



Victims of Crime Assistance Tribunal

STATEMENT OF CLAIM FOR RELATED 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				
Medical				
Funeral expenses				
Other expenses				
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					
Funeral expenses					
Other expenses					
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.

2. DEPENDENCY

Are you claiming for dependency? Yes No

If yes, how much? \$

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

3. DISTRESS

Are you claiming for distress? 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: _____