



STATEMENT OF CLAIM FOR SECONDARY VICTIM

APPLICATION FOR ASSISTANCE BY:

REFERENCE NUMBER:

NOTE: Complete only those sections for which you seek an award. If insufficient space, attach additional pages.

1. EXPENSES

A) AMOUNTS CLAIMED PAYABLE TO APPLICANT

Expense category	Expense Details	Date	Description of Supporting Document/s (Please attach)	Amount Claimed (\$)
Counselling			2 00022101276 (2 100250 0000007)	(4)
Counselling				
Medical				
TD : /				
To assist recovery (in				
exceptional				
circumstances)				
			TOTAL	\$

B) AMOUNTS CLAIMED PAYABLE DIRECTLY TO OTHERS

Expense category	Expense Details	Date	Description of Supporting Document/s (Please attach)	Name/Address of Person to be Paid	Amount Claimed (\$)
Counselling					
Medical					
To assist recovery (in					
exceptional circumstances)					
				TOTAL	\$

All supporting material must be attached to this form.

All health/insurance/medical rebates must be claimed where applicable.

	If yes,	how much?		\$					
		king a claim for loss the claim is calculated	of earnings, you must attach a cor).	npleted loss of earn	ings claim form which sets out				
3.	LEG	LEGAL COSTS AND DISBURSEMENTS							
	A)	AMOUNTS PAYA	ABLE TO SOLICITOR:						
	Detai	ls:							
Subst		n for Legal Preparati	on: \$ on require an itemised account	or hill of costs					
Suosi	B)		ISBURSEMENTS	or vui oj cosis.					
	Type o	f Disbursement	Provider's Name	Date	Amount(\$)				
				TOTAL	\$				
				10111					
All De	etails/Acc	counts/Receipts must i	be provided.						
Dated	l : /	/	Signature of applicant: _						

Yes

No

LOSS OF EARNINGS (in exceptional circumstances)

Are you claiming loss of earnings?

2.