

1. APPLICANT (please write neatly with capital letters)

Surname/Family name		First name
Date of birth or Swedish National registration number (yyyymmdd-xxxx)		
Address		
Postal Address (postcode and name of city/town)		
Home phone No (incl. area code)	Work phone No (incl. area code)	
Mobile phone No		
Personal account number / Post office giro account number)		
Full account number of bank		

2. REPRESENTATIVE PROXY CUSTODIAN/GUARDIAN
(Mark the appropriate box)

Name	
Address	
Postal address	
Telephone (incl. dialling code)	Fax (incl. dialling code)
Account number for client's means	

APPLICATION

for criminal injuries compensation due to personal injury and violation of the personal integrity

**Crime victim compensation and support authority
Box 470
S-901 09 UMEÅ, Sweden**

This space is reserved for the authority's notes



READ ATTACHED INFORMATION LEAFLET CAREFULLY BEFORE COMPLETING THE APPLICATION!

3. THE CRIME

Criminal injuries compensation is granted only for damages cause by criminal acts.

When and where did the crime occur?
.....

Brief description of the crime
.....
.....
.....

4. POLICE REPORT

Has the crime been reported? Yes Registration number of police report: K-

Police authority and district:

No Provide reasons under headline "Further information", page 4

5. INFORMATION CONCERNING TRIAL

Attach copy of complete judgement including appendixes.

Has the case been tried in court? Yes No

The District court in Case number..... Date

The Court of Appeal in Case number..... Date

The Supreme Court Case number..... Date

6. THE OFFENDER'S ABILITY TO PAY

Criminal injuries compensation can only be paid if it is shown that the offender (if known) lacks the ability to pay the damage.

Have you applied for distress at the enforcement authority? Yes No

Has the enforcement authority presented a report? Yes No

Have you received compensation from the offender? Yes No Amount kr

Have you received compensation from the enforcement authority? Yes No Amount kr

7. INSURANCE SITUATION

Criminal injuries compensation is not paid if an insurance fully covers the damage.

Living situation at time of injury Own property Tenant - ownership Other

Was another adult living on the same address at the time of injury? Yes No

NB! In case you resided at the same address as your spouse, co-habitant or parents, their insurance could be valid for your claim/injury. Please state their names, personal identification number and any membership to a trade union.

Name	Personal ident. nr	Trade union
Name	Personal ident. nr	Trade union

At the time of injury - were you covered by any insurance listed below? Note that spouses', co-habitant's or parent's insurances could be valid for your injury / damage.

	Yes	No	Claim filed	Insurance company	Amount received
Household/home insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> kr
Private accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> kr
Accident insurance through trade union membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> kr
Occupational accident insurance (AFA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> kr
Other insurance (travel-, life-, association-, company etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> kr
Were you at the time of injury member of a trade union?	<input type="checkbox"/>	<input type="checkbox"/>	Name of trade union:		
Did the injury occur at work/on your way to/from work?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, the corporate identity number:		
If yes: Was your employer connected to AFA?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, has a claim been filed? <input type="checkbox"/> Ja <input type="checkbox"/> Nej		
Have you received compensation from anywhere else?	<input type="checkbox"/>	<input type="checkbox"/>	From where?.....		

8. INFORMATION ON HEALTH CARE; SICK LISTIN etc.

Have you received medical treatment because of the injury? E.g. hospital, community health centre, dentist etc. No Yes, once Twice Several times

Name of medical facility/facilities

Clinic/department

Address of care institution

Tim on sick leave Not registered sick
(enclose doctor's certificate) Registered sick from to
 Admitted to hospital from to

Name of your local social insurance office (at the time of injury)

9. COMPENSATION CLAIMS: COSTS AND LOSS OF EARNINGS

The costs for whatever compensation is claimed should be substantiated as far as possible by e.g. receipts

9 a. Costs of medical care not paid for by the social insurance office (e.g. doctor's fees, expenditure on hospital care, physiotherapy, medicines and dentistry).			
Type of cost	kr	Type of cost	kr
.....
.....
.....
9 b. Other costs during period of emergency care, not paid for by the social insurance office, county council or other (e.g. county council's social security charge for journeys to and from medical care, special arrangements at home or home help).			
Type of cost	kr	Type of cost	kr
.....
.....
.....
9 c. Damage to clothes, spectacles, etc. , which you were wearing when the injury occurred. Damage to watches, jewellery, wallets and similar articles is not normally compensated. .			
Type of cost	kr	Type of cost	kr
.....
.....
9 d. Loss of earnings caused by the injury (all exclusive of tax) kr			
What income would you have had during the period of sickness had the injury not occurred?			
What sick pay have you received from your employer?			
What sickness benefit have you received from the social insurance office during the sickness?			
What AGS (occupational sickness insurance) compensation, or compensation from another private sickness insurance, has been paid out?			
Total loss of earnings claimed:			

10. COMPENSATION CLAIMS: OTHER THAN COSTS OR LOSS OF EARNINGS

By "reasonable compensation" is meant compensation pursuant to the Law on compensation for injuries

10 a. Pain and suffering (medically demonstrable physical or mental suffering of a temporary nature).	
<input type="checkbox"/> By judicial decision	<input type="checkbox"/> Reasonable compensation
<input type="checkbox"/> Other amount, i.e. kr
10 b. Violation of personal integrity	
<input type="checkbox"/> By judicial decision	<input type="checkbox"/> Reasonable compensation
<input type="checkbox"/> Other amount, i.e. kr
10 c. Compensation for permanent injury	
Disfigurement (scars, etc.) Disfigurement should be substantiated by photos taken at the earliest one year after injury	
<input type="checkbox"/> By judicial decision	<input type="checkbox"/> Reasonable compensation
<input type="checkbox"/> Other amount, i.e. kr
Permanent injury (invalidity). Invalidity should be substantiated with case histories and, if necessary, doctors' certificates	
<input type="checkbox"/> By judicial decision	<input type="checkbox"/> Reasonable compensation
<input type="checkbox"/> Other amount, i.e. kr
Other injuries/special injuries as a consequence of the injury which led to invalidity (obvious inconvenience from the injury in working life, etc.)	
<input type="checkbox"/> By judicial decision	<input type="checkbox"/> Reasonable compensation
<input type="checkbox"/> Other amount, i.e. kr

11. COMPENSATION IN THE EVENT OF DEATH Please note that a separate application is required for the deceased's estate

11 a. The deceased's estate's claim for funeral expenses, etc.

Type of cost	kr	Type of cost	kr
.....
.....

11 b. Survivors' other claims not declared above (mourning clothes, etc., plus loss of maintenance).

Type of cost	kr	Type of cost	kr
.....
.....

FURTHER INFORMATION (If the space is not adequate, write on a separate sheet of paper).

.....

.....

.....

If criminal injuries compensation is paid out, under Article 17 of the Criminal Injuries Law the State acquires your right to compensation from the offender in respect of the amount paid. If it transpires, after the criminal injuries compensation has been awarded, that you are entitled to compensation from another source (e.g. from insurance companies), the State also acquires the right to that compensation in certain cases.

I authorize the Crime Victim Compensation & Support Authority to acquaint itself with the contents of the following documents:

- **Case histories, doctors' certificates and other documents which have been drawn up concerning my person at the hospital, social insurance office or similar.**
- **Information from the Tax Board and any other authorities concerning my economic and social circumstances.**
- **Information from insurance companies concerning my insurance situation together with documents and decisions on insurance matters.**
- **At the court, confidential documents concerning my personal circumstances.**
- **Information from bank or other financial institution concerning my account numbers.**

The information provided by me in this application and accompanying documents is hereby certified to be correct.

- **I am aware that incorrect information may incur criminal liability.**
- **I am also aware that I must inform the Crime Victim Compensation & Support Authority of any change in the declared circumstances, e.g. if I receive compensation from the offender or insurance companies, and that the Crime Victim Compensation & Support Authority acquires my right to damages or other compensation up to the amount paid.**

APPLICANT'S SIGNATURE

(If the applicant is a minor, the application must be signed by a guardian or specially appointed representative).

.....
Date Signature Name in block capitals

NOTES Don't submit this sheet!



APPLICATION

for criminal injuries compensation due to personal injury and violation of the personal integrity

APPLICATION PERIOD

The application for criminal injuries compensation must have been submitted to the Criminal Victim Compensation Authority within two years of the police, prosecutor or court proceedings being concluded. If a preliminary investigation has not been started, the application must have been submitted within two years of the crime being committed.

If there are special circumstances, the Criminal Victim Compensation Authority may examine an application even if it has been submitted too late. In such cases give the reason under "Further Information".

BASIC REQUIREMENTS FOR CRIMINAL INJURIES COMPENSATION

Please note that criminal injuries compensation can only be paid if it is shown that the assailant, if known, is unable to pay. Compensation cannot be paid either, if an insurance fully covers the injury.

How to fill in your application

1. APPLICANT

The person applying for criminal injuries compensation should fill in their particulars here. If, for instance, a child is the applicant, its particulars should be filled in.

2. REPRESENTATIVE, etc.

If you are represented by a representative, e.g. a solicitor, in the application for criminal injuries compensation, a power of attorney should be attached in the original, showing that person's authority to represent you. If for example both a guardian and a representative are involved, information about this can be provided under "Further information" on the last page of the application form.

The representative of a deceased person's estate should attach the estate notification or deed of inventory and the power of attorney in the original from all beneficiaries.

4. POLICE REPORT

For an application for criminal injuries compensation to be accepted it is nearly always a condition that a police report should be filed. If a judgment exists, a copy of the police report does not need to be attached. If there is no judgment – always attach the police report. Example of how a police reference number may look: K63790-04.

5. INFORMATION CONCERNING TRIAL

Here you should state whether the matter has been tried in court and, if appropriate, in which district court or appeal court. If the Supreme Court has tried the case, tick the box.

Example of how a case number may look: B1432-04. If there is a judgment, it is important that you attach the whole judgment with annexes and evidence that the judgment has come into force.

6. ASSAILANT'S ABILITY TO PAY

If the assailant is known, compensation can only be awarded if he/she/they cannot pay the damages, and this must be substantiated. If the court has established liability for damages, an account from the enforcement authority relating to all assailants should be attached.

7. INSURANCE SITUATION

It is important that you fill in this part of the application with all information about your insurances at the time of the injury. Criminal injuries compensation is not provided for that part of the injury which is covered by insurance.

If you have a home, accident or other insurance, the injury must first be declared to the insurance company and the decision of the insurance company should be attached to the application.

If the injury occurred at work or on the journey to or from work, the injury must be notified to the AFA (labour market insurance organisations) or other business insurance company. If it is not certain that the employer is affiliated to the AFA or to another business insurance company – ask your employer.

If you are registered at the same address as for example your partner, husband/wife or parents, their insurance may also be valid for other persons in the household. Remember therefore to give their name and personal number if you were living together at the time of the injury. State also whether your partner, husband/wife or parents were members of a trade union and check with the current union if you are covered by their insurance.

BROTTSOFFERMYNDIGHETEN

Box 470
901 09 UMEÅ

Besöksadress
Storgatan 49

Tel växel
090 – 70 82 00

Telefax
090 - 17 83 53

E-postadress:

registrator@brottsoffermyndigheten.se