

Application for crime victims' compensation

in accordance with the Act on Compensation to Victims of violent Crime (Crime Victims Compensation Act – OEG)

Please fill in the name / address of the social compensation authority

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Please leave this field empty for authority's registration

I. Personal data

1. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs / Ms Family name, first name.		Birth name or former name:	
.....		
2. Date of birth (DD/MM/YYYY), Place of birth:		3. *Voluntary information Phone number (daytime):* 	
		Email address:* 	
4. Family status		since:	Number of children:
<input type="checkbox"/> single	<input type="checkbox"/> widowed
<input type="checkbox"/> married	<input type="checkbox"/> separated		
<input type="checkbox"/> registered civil partnership	<input type="checkbox"/> divorced		
	<input type="checkbox"/> registered civil partnership dissolved		
5. Place of residence or ordinary residence:	Street name and number:	Postal code:	City:
6. Nationality:	<u>If you are a non-German applicant from a non-EU Member State:</u>		
(Please enclose a copy of your identity card / passport)	<input type="checkbox"/> resident in the Federal Republic of Germany for an uninterrupted period since:		
	<input type="checkbox"/> residence in the Federal Republic of Germany since:		
(Please enclose a copy of your residence authorization and/or permission to reside, where applicable)			
7. <input type="checkbox"/> legal representative OR <input type="checkbox"/> authorized representative			
<input type="checkbox"/> guardian		(Please enclose a copy of the authorization)	
Family name, first name and address:			
.....			
.....			
.....			
(Please enclose a copy of the instrument of appointment and/or letters of guardianship)			

II. Information regarding the violent crime

1. When was the crime committed (if possible, specify time, day, month, year):	
2. Crime scene (if possible, provide description of crime scene, e.g. place, street name, number, apartment): <input type="checkbox"/> workplace <input type="checkbox"/> on your way to / from work <input type="checkbox"/> school / training institution / care facility <input type="checkbox"/> on your way to / from school / training institution / care facility	
Please indicate the name and address of your employer / your training institution / the competent statutory accident insurance / accident insurance fund: <input type="checkbox"/> other crime scene	
3. Has the crime been reported? <input type="checkbox"/> Yes to: Date: <input type="checkbox"/> No, because (please explain)** Reference number:	
<input type="checkbox"/> Yes, I make use of my right to refuse to give evidence <input type="checkbox"/> No, I don't	
4. Name and address - if known - <input type="checkbox"/> of the offender/s: <input type="checkbox"/> further accomplices <input type="checkbox"/> of witnesses: <input type="checkbox"/> of first aiders:	
5. Has a preliminary investigation by public prosecutor / trial taken place? <input type="checkbox"/> No <input type="checkbox"/> Yes, at: Reference number:	
6. Circumstances of the crime (<u>Please explain the essential circumstances of the violent crime; instead, you may enclose a copy of the complaint and/or police record</u>) <input type="checkbox"/> Currently I cannot provide any information about the crime.	

*Please use the enclosed additional sheet if this space does not suffice.

**Under the Crime Victims Compensation Act you are obliged to contribute, as far as possible, to the clarification of the facts and the prosecution of the offender. Generally this includes that the crime has been reported. Under section 52 of the German Code of Criminal Procedure, fiancé(e)s, spouses and registered civil partners of the accused may refuse to give evidence, even if the marriage or the registered civil partnership no longer exists, this applies also to relatives by blood or marriage in direct line (e.g. parents, grandparents), and/or kindred up to the third degree or in-laws up to the second degree (e.g. siblings, uncle, aunt).

III. Information regarding health damage / injuries

1. What physical and / or mental health damage have been caused by the violent crime?*

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2. Do you still suffer from this health damage today?*

Yes, I suffer from the following health damage: No

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3. Only in exceptional cases:

Would you like to obtain curative treatment on a provisional basis, i.e. before the application is decided upon?
(e.g. dental treatment, psychological first aid)?

No Yes (please explain*)

4. Have any body-worn aids and appliances been damaged by the crime (e.g. glasses, hearing aid, dentures)?

Yes, the following aids : No

5. Are you covered by an individual health insurance?

Yes If yes: statutory private

No

Current health insurance fund Member since:

Former health insurance fund, where applicable:

IV. Information on medical / psychotherapeutical treatment

1. In-patient treatment as a consequence of the crime*

From-to:	Name, address of the hospital and / or rehabilitation clinic	Department / ward:
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2. Out-patient treatment as a consequence of the crime*

From-to:	Name, address of the family practitioner / treating physician / psychotherapist:	Medical specialization, where applicable:
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3. Which of the health damages / injuries that you listed under No. III have already existed before the crime (in- / out-patient treatment)?*

none the following:

Name, address of the physician / psychotherapist:	Treatment from - to:	For what health damage / injury
.....
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V. Information regarding the occupational situation

1. Occupation / occupational activity, university studies, where applicable, before the crime:

2. Do you believe that the crime has affected the performance of your prior work?

No Yes, please specify*

*Please use the enclosed additional sheet if this space does not suffice.

VI. Other information

1. Are you entitled to compensation from third parties due to the consequences of the crime?

No Yes

If yes, from

- the accident insurance (e.g. occupational accident insurance fund, private accident insurance) the health insurance
- the offender (damages / damages for pain and suffering) the Statutory Pension Insurance,
- compensation schemes from other countries other funding agencies?

2. If you are entitled to compensation from third parties: Have you already claimed this compensation?

Please enclose evidence, where applicable.

If yes, from Name and address of the authority:

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No (please explain*)

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3. Do you already receive compensation under the Federal War Victims Compensation Act, Crime Victims Compensation Act, Civilian Alternative Service Act, Infection Protection Act, Prisoner Assistance Act, Criminal Rehabilitation Law, Administrative Rehabilitation Law)?

No Yes competent authority: Reference number:

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4. Do you have a recognized disability?

No Yes competent authority: Reference number:

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5. If compensation payment will be awarded, it shall be remitted to the following bank account:

BIC: IBAN:

Bank: Account holder:

6. I enclose the following documents to my application:

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7. The following person/organisation helped me with the application (e.g. victim support organisation, police, psychotherapist)

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I declare that I have given the above information to the best of my knowledge and belief, and that I have not filed any other application for crime victims compensation under the Crime Victims Compensation Act.

Place, date:

Signature of the applicant or of the legal or appointed representative or legal guardian:

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*Please use the enclosed additional sheet if this space does not suffice.

I understand that

- under section 5 of the Crime Victims Compensation Act in conjunction with section 81a of the Federal War Victims Compensation Act the authority is obliged to claim damages from the offender(s). In this context the authority has to inform the offender(s) of the application I have submitted at an early stage. If I do not want this to happen I will explain the reasons on the enclosed additional sheet. The authority will then check whether I would have to fear major disadvantages and that as a consequence no claims for damages should be made. In the case of minors the potential risk to the child's well-being may be deemed such a reason;
- by virtue of law my claims for damages against the offender(s) will be transferred to the competent authority with the exception of claims for damages for pain and suffering, and I understand that I therefore may not conclude any agreements (e.g. an out of court settlement) with the offender(s) or his/her/their insurance companies.

I take note of the fact that the health-related data, which have been made accessible to the competent authority with the help of this procedure under the Crime Victims Compensation Act,

- are being recorded and saved (section 67c of the Social Code, Book X), and may be transmitted to
- the experts commissioned by the competent authority to carry out the medical assessment,
- the central welfare offices,
- the other social benefit agencies for the purpose of carrying out their own statutory execution of tasks within the meaning of section 35 of the First Book of the Social Code (SGB I)
- and to the social courts.

I am aware of the fact that I can object to the transmission of the above information at any time and in an informal manner

(section 69 paragraph 1 Nos. 1 and 2 in conjunction with section 76 paragraph 2 of SGB X).

Declaration of consent

If I do not enclose the required documents for the examination of the claims, the competent authority will clarify the facts of the case ex officio.

Therefore I agree that the following documents may be consulted:

- police investigation files, investigation files of the public prosecution authorities, court files, youth welfare office files
- the necessary medical documents (in particular diagnoses, reports of test results, hospital discharge reports, interim reports, patient files, x-rays).

The listed documents may be obtained from the treating physicians, psychologists, hospitals (including private hospitals), authorities, courts and social benefit agencies as well as from private health, nursing and accident insurance companies - also to the extent that they were drafted by other physicians or bodies - however, only to the extent they can give insights into the merits of the circumstances of this case.

The declaration of consent applies to the administrative procedure launched with this application, for a subsequent review / repeal procedure and to the procedure for the enforcement of claims for damages that have been transferred to the federal state.

It also applies to any facts of the case and documents drafted during the procedure.

I herewith release all treating and involved physicians from their obligation of professional discretion.

- Yes
- No
- The following physicians, institutions, bodies and documents shall be explicitly excluded from this declaration of consent:

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- please specify -

Place, date:

Signature to the declaration of consent

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Additional sheet No. 1 to the application for crime victims compensation submitted by
Mr/Mrs/Ms

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