



Department of
Justice

An Roinn Dlí agus Cirt

Máinnystrie O tha Laa

www.justice-ni.gov.uk

Compensation Services

PI _____

Notice of Intention to Apply for Compensation

(Form PI1)

- Please complete all sections FULLY IN BLACK INK. Failure to give a FULL AND TRUE account will require the Agency to return the form and this WILL CAUSE DELAYS in processing the claim.
- Return to Compensation Services (the address is at the end of the form) so that we receive it within 28 days from the date of injury.

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Part 1 – Details of the Victim (BLOCK LETTERS please)

Surname	<input type="text"/>	Maiden Name/ Former Married Name	<input type="text"/>			
First (name(s))	<input type="text"/>					
Title (please tick box)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	<input type="text"/>
Date of Birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	Marital status (married, single, widowed, divorced, separated)	<input type="text"/>	
Address No & Street/Townland	<input type="text"/>					
Town/City	<input type="text"/>	County	<input type="text"/>			
Postcode	<input type="text"/>	Contact No.	<input type="text"/>			

Part 2 – Details of the Applicant (need only be completed where the applicant is not the victim or the victim is dead, incapable of signing the form or is under 18 years of age) (BLOCK LETTERS please)

Surname	<input type="text"/>	Maiden Name/ Former Married Name	<input type="text"/>			
First name(s)	<input type="text"/>					
Title (please tick box)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	<input type="text"/>
Date of Birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	Relationship to Victim	<input type="text"/>	
Address No & Street/Townland	<input type="text"/>					
Town/City	<input type="text"/>	County	<input type="text"/>			
Postcode	<input type="text"/>	Contact No.	<input type="text"/>			

Part 3 – Please complete if a Solicitor is acting for you (BLOCK LETTERS please)

Name of Firm	<input type="text"/>
Address	<input type="text"/>

Part 4 – Details of the Location of the Incident (BLOCK LETTERS please)

Where did the incident happen?

No & Street/Townland	<input type="text"/>	Town/City	<input type="text"/>
County	<input type="text"/>	Postcode	<input type="text"/>

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Part 5 – Date and Time of the Incident (BLOCK LETTERS please)

When did the incident happen?

Date Day Month Year Time am/pm*
**Delete as appropriate*

Part 6 – Details of the Report of the Incident to the Police (BLOCK LETTERS please)

Who reported the incident? Name
Day Month Year
What date was the incident reported?
Name of Police station where report was made
Name of Police Officer to whom reported, if known
Did you at any time make a signed statement to the police? (please tick box) Yes No

Part 7 – Identity of Alleged Offender (BLOCK LETTERS please)

Is it known who caused the alleged criminal injury? (please tick box) Yes No
If 'yes' please give name(s) and address(es)
Name
Address
When the incident took place, did the victim live in the same household as the person(s) who caused the injury? Yes No

Part 8 – Witnesses (BLOCK LETTERS please)

Please give name(s) and address(es) of witnesses to the incident
(continue on a separate sheet if necessary)

Name
Address

Part 9 – Details of the Injury (BLOCK LETTERS please)

Please give details of the type of injuries the victim received

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Part 10 – Details of the alleged injury was received (BLOCK LETTERS please)

Please give details of the type of injuries the victim received

Part 11 – Signature

I (on behalf of the victim or applicant)* give notice of intention to apply for compensation, under the terms of the Order stated overleaf.

Signature

Date

If the victim is under 18 years old, legally incapacitated or otherwise incapacitated this notice should be signed by a parent or guardian on their behalf or other representative over 18 years of age.

This person should also give the following information

Surname of Parent/Guardian/
Representative*

First name

Address

**Delete as appropriate*

Please return to

Compensation Services NI
5th Floor
Queens Court
56-66 Upper Queen Street
Belfast BT1 6FD

Telephone: 0300 200 7887

Compensation Services Privacy Note

Data Controller Name: Compensation Services part of the Department of Justice Core
Address: 5th Floor, Queens Court, 56-66 Upper Queen Street, Belfast, BT1 6FD
Telephone: 0300 200 7887
Email: compensationservices@justice-ni.gov.uk

Data Protection Officer
Name: DOJ Data Protection Officer
Email: dataprotectionofficer@justice-ni.x.gsi.gov.uk

Why are you processing my personal information?

Personal information is processed for the consideration of criminal compensation claims. Compensation Services process claims under the following legislation:

- Criminal Injuries Compensation (Northern Ireland) Order 2002 (for post May 2002 claims)
- Criminal Injuries Compensation (Northern Ireland) Order 2009 (for post-April 2009 claims)
- Criminal Damage (Compensation) (Northern Ireland) Order 1977

What categories of personal data are you processing?

We process the following categories of personal data:

Name

Address

email address

Date of Birth

Bank details

National Insurance number

Criminal convictions

Medical history

Compensation Services Privacy Note (continued)

Where do you get my personal data from?

This information is obtained from the original application form submitted by the claimant. Personal data is also obtained from Medical Practitioners, PSNI, Department for Communities, NI Housing Executive, Rate Collection Agency, Land and Property Services, HMRC, Insurance Companies, the claimant's former or present employer and from any other sources or Government Departments which are relevant to this application.

Do you share my personal data with anyone else?

- We may share your data with the PSNI, Department for Communities and HMRC for the prevention or detection of crime.
- We may also share your information with medical practitioners, financial experts/institutions, legal experts, loss adjusters, motor engineers, insurance companies and other Government Departments in the processing of your compensation claim.

Do you transfer my personal data to other countries?

Sometimes it may be necessary to transfer personal information overseas. When this is a requirement, information may be transferred to countries or territories around the world. Any transfers made will be in full compliance with all aspects of the GDPR.

How long do you keep my personal data?

We will only retain your data for as long as necessary to process your claim and in line with our Retention and Disposal Schedule (See Annex 1)

What rights do I have?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data;
- You are entitled to have personal data rectified if it is inaccurate or incomplete;
- You have a right to have personal data erased and to prevent processing, in specific circumstances;
- You have the right to 'block' or suppress processing of personal data, in specific circumstances;
- You have the right to data portability, in specific circumstances;
- You have the right to object to the processing, in specific circumstances;
- You have rights in relation to automated decision making and profiling.

Compensation Services Privacy Note (continued)

How do I complain?

If you are not satisfied with any of the information contained in this privacy notice, or how your personal information may be processed, please contact Department Data Protection Officer at: dataprotectionofficer@justice-ni.x.gsi.gov.uk

If you remain dissatisfied with the response to your complaint, you have the right to lodge a complaint with the Information Commissioner's Office (ICO):

Information Commissioner's Office

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113

Email: casework@ico.org.uk

<https://ico.org.uk/global/contact-us/>

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Annex 1

Schedule 9 – DOJ – COMPENSATION SERVICES

Types of Files / Records – Transaction	Retention Period	Legislative Requirement / Business Need	Final Action
Policies & Procedures; Programmes & Projects	Close after 5 years. Destroy 5 years after closure	Business Requirement	Destroy
Legislation and Regulations input	Close after 5 years. Destroy 5 years after closure	Business Requirement	Destroy
Advice and Guidance	Close after 5 years. Destroy 6 years after closure	Business Requirement	Destroy
Meetings	Close after 1 year. Destroy 2 years after closure	Business Requirement	Destroy
Litigation and case files (2002 & 2009 Personal Injury Schemes)	Destroy 2 years after closure	NI Criminal Injuries Compensation Scheme 2002 and 2009	Destroy
Litigation and case files (1968, 1977 & 1988 Personal Injury Schemes; Criminal Damage claims)	Destroy 6 years after closure	Criminal Injuries (Compensation) (NI) Order 1988; Justice and Security (NI) Act 2007; Criminal Damage (Compensation) (NI) Order 1977	Destroy
Index files & ledgers	Destroy 100 years after closure	NI Criminal Injuries Compensation Scheme 2002 and 2009; Criminal Injuries (Compensation) (NI) Order 1988; Justice and Security (NI) Act 2007; Criminal Damage (Compensation) (NI) Order 1977	Destroy