



Application for criminal injuries compensation for personal injury and violation of the personal integrity

Criminal injuries compensation is not granted if the offender can pay the awarded damages or if the damages are totally covered by insurance.

This space is reserved for the Crime Victim Compensation and Support Authority's notes



Brottsoffermyndigheten

1. Applicant (please print)

Last name	First name	Date of birth or Swedish national registration number (yyyymmdd-xxxx)
Address		Post code and city/town
Telephone, daytime (including area code)	E-mail address	
Account including bank code or Bankgiro-, plusgiro- or personal account number		

2. Legal representative

If you are a legal representative of the applicant – fill out this part. Attach the original power of attorney (procuration) that proves your right to represent the applicant.

Name	Telephone (including area code)
Address, post code and city/town	Client account

3. Details of the crime(s)

Date of crime	Place of crime (city/town)	Type of crime (e.g. assault, unlawful threat)
Name of the District Court and date of judgment		Case number (B-number) B
Name of the Court of Appeal and date of judgment		Case number (B-number) B
If the case has not been tried in court, attach the police report or specify the K-number (police case number) – K –		

4. What type of compensation are you applying for?

<input type="checkbox"/> Pain and suffering	<input type="checkbox"/> Disability	<input type="checkbox"/> Disfigurement/scar	<input type="checkbox"/> Violation	<input type="checkbox"/> Loss of earnings	SEK
<input type="checkbox"/> Costs (medical care, damage caused to clothes, glasses etc.)					SEK for

5. Compensation from the offender or someone else

Have you received compensation from the offender, The Swedish Enforcement Authority (Kronofogden) or someone else?

No Yes, from

6. Insurance information

You may be entitled to compensation by an insurance. Please note that you may be included in an insurance policy held by someone other than yourself, such as the person you live with or through your trade union. **It is very important that you have checked your insurance situation before you complete this application.**

Was there any insurance that you received or could have received compensation from at the time of the injury? If yes, state the name of the insurance company			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, home insurance	<input type="checkbox"/> Yes, accident insurance	<input type="checkbox"/> Yes, other insurance
<input type="checkbox"/> Injury reported	Amount paid	SEK	
Did the injury occur at work or when travelling to or from work? If yes, state the employer's corporate identification number			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, corporate identification number		

7. Medical and treatment information

Have you received medical care as a result of the injury? If yes, state the name of the care facility, e.g. hospital/health care center

No Yes, 1–2 times Yes, several times

If criminal injuries compensation is paid, the Crime Victim Compensation and Support Authority takes over your right to compensation from the offender up to the amount the Authority has paid to you. If proven later on that you are entitled to compensation from another source, e.g. insurance company, the Crime Victim Compensation and Support Authority also takes over the right to that compensation.

I authorize the Crime Victim Compensation and Support Authority to obtain and review the following documents:

- Medical records, doctor's certificates and other relevant documents from hospitals, the Swedish Social Insurance Agency (Försäkringskassan) or other corresponding institutions.
- Information from the municipality, the Swedish Tax Agency (Skatteverket) 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.
- Documents concerning my personal circumstances ruled as confidential in court.
- Preliminary investigation documents from the Swedish Police Authority (Polismyndigheten) and the Swedish Prosecution Authority (Åklagarmyndigheten).
- Information from banks or other financial institutions concerning my account numbers.

Processing of personal data

The Swedish Crime Victim Compensation and Support Authority processes the personal data you have submitted in this application in order for the Authority to be able to process and verify your application for criminal compensation. The Authority also processes the information retained from a third party with permission according to the consent given on this application. The lawful basis for this processing is the exercise of official authority vested in The Swedish Crime Victim Compensation and Support Authority. The information is digitally processed. The Authority stores the information in accordance with the requirements for archiving by public authorities. Information is disclosed in accordance with current publicity and privacy laws.

Contact us if you want to know what information we are processing about you. You can find our contact details at the bottom of this page. More information about your rights and contact details for the Authority's Data Protection Officer can be found on our website www.brottsoffermyndigheten.se.

I hereby certify that the information in this application is correct

- I am aware that I must inform the Crime Victim Compensation and Support Authority if I receive or have received damages or insurance compensation. If I do not inform the Authority of this, I risk becoming obliged to repay the criminal injuries compensation.
- I am aware that incorrect or omitted information may result in criminal liability.
- I am aware that the Crime Victim Compensation and Support Authority takes over my right to compensation for damages and other compensations up to the amount paid as criminal injuries compensation.

If the applicant is a minor the application must be signed by the guardian or, in case of joint custody, both guardians or a specially appointed representative. If one of the guardians is the offender, only the signature of the other guardian is required.

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Date Signature Name in block letters

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Date Signature Name in block letters

Send the application to:

Brottsoffermyndigheten
Box 470
901 09 UMEÅ