

Family Victims Application for support form

Victim Services supports family members of homicide victims with counselling and financial assistance.

If you, or someone you are supporting would like to make an application, please read the [Family Victims – A fact sheet about support available to families of homicide victims in NSW](#) to find out about the different types of support available.

It is important you carefully fill in this form and attach documents to support what you are telling us. Unfortunately, if any necessary information is missing, we may not be able to make a decision about your claim and it could take more time.

We know it may be difficult to fill in this application. We are here to help.

If you need help or have any questions please call us or visit our website www.victimsservices.justice.nsw.gov.au.

Who should use this form?

- Family victims applying for counselling, financial assistance for immediate needs, financial assistance for justice-related expenses, and/or financial help to pay for a funeral.
- Family victims applying for a recognition payment.

Are there time limits for making an application?

- There are no time limits to apply for counselling.
- Claims for financial support must be lodged within two years after the death of the homicide victim. A child must apply before they turn 20 years of age.
- Where an application relates to a missing person the timeframe is applied from the date the missing person case is declared a homicide.

What will you need to fill in your application?

- An email address.
- A current government issued identification such as a driver licence, passport, Medicare card, or a card issued by Centrelink.
- A bank account (if you are applying for financial assistance or a recognition payment).

- Evidence of any expenses if you are claiming financial assistance.
- Any documents about worker's compensation, insurance or court claims that are about the violent crime.
- Evidence of your relationship to the homicide victim if you are applying for financial assistance for economic loss and/or a recognition payment.
- Evidence that you were financially dependent on the homicide victim if this is part of your claim.

Information about the types of documents that can be used to support the application can be found in [Family Victims – A fact sheet about supporting documents](#).

Important information about your application

Please make sure you answer all the questions in the application form and include a copy of a current government issued ID when you submit your application. If this is not provided, we may not accept your application.

Please make sure you keep your contact details up to date with Victims Services

Confidentiality and privacy

In general, the material in our possession is not released to other people. In some cases, for example, when action is taken against the offender to recover the money awarded to the victim, some information may need to be provided to the offender. However, your personal contact details will not be released. We may also be required to produce documents to a court where there is other legal action.

Victims Services is required to comply with the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*. For more information about making a complaint, please contact Victims Services on 1800 633 063.

PART 1: Application type

1. What are you applying for?

- Counselling
- Financial assistance
- Funeral expenses
- Recognition payment

PART 2: Details of the applicant

2. Full name Title Surname/Family
First name Middle name(s)

3. Any other names used by the applicant
Surname/Family First name

4. Gender

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

6. Address
Suburb State Postcode
Country (if applicable)
Postal address (if different)
Suburb State Postcode

7. Preferred contact Phone Mobile
Email

8. Relationship to the homicide victim: NB: Make sure you attach documents to verify your relationship to the homicide victim. We cannot accept your application until this is received.
▶ Please explain:

9. Were you a financially dependent family member of the homicide victim at the time of their death?
No Yes NB: Make sure you attach documents to verify this. We cannot accept your application until this is received.

10. Are you of Aboriginal and/or Torres Strait Islander origin? (Optional – for statistical and planning purposes)

PART 3 Details of the person applying on behalf of the applicant (if applicable)

11. Name of organisation (if applicable)

12. Full name Title Surname/Family
First name Middle name(s)

13. Gender

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

15. Address
Suburb State Postcode
Postal address (if different)
Suburb State Postcode

16. Preferred contact Phone Mobile
Email

17. Relationship to the applicant
Parent/guardian (we will contact this person about your application)
Representative (we will contact this person about your application)
Friend/family member who is just helping you fill out this form (we will not contact this person about your application)
Other ▶ Please specify
Comments

PART 4: Details of the homicide victim

18. Full name	Title	Surname/Family
	First name	Middle name(s)
19. Date of birth		(dd/mm/yyyy)
20. Did the violent crime that caused the death of the person happen in NSW?	Yes	No
21. When and where did it happen?	Date	(dd/mm/yyyy)
	Address	Postcode

PART 5: Funeral and cleaning expenses

Name of service (if known)	Cost	Paid/not paid?
22. Do you want us to directly pay the funeral service for the funeral cost?	Yes	No
23. Do you want us to directly pay the cleaning company for the cleaning costs?	Yes	No

PART 6: Financial assistance for immediate needs and/or financial assistance for justice-related expenses

Note:

- To help us confirm the costs you have paid for, you will need to provide copies of invoices or receipts that show how these costs directly relate to the violent crime that caused the death of the person.
- If you received a rebate from insurance provider or health fund or other organisation for the costs you are claiming, Victims Services will reimburse the amount not covered by the rebate.

24. What type of costs do you want to claim? (Tick and enter the cost 'type' in the table below)

Funeral	Travel/accommodation to attend court
Relocation	Travel/accommodation to attend funeral
Security	Crime scene clean up
Other ▶ please specify	

25. Provide details of the expenses you are claiming in the table below or complete and attach the [Family Victims – Travel expenses declaration form](#) to your application.

Type of cost?	Who did you pay?	Date of invoice	Cost	Rebate	Paid/ not paid
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Please explain how these costs relate directly to the violent crime that caused the death of the person.

PART 7: Bank details

Note: We don't need your bank details if you are just applying for counselling.

Name of financial institution (please print)
 Name of branch (please print)
 BSB - (must be 6 digits)
 Account No. (up to 9 digits)
 Account name (please print)

Note: Detail required is the personal account name and not the account type or product name.

PART 8: Identification

Note: Attach a copy of your identifying documentation.

Driver licence Passport Identification card
 Other ▶ please specify

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

The applicant (victim) must declare the following to complete the application, unless they are under 18 years of age or otherwise lack the legal capacity to make the declaration.

If the applicant is under 18 years of age, or lacks the capacity to complete the application, then a parent/guardian may agree to be bound by the declaration on the applicant's behalf.

I state the following:

A. The truth of information supplied

- A1. I declare that the information provided in this application is true and correct.
- A2. I understand that giving false or misleading information is a serious offence and may adversely affect the outcome of my victims support application and/or lead to criminal or civil legal action against me.
- A3. I consent to Victims Services making relevant enquiries to verify the information provided, including to State and Federal government agencies and authorities.

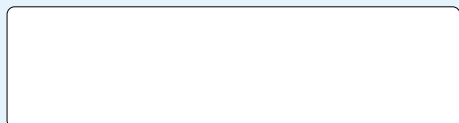
B. Keeping Victims Services up to date

- B1. I understand that I am required to notify Victims Services if any of my circumstances change after completing this form, and that my changed circumstances may affect my eligibility for the support claimed.
- B2. I understand that it is my responsibility to keep Victims Services updated of a change in my personal details provided in this form, including but not limited to my name, contact details, and bank account information.

C. Accepting payments of Victims Support

- C1. I understand that if victims support is approved, Victims Services may take action (restitution) to recover money from a person convicted of a crime for which the support relates.
- C2. I understand that if victims support is approved I am subject to the conditions set out at section 48 of the Act, and am required to notify Victims Services if I receive, or have received a payment from another source, in connection with the act of violence. I may be required to repay victims support if this occurs.
- C3. If victims support is approved, payment will be deposited to the bank account detailed in this form, unless an updated account has been supplied and confirmed as received by Victims Services

I make the declaration as above



(Signature)

Full name (please print)

Date (dd/mm/yyyy)

Further information and where to send your completed application

For further information and help completing the application, please contact Victims Services.

Victims Access Line: 1800 633 063

Aboriginal Contact Line: 1800 019 123

Hours: 9am to 5pm, Monday to Friday (exc public holidays)

Email: vs@dcj.nsw.gov.au

Website: www.victimsservices.justice.nsw.gov.au

You can send your completed form by:

Email: vs@dcj.nsw.gov.au

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