



**Criminal Injuries Compensation Authority**  
**Tay House**  
**300 Bath Street**  
**Glasgow**  
**G2 4JR**

Telephone 0141-331-2726  
 Fax No 0141-331-2287

Reference Number
For official use only

**CRIMINAL INJURIES COMPENSATION SCHEME**

Made by the Secretary of State under the Criminal Injuries Compensation Act 1995

Application Form - Fatal Injury

PLEASE READ THE GUIDANCE NOTES IN THE APPENDIX WHEN COMPLETING THIS FORM

**1. Details of Applicant (guidance note 1)**

(A separate form must be completed for each applicant, including children)

1.1 Title (tick appropriate box) Mr  Mrs  Miss  Ms

1.2 Other title(s) (if any)

1.3 Last name

1.4 Any other last name(s) used

1.5 First name(s)

1.6 Date of Birth     
 day month year

1.7 Sex (tick appropriate box) Male  Female

1.8 Address

Postcode

1.9 Daytime Telephone Number

1.10 National Insurance Number

**1. Details of Applicant continued**

1.11 Your relationship to the deceased  
See the guidance notes in the  
appendix to this form.

**(If you are applying only for reimbursement of funeral expenses, go to question 2.)**

1.12 Were you and the deceased formally  
married and living together in the  
same household as husband and wife  
immediately before the date of death?

YES  Go to 1.14      NO

1.13 If you were not formally married to  
the deceased but living together as  
husband and wife, please give the  
date you started living together.  
See guidance note 1.

<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year

1.14 Were you financially dependent  
on the deceased?

YES       NO

1.15 Were you under 18 years old at  
the time of the deceased's death?

YES       NO

**1.16 Please enclose a copy of your marriage certificate (if applicable) or if not married relevant documentary evidence and your birth certificate/adoption certificate (if applicable) See guidance note 1.**

**2. Details of person making an application on behalf of someone else (guidance note 2)**

This section need only be completed if the applicant is under the age of eighteen or is incapable of handling his/her own affairs.

2.1 Your title (tick appropriate box)

Mr       Mrs       Miss       Ms

2.2 Your other title(s) (if any)

2.3 Your first name(s)

2.4 Your last name(s)

2.5 Your relationship to applicant

2.6 Address

  
  

Postcode

2.7 Daytime Telephone Number

**3. Details of Representative or other body helping you with this claim (guidance note 3)**

It is not essential to have a Solicitor or Trade Union, to represent you in connection with this application, but if you choose to be represented and wish all correspondence to be sent direct to your representative please enter their details below. A Victim Support Scheme may be able to help you to complete the form(s) (but would not give legal advice). If you wish us to deal directly with Victim Support, please give details below. Otherwise go to Section 4.

3.1 Name and Address

Postcode	
DX Number	

3.2 Telephone Number

--

3.3 Reference Number to be quoted in correspondence

--

3.4 Do you wish all correspondence to be sent direct to the representative?

YES

NO

**4. Details of Deceased Person (guidance note 4)**

4.1 Title (tick appropriate box)

Mr

Mrs

Miss

Ms

4.2 Other title(s) (if any)

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4.3 First name(s)

--

4.4 Last name(s)

--

4.5 Any other last name(s) used

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4.6 Sex

Male

Female

4.7 Date of Birth

day	month	year

4.8 Date of Death

day	month	year

4.9 Marital status (tick appropriate box)

Single

Married

Widowed

Divorced

Separated

4.10 Address

Postcode	



**6. Caim for Funeral Expenses (guidance note 6)**

6.1 Did you pay for the funeral? YES (in full)  Go to 6.3 YES (in part)  Go to 6.2 NO  Go to 6.2

6.2 If you did not pay the full or part of the cost of the funeral, please give the name(s) and address(es) of the person(s) or body who did pay or paid the balance?

Postcode	

6.3 What was the total cost of the funeral? The account and proof of payment must be supplied.

£
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6.4 How much of the total cost did you pay?

£
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**7. Claims for Damages or Compensation from other Sources (guidance note 7)**

7.1 Have you applied for damages or compensation from any other person or organisation (other than an Order to pay compensation made by a criminal court)? YES  Go to 7.2 NO  Go to 7.4

7.2 Please give the name and address of the person or organisation to whom you have applied.

Postcode	

7.3 Please give the date the application was made and any reference number.

day	month	year

Reference Number

7.4 Do you intend to apply to any other person or organisation for damages or compensation as a direct result of this incident (other than an Order to pay compensation made by a criminal court)? YES  Go to 7.5 NO  Go to 7.6

7.5 Please give the name and address of the person or organisation to whom you intend to apply.

Postcode	

7.6 As a direct result of the incident have you received or do you hope to receive:

(a) Compensation or damages as a result of any Court Order

YES  NO

(b) Compensation or damages from ANY other source

YES  NO

7.7 If the answer to any of the above questions is YES, please give details.


**8. Other Qualifying Applicants (guidance note 8)**

8.1 If you know of any other person who may be eligible for an award as defined in Section 1 of the Appendix to this form, please give their name, address and their relationship to the deceased. Continue on a separate sheet if necessary. Separate applications must be made by other qualifying claimants.

Name and Address


Postcode

Relationship to deceased

--

Name and Address


Postcode

Relationship to deceased

--

Name and Address


Postcode

Relationship to deceased

--

**9. Signature and Authorisation (guidance note 9)**

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE FORM.

- 9.1 The information I have given in this form is true.
- 9.2 I agree to tell the Authority in writing about any changes to the information I have provided.
- 9.3 I agree to tell the Authority if I make any claim to any other person or body for compensation or damages arising from the death in respect of which this application is made.
- 9.4 I agree to inform the Authority if I receive damages or compensation from any other source arising from the death in respect of which this application is made.
- 9.5 I agree to give the Authority all reasonable assistance.
- 9.6 I authorise and request the following bodies to supply any information reasonably requested by the Authority in connection with this application:
  - (a) The police
  - (b) Medical authorities
  - (c) Relevant government authorities
  - (d) Relevant local authorities
  - (e) Any other person, body or organisation with information relevant to this application.
- 9.7 I authorise the Authority to ask any court responsible for enforcing a compensation order in my favour to hold any outstanding money received as a result of that order until the Authority informs the court that it has reached a final decision about my application.
- 9.8 I understand that the Authority may inform the authorities and persons mentioned above that I have made this application, and tell them their decision.

Tick the relevant boxes to show which documents you have endorsed.

- Death Certificate** - we only need one copy even if two or more applications are submitted together in respect of the same incident.
- Full Birth Certificate/Adoption Certificate** - if applicable - showing the relationship to the deceased, that is, either the parent or child of the deceased.
- Funeral Expenses** - Account and proof of payment, if applicable.
- Marriage Certificate** - if applicable, **or**
- Documentary evidence** - to substantiate your claim that you lived as husband and wife immediately and for at least 2 years before the date of death.

9.9 Signature of applicant

\_\_\_\_\_

day	month	year

9.10 Signature of person applying on behalf of applicant

\_\_\_\_\_

day	month	year

## GUIDE TO COMPLETING THE FATAL INJURY APPLICATION

### Introduction

Please read this guide carefully. It is intended to help you complete the fatal injury application form. The relevant section of the Guide is referred to at the beginning of each section of the application form.

This is not a guide to the Criminal Injuries Compensation Scheme, a copy of which can be obtained from the address on the front of this application form.

If you are completing the form on behalf of someone else, please remember that it is written as though it was addressed to the applicant.

When we receive your completed application it will be recorded and we will send you an acknowledgment including a reference number which should be quoted in all communications.

When completing this form please remember to -

write in block capitals

tick the boxes that apply

when you are asked to give a date, write in the box provided, using numbers only;

example: for 10 January 1996

write

10	01	96
----	----	----

day month year

### Section 1: Details of the applicant

**If you are applying on your own behalf please enter your details in this section and then go to Section 3. If you are applying on behalf of someone else please enter their details in this section and your details in Section 2.**

**If you are applying for reimbursement of funeral expenses only, please go to section 6 of this guide.**

## APPLYING FOR A FATAL AWARD

The answers you give in this application will help us to consider your eligibility under the Scheme for a Fatal Award. (In certain circumstances, you may also be able to claim separately for your own personal injury - please see Paragraph 9 of the Scheme). A Fatal Award can comprise one or more of the compensation payments listed below:

Standard amount of compensation (paragraph 39 of the Scheme);

Dependency (paragraph 40 of the Scheme);

Loss of Parental Services for a child under 18 years of age (paragraph 42 of the Scheme).

To apply for a fatal award you must be a qualifying claimant who at the time of the deceased's death was:

- (a) **the spouse** of the deceased, who was formally married to and living with the deceased as husband and wife in the same household immediately before the date of death; or
- (b) **a person** who, though not formally married to the deceased lived with the deceased as husband and wife in the same household immediately before the date of death and had been so living for at least 2 years before that date; or
- (c) **a former spouse** of the deceased, who was financially supported by him/her immediately before the date of death. **Note: a former spouse is not a qualifying claimant for the purposes of Paragraph 39 of the Scheme, ie the standard amount of compensation; or**
- (d) **a parent** of the deceased, whether or not the natural parent, provided he/she was accepted by the deceased as a parent of his/her family; or
- (e) **a child** of the deceased, whether or not the natural child, provided that he/she was accepted by the deceased as a child of his/her family or was dependent on him/her.

The definition of 'child' is **not** restricted to a person below the age of eighteen.

**Any of the above may also apply where the victim has died from the injuries even if an award has been made to the victim whilst still alive.**

**If you are a qualifying claimant you must enclose the following documentation:**

**Marriage Certificate**, if applicable

or

**Documentary Evidence** to substantiate your claim that you lived as husband and wife immediately and for at least 2 years before the date of death.

**Birth Certificate/Adoption Certificate** - if applicable - showing the relationship to the deceased that is, either the parent or child of the deceased.

Questions 1.11  
1.12 & 1.13      The answers you give to these questions will help us to decide if you are a qualifying claimant and eligible to be awarded the standard amount of compensation.

Questions 1.14  
& 1.15      The answers to these questions will help us to decide if you are a qualifying claimant. If you were financially dependent on the deceased at the time of death you may be eligible for additional compensation for dependency and/or loss of parental services if you are under 18 years of age (paragraphs 40 & 42 of the Scheme). If we consider that you may be eligible we will send you a form for Dependency/Parental Services. We will use the information you provide to make further enquiries in consideration of your application.

## **Section 2: Details of person making an application on behalf of someone else**

You need only complete this section if you are the person making application on behalf of someone who is under 18 years of age or who, although adult, is incapable of handling his or her own affairs. For the purposes of the Scheme someone below the age of 18 is regarded as a minor.

If you are applying on behalf of a minor you must have parental responsibility for the minor, otherwise there could be delays in dealing with the application if it is made and conducted by the wrong person. If you are unsure about parental responsibility you should seek the advice for example, of your local Citizens Advice Bureau.

If you are applying on behalf of an adult who is legally incapable of handling his or her own affairs, you must be properly authorised to act on that person's behalf.

## **Section 3: Details of representative or other body helping you with this claim**

You do not need to obtain the services of a solicitor or Trade Union to represent you in connection with your application, but if you choose to be represented, you must tell us whether we should correspond directly with your representative or with you. A Victim Support Scheme can help you to make this application but is not able to give you legal advice.

The Authority is not responsible for an applicant's legal costs nor can awards to minors be mandated in favour of anyone other than the person(s) with parental responsibility.

## **Section 4: Details of the Deceased**

(This section of the form only needs to be completed once even if two or more applications are submitted together in respect of the same incident).

You should supply full details of the deceased including his/her address at the time of the incident.

Question 4.11 Enter the deceased's occupation at the date of death. If he/she was retired, a student or unemployed please tell us.

### **Section 5: Details of the Incident**

(This section of the form only needs to be completed once even if two or more applications are submitted together in respect of the same incident).

It is very important that you provide precise details about the date, time and place of the incident.

Question 5.2 Please give a location and full address. For example, rather than saying 'The Queens Arms' or 'At John Smith's house' it will be much more useful if you provide the full address including the name of the street and town.

Question 5.3 If the incident happened more than 2 years ago, you must tell us why you did not apply earlier. If you do not, we will be unable to consider your application.

### **Section 6: Claim for Funeral Expenses**

Anyone who has paid for the funeral even if he or she would otherwise be ineligible under the Scheme can apply to have funeral expenses reimbursed. The funeral account and proof of payment must be attached to this form.

### **Section 7: Payment of compensation from other sources**

You must tell us about any claims for or payments of damages or compensation you have made or received, or may make or may receive, from any other source as a result of the death of the victim. This includes claims to the MIB (Motor Insurers' Bureau). We may deduct any amount received in this way from any award we may make.

### **Section 8: Other qualifying claimants**

Please give the name, address and relationship to the deceased of anyone you think may be a qualifying claimant and therefore eligible for an award. The definition of qualifying claimant is contained in Section 1 to this Guide.

### **Section 9: Signature and authorisation**

Please read this section very carefully before you sign it. Your authorisation allows us to start our enquiries and to obtain reports from the relevant authorities.

Before sending the form to us please check that you have answered all the relevant questions and enclosed the necessary documents.

## **GENERAL INFORMATION**

If any of the information you have given on the form changes, you must tell us immediately in writing quoting your case reference number.

The Authority's offices are open from 9.00 am until 5.00pm from Monday to Thursday and 9.00 am until 4.30 pm on Friday for telephone enquiries.