

VICTIMS OF CRIME ASSISTANCE TRIBUNAL
STATEMENT OF CLAIM FOR PRIMARY 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 Expenses				
Medical Expenses				
Safety-related Expenses				
Other expenses to assist recovery (in exceptional circumstances)				
Clothing worn at time of act of violence				
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 Expenses					
Medical Expenses					
Safety-related Expenses					
Other expenses to assist recovery (in exceptional circumstances)					
Clothing worn at time of act of violence					
TOTAL					\$

*All supporting material must be attached to this form.
 All health/insurance/medical rebates must be claimed where applicable.*

2. LOSS OF EARNINGS

Are you claiming loss of earnings?

Yes No

If yes, how much?

\$ _____

(If making a claim for loss of earnings, you must attach a completed loss of earnings claim form which sets out how the claim is calculated.)

3. SPECIAL FINANCIAL ASSISTANCE

Are you claiming special financial assistance?

Yes No

4. LEGAL COSTS AND DISBURSEMENTS

A) AMOUNTS PAYABLE TO SOLICITOR:

Details:

Claim for Legal Preparation \$ _____

Substantial claims for preparation require an itemised account or bill of costs.

B) SOLICITOR'S DISBURSEMENTS

Type of Disbursement	Provider's Name	Date	Amount(\$)
TOTAL			\$ _____

All Details/Accounts/Receipts must be provided.

Dated: / /

Signature of applicant: _____