenses

9. Has the invoice for the expenses you are claiming been paid? Yes No

10. Is the invoice for the expenses you are claiming attached to your application? Yes No

## PART 4: Declaration

**Note:** This section must be signed by the service provider and either a family member, representative or support person.

11. I, *(service provider's full name)*

hereby apply for expenses on behalf of:

*(family member's full name)*

pursuant to *Victims Rights and Support Act 2013*. I declare that the expense has been incurred and understand that Victims Services may make relevant enquiries to verify the information provided.

Name of service provider *(please print)*

Service provider *(signature)*

Date *(dd/mm/yyyy)*

12. I, *(full name of family member, representative or support person)*

acknowledge that the amount approved for forensic cleaning will be paid from financial assistance for immediate needs of an eligible family member.

13. Relationship to the homicide victim

Name of family member, representative,  
or support person *(please print)*

Family member, representative,  
or support person *(signature)*

Date *(dd/mm/yyyy)*

### Where to send your completed form:

**Email** [vs@dcj.nsw.gov.au](mailto:vs@dcj.nsw.gov.au)

**Post** The Commissioner of Victims Rights,  
Victims Services  
Locked Bag 5118  
Parramatta NSW 2124

If you have any enquiries about this form or the processing of your application, please contact the:

Family Victims Advisor on  
1800 633 063

Further copies of this application and the *Application for support for a family member of a homicide victim* can be downloaded from our website at

[www.victimsservices.justice.nsw.gov.au](http://www.victimsservices.justice.nsw.gov.au)