

Major Incident Team  
Criminal Injuries Compensation Authority  
Tay House  
300 Bath Street  
Glasgow, G2 4LN  
Freephone: 0800 358 3601



a government funded scheme - putting victims first

For office use only  
Reference number:

## Compensation after a fatal injury – major incident

You do not need to be represented to apply for criminal injuries compensation. You can get free advice from us on **0800 358 3601** or from organisations such as Victim Support on 0845 303 0900 ([www.victimsupport.org.uk](http://www.victimsupport.org.uk)) or Citizens Advice ([www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)). **If you choose paid representation we cannot meet the costs of this.**

### How to fill in this form

We need this information to assess your case and may send the form back to you if there is information missing. This could delay your application.

If you are having difficulty completing this form please call one of our advisers on freephone **0800 358 3601**.

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. **Use section 12 to provide any additional information you want and continue on extra sheets if necessary.** If you are applying on someone else's behalf answer the questions as though you were the applicant. Please note that you can get more information and apply online at [www.cica.gov.uk](http://www.cica.gov.uk)

We will store and process the information you provide in line with the Data Protection Act 1998. Under the Act you can ask to see all the information we have about you.

### Eligibility statements

Please tick "yes" or "no" for each of the following.

You are only applying for funeral expenses. Yes  No

Your parent, child, husband, wife or partner has died as a result of the major incident listed above. Yes  No

This is the only compensation claim in respect of this criminal injury that you have made or intend to make. You may answer "yes" even if you are also applying on behalf of a minor applicant. Yes  No

**If you answered "no" to any of these questions you might not be able to apply on this form. Please call freephone 0800 358 3601 for further clarification. Otherwise, please continue.**





i) National insurance number:

j) Gender: Female  Male

k) Occupation at the time of the incident:

### 3 Applications made more than two years after the date of incident

There is a two-year time limit to apply for compensation. If the incident happened more than two years ago, please tell us why you are applying now so that we can take your explanation into account.

### 4 Funeral expenses

If you paid for the funeral, you can apply to have a reasonable cost repaid even if you do not qualify for any other type of award. **You must attach the funeral account and receipt to this form.**

a) Did you pay for the funeral? Yes  No

b) If you did not pay for the funeral, or only paid for part of it, please give the names, addresses and postcodes of anyone else who contributed:

Name	Name	Name
<div style="border: 1px solid black; height: 80px;"></div>	<div style="border: 1px solid black; height: 80px;"></div>	<div style="border: 1px solid black; height: 80px;"></div>

c) What was the total cost of the funeral?

d) How much of the total cost did you pay?



## 8 Criminal convictions in the UK or abroad

We must consider an applicant’s criminal convictions. We do convictions checks on applicants. To help us deal with your case, if you have criminal convictions, you must provide details below, starting with the most recent.

Do you have any criminal convictions? Yes  No  If “no” please go to section 9.

a) Offence (if you were convicted abroad please tell us the country): Sentence: Date of sentence:

Offence

Country

b) Offence (if you were convicted abroad please tell us the country): Sentence: Date of sentence:

Offence

Country

c) Offence (if you were convicted abroad please tell us the country): Sentence: Date of sentence:

Offence

Country

d) Offence (if you were convicted abroad please tell us the country): Sentence: Date of sentence:

Offence

Country

e) If there are any further convictions please list them in the box below using the same format as above (offence; sentence; date of sentence):

**9 The deceased's criminal convictions in the UK or abroad**

We must consider the deceased's criminal convictions. We do convictions checks on the person who was fatally injured. To help us deal with your case, if the deceased had any criminal convictions, you must provide details below, starting with the most recent.

Did the deceased have any criminal convictions?    Yes     No

If "no" please go to section 10.

a) Offence (if convicted abroad please tell us the country):                      Sentence:                      Date of sentence:

Offence		
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Country
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b) Offence (if convicted abroad please tell us the country):                      Sentence:                      Date of sentence:

Offence		
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Country
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c) Offence (if convicted abroad please tell us the country):                      Sentence:                      Date of sentence:

Offence		
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Country
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d) Offence (if convicted abroad please tell us the country):                      Sentence:                      Date of sentence:

Offence		
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Country
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e) If there are any further convictions please list them in the box below using the same format as above (offence; sentence; date of sentence):

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b) General practitioners (GPs) hold medical records, which we need to access. Please give the name, initials and full address of your GP, even if you didn't see them in relation to this incident.

If you did see your GP, give the date you **first attended** in relation to this incident:

       

c) If you needed dental treatment because of your injury, please give the name and full address of the dentist who treated you.

Date attended:

       

d) Details of anyone else you have received treatment from:

Date attended:

       

Continue on a separate sheet if necessary

**11 Please tick the relevant boxes to show what documents or additional forms you have enclosed**

	Enclosed	Not applicable
Death certificate (must be supplied)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of your marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that you and the person who died lived together (for example a joint mortgage statement or tenancy agreement)	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your registration document if you were civil partners	<input type="checkbox"/>	<input type="checkbox"/>
The full, original birth certificate of anyone under 18	<input type="checkbox"/>	<input type="checkbox"/>
Adoption certificates (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Applying on behalf of someone for whom you have parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>
Applying on behalf of someone over 18 who is legally incapable of managing their own affairs	<input type="checkbox"/>	<input type="checkbox"/>
Using a representative	<input type="checkbox"/>	<input type="checkbox"/>
I expect to be unable to work for more than 28 weeks as a result of my injuries	<input type="checkbox"/>	<input type="checkbox"/>

Please tick to indicate that the following statements are true before returning your form

- I will post an original signed application and not a photocopy



## Consent and signature form

Please sign the following authorisation and return this form and any supplementary forms to us at the address given on the front of this form. Please read this part carefully before you sign below. Your signature authorises the Criminal Injuries Compensation Authority (the Authority) to investigate your claim and get reports from the relevant people and organisations.

**I have read and agree with the following statements:**

1. The information I have given the Authority is true. I understand that if I knowingly give information that is incorrect, I may be liable to prosecution or other action.
2. The Authority has my permission to carry out a convictions check on me (and in fatal injury applications, the deceased).
3. I agree to notify the Authority or if appropriate TS-CIC of any changes to the information I have or will provide.
4. I give my consent for the Authority to contact any of the organisations listed below and obtain from them information in order to process my claim or to verify any of the information I have provided. The Authority may also tell the people and organisations listed below that I have made this application and tell them of the decision in my case where appropriate:
  - a. Police authorities in any county I may have lived as an adult;
  - b. ACRO;
  - c. Medical authorities and practitioners with information that may be relevant to my case (including police doctors and surgeons);
  - d. the Department for Work and Pensions;
  - e. HM Revenue and Customs
  - f. Any other person or organisation with information relevant to this application

If the applicant is 12 years or older they must sign this form at a) below. If you are filling in this form for someone under 18 or for someone who, even with assistance, lacks the capacity to understand it or make a decision on it, you should sign at b) below.

**Applicant (aged 12 or over)**

a) Sign

Print

Date









**Parent, Guardian or authorised person**

b) Sign

Print

Date









**You must enclose an original birth certificate for any child.**

Please tick to say you have done this

We will return all original documentation to you.

## Equal opportunities monitoring form

We aim to provide a fair service that treats everyone equally in terms of our practices and procedures. To make sure we are doing this, please tell us the following information about you by ticking the relevant boxes below. Your responses will not affect the claim.

This information will be kept separate from your application and will be treated in the strictest confidence.

Gender Female  Male

Do you identify as transgender, transexual or intersex? Yes  No

Age 16-24  25-34  35-44  45-55  56-65  over 65

Religion Baha'i  Parsi  Buddhist  Rastafarian   
 Christian  Sikh  Hindu  Jewish   
 Muslim  None  Other (please state)

Sexual orientation Heterosexual  Gay / Lesbian  Bisexual

Do you consider yourself disabled? Yes  No

Are you:

a) White

English  Scottish  Welsh  Irish   
 Other White background (please state)

b) Mixed

White and Black Caribbean  White and Black African   
 White and Asian  Other Mixed background (please state)

c) Asian, Asian British

Indian  Pakistani  Bangladeshi   
 Other Asian background (please state)

d) Black, Black British

Caribbean  African   
 Other Black background (please state)

e) Chinese, Chinese British

Any other background (please state)