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.
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.
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

Occupation
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

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

*indicates that this box must be completed

#### Representative’s Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Title</td>
<td></td>
</tr>
<tr>
<td>Other title</td>
<td></td>
</tr>
<tr>
<td>*First name(s)</td>
<td></td>
</tr>
<tr>
<td>*Surname</td>
<td></td>
</tr>
<tr>
<td>*Organisation</td>
<td></td>
</tr>
<tr>
<td>Name of organisation / firm</td>
<td></td>
</tr>
<tr>
<td>Document exchange (DX) number</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your reference number</td>
<td></td>
</tr>
</tbody>
</table>

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

#### Representative’s contact details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Address line 1</td>
<td></td>
</tr>
<tr>
<td>*Address line 2</td>
<td></td>
</tr>
<tr>
<td>Address line 3</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>*Country</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
<td></td>
</tr>
</tbody>
</table>

*Include area / country code*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

*Will only be used for correspondence*
## Incident Details

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Hour</th>
<th>Minute</th>
</tr>
</thead>
</table>

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:

**First date**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

**Last Date**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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*
### Incident details – continued

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

*indicates that this box must be completed

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

*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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Title</th>
<th>Other title</th>
<th>First name(s)</th>
<th>Surname</th>
</tr>
</thead>
</table>

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the police were not told about the incident immediately, explain why?</td>
<td></td>
</tr>
<tr>
<td>Which police station has details of the incident?</td>
<td></td>
</tr>
<tr>
<td>What is the name of the officer the incident was reported to?</td>
<td></td>
</tr>
<tr>
<td>Police serial number for the incident</td>
<td></td>
</tr>
<tr>
<td>*Was a written statement made to the police?</td>
<td>Yes</td>
</tr>
<tr>
<td>*Was the incident reported to any authority other than the police, such as a school principal, employer or prison governor?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### 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?

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other title</td>
</tr>
<tr>
<td>First name(s)</td>
</tr>
<tr>
<td>Surname</td>
</tr>
</tbody>
</table>

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
### Injuries as a result of the incident

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>*What injuries were received?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Has there been a full recovery?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If ‘No’ was selected above, what are the current injuries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Is treatment still being received for injuries?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>*Have the injuries left any permanent scarring?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>*Was a hospital visit required?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Details of treatment

<table>
<thead>
<tr>
<th>Question</th>
<th>Space for Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>*What was the first hospital visited?</td>
<td></td>
</tr>
<tr>
<td>*Which hospital department(s) were visited?</td>
<td></td>
</tr>
<tr>
<td>Date hospital visit/stay started</td>
<td>Day</td>
</tr>
<tr>
<td>Date hospital visit/stay ended</td>
<td>Day</td>
</tr>
<tr>
<td>*Was a doctor visited other than at hospital?</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of doctor</td>
<td></td>
</tr>
<tr>
<td>Surgery Name</td>
<td></td>
</tr>
<tr>
<td>Address line 1</td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>Address line 3</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
<td></td>
</tr>
</tbody>
</table>
### 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
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?

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

Special expenses

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

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? 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
**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?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If ‘Yes’ please enter details below.

**Previous Criminal Injury applications**

Tell us about any previous applications for compensation. Include the date of incident(s) and any reference number(s).
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 Judicaire
• 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
6th Floor
Millennium House
17-25 Great Victoria Street
Belfast
BT2 7AQ

*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

Compensation Services Privacy Notice

Data Controller Name: Compensation Services part of the Department of Justice Core
Address: 6th Floor Millennium House, Great Victoria Street, Belfast
Telephone: 0300 200 7887
Email: compensationservices@justice-ni.gsi.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
• 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
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.
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/
### Annex 1

#### Schedule 9 – DOJ – COMPENSATION SERVICES

<table>
<thead>
<tr>
<th>Types of Files / Records – Transaction</th>
<th>Retention Period</th>
<th>Legislative Requirement / Business Need</th>
<th>Final Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies &amp; Procedures; Programmes &amp; Projects</td>
<td>Close after 5 years. Destroy 5 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Legislation and Regulations input</td>
<td>Close after 5 years. Destroy 5 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Advice and Guidance</td>
<td>Close after 5 years. Destroy 6 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Meetings</td>
<td>Close after 1 year. Destroy 2 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
</tbody>
</table>