

Compensation Services NI
5th Floor
Queens Court
56-66 Upper Queen Street
Belfast BT1 6FD
Telephone: 0300 200 7887



Department of
Justice

An Roinn Dlí agus Cirt

Máinnystrie O tha Laa

www.justice-ni.gov.uk

Reference Number
For Official use only

Criminal Injury Compensation

2009 Scheme

The Northern Ireland Criminal Injuries Compensation Scheme Applies to all incidents occurring **on or after 1 April 2009**.

There are exceptions for dealing with historic incidents of sexual abuse, please contact Compensation Services for more details – Telephone No: 0300 200 7887.

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Applicant details

Only complete this Section if:

- the claimant is under 18 years old; or
- the claimant is unable to handle their own affairs

If not either of the above please go to Claimants Details Section

*Title

Other title

*First name(s)

*Surname

*Relationship to the claimant

If you are not related to the claimant, provide details of why you are making an application on their behalf.

Do you have enduring power of attorney? *This gives you permission to act on the claimants behalf*

If you do not have enduring power of attorney, provide details of why you are making an application on behalf of the claimant.

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Applicant contact details

*Address line 1

*Address line 2

Address line 3

Postcode

*Country

Contact number

Include area / country code

Email address

Will only be used for correspondence

Claimant's details

The claimant is the person claiming compensation

*Title

Other title

*First name(s)

*Surname

Other surnames

*Maiden name or other surnames
you have used*

*Marital status

*Gender

*Date of birth

Day

Month

Year

National Insurance number

*It's on your National Insurance card,
benefits letter, payslip or P60*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Occupation

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Claimant's contact details

*Address line 1

*Address line 2

Address line 3

Postcode

*Country

Contact number

Include area / country code

Email address

Will only be used for correspondence

Complete the next Section if you want to nominate a representative

If you choose someone to represent you we will send all correspondence direct to them. You are still responsible for the information your representative gives us.

Criminal Injury Compensation 2009 Scheme

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**indicates that this box must be completed*

Representative's Details

*Title

Other title

*First name(s)

*Surname

*Organisation

Name of organisation / firm

Document exchange
(DX) number

If you are a solicitor, please fill in your DX number

Your reference number

If you want us to give a reference number when we write to you

Representative's contact details

*Address line 1

*Address line 2

Address line 3

Postcode

*Country

Contact number

Include area / country code

Email address

Will only be used for correspondence

Criminal Injury Compensation 2009 Scheme

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Incident Details

If the injuries were as a result of a single incident, give the date and time

Day	Month	Year	Hour	Minute
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the injuries are as a result of sexual abuse, domestic violence or harassment over a period of time give the first and last dates of the incidents

If the days and months are not known, enter '01' and 'January'

	Day	Month	Year
First date	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Day	Month	Year
Last Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address at the time of the incident if it is different from the current address

*Where did the incident happen?

Who caused the injury?
Give the full names if known

*What happened?
Provide full details

Criminal Injury Compensation 2009 Scheme

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**indicates that this box must be completed*

Incident details – continued

If it is more than two years since the incident happened why is an application for compensation only being made now?

*Did the injured person and the person that caused the injury live in the same household as members of the same family?

Yes

No

*Is the person who caused the injury still living in the same household as the injured person as members of the same family?

Yes

No

*Did anyone other than the person injured see the incident?

Yes

No

Names and addresses of anyone who saw the incident or who could give us information about it

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Reporting the incident to the police

*Were the police told
about the incident?

☐

Yes

☐

No

Why were the police not told?

*Did the injured person tell
the police about the
incident in person?

☐

Yes

☐

No

If 'No' was selected above, who reported the incident to the police?

Title

Other title

First name(s)

Surname

Why were the police not told
about the incident in person?

When were the police first
told about the incident?

Day

Month

Year

Hour

Minute

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Reporting the incident to the police – continued

If the police were not told
about the incident
immediately, explain why?

Which police station has
details of the incident?

What is the name of the officer
the incident was reported to?

Police serial number
for the incident

*Was a written statement
made to the police?

☐

Yes

☐

No

If 'No' was selected above,
explain why a statement
was not made

*Was the incident reported to
any authority other than the
police, such as a school
principal, employer or
prison governor?

☐

Yes

☐

No

**If 'No' go to
Injuries as a Result
of the Incident**

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Reporting the incident to an authority other than the police

*Did the injured person report the incident in person? ☐ Yes ☐ No

If 'No' was selected above, who reported the incident to the other authority?

Title

Other title

First name(s)

Surname

Why did the injured person not tell the authority in person?

*Who was the incident reported to?

When was the incident first reported?

Day

Month

Year

Hour

Minute

If the incident was not reported immediately after it happened, explain why

*Was a written statement made? ☐ Yes ☐ No

Criminal Injury Compensation 2009 Scheme

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**indicates that this box must be completed*

Injuries as a result of the incident

*What injuries were received?

*Has there been a full recovery?

Yes

No

If 'No' was selected above, what are the current injuries?

*Is treatment still being received for injuries?

Yes

No

*Have the injuries left any permanent scarring?

Yes

No

*Was a hospital visit required?

Yes

No

Criminal Injury Compensation 2009 Scheme

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Details of treatment

*What was the first
hospital visited?

*Which hospital department(s)
were visited?

Date hospital visit/stay started

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date hospital visit/stay ended

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Was a doctor visited other
than at hospital?

☐ Yes ☐ No

Name of doctor

Surgery Name

Address line 1

Address line 2

Address line 3

Postcode

Country

Contact number

Criminal Injury Compensation 2009 Scheme

If more space is needed, please use the Extra Information section on pages 17 and 18

**indicates that this box must be completed*

Details of treatment – *continued*

*Was a dentist visited? ☐ Yes ☐ No

Name of dentist

Surgery name

Address line 1

Address line 2

Address line 3

Postcode

Country

Contact number

Give details of any treatment
not already mentioned
in this section

Criminal Injury Compensation 2009 Scheme

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Loss of earnings

As outlined in Paragraph 20 of The Scheme, it is the responsibility of the person seeking compensation to provide assumptions, calculations and documents in support of their claim for loss of earnings.

*Has there been or is it expected that earnings will be lost for more than 28 full weeks as a result of the injury?

☐ Yes

☐ No

If 'Yes' was selected above, tell us when a return to work is expected

Day

Month

Year

Special expenses

*Is there an expectation that Special Expenses may be paid as a result of the injury?

☐ Yes

☐ No

Payments and compensation for injuries from other sources

*Has compensation been applied for or is there an intention to apply for compensation from another person or organisation?

☐ Yes

☐ No

This does not include compensation received from a Criminal Court.

If 'Yes' was selected above, give the name, address and contract number of the person or organisation

If you have a reference number, enter it here

Criminal Injury Compensation 2009 Scheme

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Loss of earnings – continued

*Has compensation or damages been received or is there an expectation that you will receive compensation or damages at a Criminal Court as the result of the Court Order?

☐ Yes

☐ No

If 'Yes' was selected above, give the name of the Court dealing with this and details of the compensation or damages

*Has the injured person applied for criminal injury compensation before for another incident?

☐ Yes

☐ No

**If 'Yes' please enter details below.
Previous Criminal Injury applications.**

Previous Criminal Injury applications

Tell us about any previous applications for compensation. Include the date of incident(s) and any reference number(s)

Criminal Injury Compensation 2009 Scheme

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Criminal convictions

***Question 1:**

Has the injured person been convicted of a criminal offence in Northern Ireland or any other part of the United Kingdom?

☐

Yes

☐

No

***Question 2:**

Has the injured person been convicted of a criminal offence outside the United Kingdom?

☐

Yes

☐

No

If you selected '**Yes**' to **Question 2**, you must provide us with a copy of your criminal record, detailing the relevant convictions.

If you selected '**No**' to **Question 2** and you are not a resident in the United Kingdom, you must provide us with one of the following:

- Certificate of Good Conduct
- Certificate of Good Standing
- Extrait du Casier Judcaire
- Certificat de bonnes vies et moeurs
- other official evidence of a clear criminal record

Send documents along with your claim reference number* to:

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

*You will get the claim reference number when you submit the claim

Extra information

The information you have entered should be enough for us to begin to consider your claim.
If you want to add anything else to the information you have already given, please do so in the space below

Extra information

The information you have entered should be enough for us to begin to consider your claim.
If you want to add anything else to the information you have already given, please do so in the space below

Declaration form

Read the declaration form carefully before you sign it

I declare that the information I have given is true and accurate to the best of my knowledge.

I shall tell Compensation Services if there are any changes in the details I have given.

I understand that I may have to pay a fine or go to prison (or both) if:

- I give false or misleading information, or fail to give information that may affect my application; or
- I fail to tell Compensation Services if I receive any amount of compensation or damages from any other source, relating to the injuries for which I am now applying for Compensation.

I understand that DoJ Compensation Services may request the following information in line with Article 6(1)(e) of EU GDPR:

- from any medical practitioner attended by the applicant or victim, medical records, notes and reports which are relevant to this application (This will include GP and Counselling Notes and records if required)
- from the police all relevant information, including copies of the applicant or victim's criminal record (if any) and any statements made in connection with this application
- from the Department for Communities, any information which is relevant to this application
- from the NI Housing Executive, any information which is relevant to this application
- from the Rate Collection Agency or Land and Property Services, any information which is relevant to this application
- from the Inland Revenue UK, any information which is relevant to this application
- from the applicant or victim's former or present employers, information about earnings, conditions of service, pension rights and any other information which is relevant to this application
- from any source, any information which is relevant to this application

I understand that DOJ Compensation Services may notify the authorities mentioned above that I have applied for compensation and may tell them about the decision made in this claim.

I understand that the information I have provided may be given to other departments/agencies for the purposes of preventing or detecting crime.

If you are under 18 or not able to handle your own affairs, the person making the claim on your behalf (applicant) should sign this form.

*Sign here

*Print here

Date

Criminal Injury Compensation 2009 Scheme

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Compensation Services Privacy Notice

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.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
- Criminal Injuries (Compensation) (Northern Ireland) Order 1988

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

Criminal Injury Compensation 2009 Scheme

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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.

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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.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/>

Criminal Injury Compensation 2009 Scheme

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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