

VICTIMS OF CRIME ASSISTANCE TRIBUNAL

DEPENDENCY CLAIM FORM

The Tribunal may award you up to \$50,000 for loss of money that, but for the death of the primary victim, the related victim would have been reasonably likely to receive from the primary victim during a period of up to two years after that death.

SUPPORTING MATERIAL REQUIRED TO BE FILED:

(The following list is a guide only. All claims should be supported by documentation which verifies the figures used to calculate the amount claimed).

1. EMPLOYMENT DETAILS

- A.** Tax returns of the applicant related victim and the deceased primary victim for:
 - i) The 3 financial years before the death of the primary victim; and
 - ii) The financial years between the date of death and the end date of the period for which the dependency claim is made.
- B.** Advice in writing from the deceased primary victim's employer or, if the deceased was self-employed, a statement detailing gross pre-death earnings including particulars as to the basis upon which the pre-death earnings have been determined.
- C.** Any other supporting material.

2. OTHER PAYMENT DETAILS

Details of any payment received or payable by way of social security or other benefit or pursuant to any insurance, superannuation, compensation, assistance or damages claim.

3. OTHER DEPENDENCY DETAILS

Details of:-

- A.** Documentation verifying the relationship between the applicant related victim and the primary deceased victim. ie. spouse, child, defacto relationship etc. Where appropriate, documentation verifying the nature of the relationship; for instance; length of relationship, financial arrangements, etc.).
- B.** Documentation establishing the financial contributions made by the deceased primary victim to the applicant related victim for the 3 financial years before the death of the primary victim.
- C.** Documentation verifying the assets and liabilities of the related victim applicant, the estate of the deceased primary victim and the distribution of the estate assets.

**VICTIMS OF CRIME ASSISTANCE TRIBUNAL
DEPENDENCY CLAIM FORM**

APPLICATION FOR ASSISTANCE BY:

REFERENCE NUMBER:

NOTE: If insufficient space, attach additional pages.

A. STATE THE PRIMARY VICTIM'S PRE-DEATH WEEKLY GROSS EARNINGS \$ _____ **A**

How did you calculate this amount? (example: The primary victim's taxation return shows a gross income of \$36,000 for a full year. Therefore, \$36,000 divided by 52 weeks equals weekly gross earnings of \$692).

B. YOUR PRE-DEATH WEEKLY DEPENDENCY INCOME \$ _____ **B**

This is the amount you would have been reasonably likely to receive from the primary victim per week. List the documents relied upon.

C. YOUR POST-DEATH DEPENDENCY CLAIM

Specify the period for which the dependency claim is made

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>	<i>Column 5</i>
Date From	Date To	Total time (weeks)	Enter amount specified in B above	Multiply column 3 by column 4 to calculate total dependency claim
TOTAL				\$ _____ C

D. LESS what you have received for

(ie. Other entitlements received by you as a result of the death of the primary victim)

Entitlement	Date From	Date To	Amount (\$)
Sick Pay			
Social Security Payments			
Workcover Payments			
T.A.C. Payments			
Insurance Payments			
Other Payments (Provide Details)			
TOTAL			\$ _____ D

TOTAL **C** \$ _____

Less TOTAL **D** \$ _____ = **TOTAL AMOUNT CLAIMED** \$ _____

Dated: / /

Signature of applicant: _____