

Application for state compensation to victims and families of victims having suffered personal injury due to violent crimes.

Exempt from public disclosure when completed.

Fields marked * are mandatory and must be completed before the application can be processed.

To be sent to The Norwegian Criminal Injuries Compensation Authority, P O Box 253, 9951 Vardø. Prior to filling in the form, you should read pages 3 and 4.

1.1 Personal information about the applicant *		
Applicant's name		National identity number (11 digits)
Street address	Postal code and city	
Applicant's e-mail address	Phone or mobile phone number	
Applicant's occupation	Employer	Taxation municipality
1.2 Personal information in matters concerning survivor's compensation		
Name of the deceased		The identity number of the deceased (11 digits)
Last mailing address		Date of death
The applicant's relation to the deceased, including dependencies		
2. Have you received criminal injuries compensation for this criminal act previously? *		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes <input type="checkbox"/> From the county governor in	County	<input type="checkbox"/> From the Norwegian Criminal Injuries Compensation Authority
3. The criminal act *		
Place (where did the injury occur?)		Date of injury
Municipality		
The culprit's name		
Brief description of the criminal act		
Is more than one person seeking compensation for the same offence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Police report *		
Has the criminal act been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to the following police district	Date of report
Is there a sentence from a court in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report number	
If the criminal act has not yet been reported to the police, please describe, briefly, the reason why		
5. Describe the inflicted injury (enclose medical reports, etc., and a medical expense specification) *		
The nature of the injury		

6. Insurance *

Which insurance policies does the applicant have?

- Travel insurance
 Accident insurance
 Disability insurance
 Occupational insurance
 Home contents insurance
 No insurance
- Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Other – please specify

Insurance company name

Contact person

Policy No.

Has the injury been reported to the insurance company?

Yes No

Insurance benefits have been awarded/paid, totalling NOK

Enclose the insurance company decision

7. Social security benefits granted to injured party or survivors due to this injury *

The applicant has received the following social security benefits

- Sickness benefits
 Work assessment allowance
 Incapacity benefits
 Occupational injury benefits
- The injury is not covered by any social security benefits
 Other – please specify

Enclose NAV decision

Have applications for social security benefits been submitted as a consequence of this injury – and if so, applications for which benefits?

8. Compensation paid by the culprit or the Norwegian National Collection Agency (NCA) *

Amount received NOK From the NCA From the culprit Not received

If compensation has not been sought from the culprit, state the reason why

9. Compensation amount

9.1 Financial loss. State, specify, and document losses that are a consequence of the injury

<input type="checkbox"/> Loss of income (Please enclose a copy of your tax returns from two years before the injury occurred and until present day)	Amount
<input type="checkbox"/> Loss of future income	Amount
<input type="checkbox"/> Loss of dependency	Amount
<input type="checkbox"/> Medical expenses (doctors, dentists, psychologists, etc.)	Amount
<input type="checkbox"/> Dental expenses (You must also apply for reimbursement from Helfo. See the appendix section 9)	Amount
<input type="checkbox"/> Travel expenses associated with treatment (You must also apply for reimbursement from Patient travel. See the appendix section 9)	Amount
<input type="checkbox"/> Other – please specify	Amount

9.2 Damage to property

<input type="checkbox"/> Clothing damaged as a consequence of the injury (document the loss if possible)	Amount
<input type="checkbox"/> Other personal items damaged as a consequence of the injury (describe and document the loss)	Amount

9.3 Compensation for permanent injury. In applications for compensation for permanent injury, a specialist statement must be enclosed

Compensation for permanent injury is sought Is a specialist statement available? Yes No

If applicable, comments or remarks to the application

9.4 Damages for non-pecuniary loss. Damages for pain and suffering, as well as for other injury and loss of a non-pecuniary nature may be awarded. These damages are discretionarily awarded. Give a brief explanation for this application. Use a separate sheet of paper, if necessary.

Damages for non-pecuniary losses are sought

10. Have you received legal assistance? * Yes No

If yes, what kind?		
<input type="checkbox"/>	Counsel for the victim in the criminal case was appointed	
<input type="checkbox"/>	Benefits under the Legal Aid Act / Law on free legal aid	
<input type="checkbox"/>	Legal expences insurance	
<input type="checkbox"/>	Private legal assistance (private lawyer or other)	

If applicable: To what extent was legal assistance granted?	Number of hours	Amount
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11. Other information – further information may be given on a separate sheet

12. Signature *

I hereby certify that the information contained herein is accurate and as comprehensive as possible.

I consent that the deciding authority may obtain statements from doctors, dentists, psychologists, etc., as well as from tax assessment offices, insurance companies, employers, county governors, etc., regarding my, and if applicable, the decedent's financial circumstances, as well as financial and medical information from the welfare system and NAV.

I consent that my claim against the culprit will be transferred to the state, in the extent the state pays compensation to me.

I consent that compensation for dentistry work, psychologist appointments, etc., may be paid to the person or institution providing my care, unless I present a receipt documenting that the amount was paid by me.

The application must be signed by the applicant.
If the applicant is a minor, the guardian must sign the application.

..... Account number Place and date
..... Account owner Applicant's signature

Instructions for filling out this form (appendix)

<p>Section 1 Name and national identity number must always be provided. Mailing address, phone number, and, if applicable, e-mail address are useful information for later contact and correspondence. Once the application has been processed, the applicant will receive the decision at his or her mailing address, or, if applicable, at his or her attorney's office.</p> <p>Section 3 In order to be able to identify the crime reported to the police, it is important that information provided under this section is as comprehensive as possible. If the description of the criminal act is included in other documents enclosed with the application, you need not repeat it here. In applications concerning children who have experienced violence against a person close to them, it is very important that a description of the case is enclosed. Also enclose any written confirmations and documentation that may exist in the case.</p> <p>Section 4 Normally, the criminal act must be reported to the police in order for the injured party to be eligible for compensation. Prior to making a decision in regards to the application, all the police documents pertaining to the case are obtained. Fill in where and when the criminal act was reported to the police. All reported cases are given a report number. Include this report number on the application if you have it. The report number may, inter alia, be found on the «Confirmation of reported crime», which the injured party shall receive from the police.</p> <p>Section 5 The scope and duration of the injury should be briefly described and documented by enclosing a statement from the doctor that treated you, the hospital, dentist, psychologist, etc.</p> <p>Section 6-7-8 Financial benefits the applicant has been granted or is entitled to as a consequence of the injury, will be deducted from the compensation amount. If the applicant has had all or parts of his or her losses covered through insurance, he or she may have the insurance</p>	<p>deductible covered, if applicable. If the culprit has paid compensation to the applicant, the applicant must provide the amount, as well as the basis on which this compensation was paid, unless this was determined in a court of law.</p> <p>Compensation may be reclaimed if the applicant provides false information or withholds matters of significance or if the claims are covered from other sources.</p> <p>Section 9 A specific amount must be stated for the financial losses for which compensation is sought. The claim for compensation must be documented. This documentation can be for example receipts, pay slips from employers, etc. If the application includes a claim for compensation for permanent injury (Section 9.3), the applicant must provide a specialist statement determining the applicant's percentage of disability, discussing the expected duration of said disability. Compensation for permanent injury is not granted for a disability below 15 percent. In determining the compensation amount (Section 9.4), the criminal act, the consequences this act has had for the applicant, and current precedent in similar cases are taken into account. When applying for compensation for permanent injury and damages for non-pecuniary loss, a claim amount is not required. For dental injuries that occurred after January 1st 2008, the applicant must apply for reimbursement from HELFO (The Norwegian Health Economics Administration). See www.helfo.no and the regulation concerning coverage of dental expences (FOR-2007-12-13-1412) Section 1 no 13. For patient travels see www.pasientreiser.no</p> <p>Section 12 <u>As the signature on this form serves as a power of attorney, it is not sufficient that other parties, such as the applicant's attorney, sign the form on the applicant's behalf.</u></p> <p>Uncompleted forms will be returned without being processed.</p>
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