

## Expenses form

### *Victims Rights and Support Act 2013*

Please use this form to claim any expenses you have incurred as a result of the act of violence or act of modern slavery, where you have already lodged an application for support for primary victims. This form should only be used for new expenses on existing cases. If you have not yet submitted an Application for Support, you can do so on the [Victims Services website](#).

The information on this form is collected for the purposes of furthering the named primary victim’s application for support under the *Victims Rights and Support Act 2013* (“the Act”). It will be stored, used, and disclosed in accordance with the Department of Communities and Justice (“the Department”) privacy policy and privacy management plan, available on the Department’s website at [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

All fields are mandatory.

1. Case number
2. Primary victim’s name
3. Primary victim’s date of birth *(dd/mm/yyyy)*
4. Provide details of the expense you are claiming in the table below

Type of expense <i>(e.g. rental assistance, security, medication, essential household items)</i>	Service Provider	Date of Invoice	Amount	Medicare/ private health rebate?	Paid/ not paid
---	------------------	-----------------	--------	----------------------------------	----------------

5. Please explain how each expense are a direct result of the act of violence or act of modern slavery

6. I have attached documentary evidence of any rebates I have received
7. I have attached proof of each expense claimed *(for example, tax invoice, receipt, treatment plan)*

*(Signature)*

Full name *(please print)*

Date *(dd/mm/yyyy)*