



Victims of Crime Assistance Tribunal

## 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				
Medical				
To assist recovery (in exceptional circumstances)				
<b>TOTAL</b>				\$

**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)					
<b>TOTAL</b>					\$

*All supporting material must be attached to this form.*

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

