

THE APPLICATION FORM FOR FINANCIAL COMPENSATION OF THE CRIME VICTIMS

(information is entered with a pen, legible handwriting in block letters)

In case of ambiguity in in completing the form, the applicant may use the toll-free phone of the National Call Center for Victims of Crime and Misdemeanour to ask for assistance: 116 006

A copy of the form is available on the official website of the Ministry of Justice of the Republic of Croatia: www.mprh.hr

Part I

Applicant information:

First name and last name: _____

Maiden name (name at birth): _____

First and last name of the father: _____

First and last name of the mother: _____

Date, month and year of birth: _____

Place and state of birth _____

Citizenship: _____

Personal identification number (PIN) or other identification number for people who are not citizens of the Republic of Croatia _____

Permanent or temporary residence: _____

Telephone number: _____ Mobile number: _____

E-mail address: _____

Occupation and profession: _____

Name and address of the employer's headquarters:

Address of the applicant's workplace: _____

Actions taken to find the perpetrator/s and cooperation with the police or other competent authority:

Information about the legal representative or guardian of the applicant

(if the applicant is a minor or is deprived of legal capacity)

First name and last name: _____

PIN: _____

Permanent or temporary residence: _____

Telephone number: _____ Mobile number: _____

E-mail address _____

Information about the victim

(Details are completed if the applicant is not a direct victim)

Name and surname of deceased victim: _____

Date of death of the victim _____

Kinship relations of the applicant with direct crime victim: _____

(indicate whether they lived in the same household or common-law or same sex union and for how long)

Indicate whether the applicant is a beneficiary of the family pension per deceased victim

(to be completed only if the applicant has lost the right to maintenance in accordance with the law)

Part II

Information about the perpetrator and the criminal offense

The name and nickname of the perpetrator (if known) _____

Date of the criminal offense _____

Place of the criminal offense _____

A brief description of the event;

a) circumstances leading to the criminal offense _____

b) circumstances and manner of commission of the criminal offense _____

c) proceeding immediately after the criminal offense _____

Date of report of the criminal offence: _____

Whether there are criminal proceedings against the perpetrator, at which court, and the reference number of the criminal case file:

Whether the compensation was realized in connection with the harmful event (in criminal, civil or any other proceedings or settlement): _____

If so, state the basis for the compensation paid, and when, how and in what amount the compensation was paid: _____

The type and amount of compensation that the victim is claiming:

Compensation for medical treatment costs: _____

Compensation for loss of earnings: _____

Compensation for loss of maintenance: _____

Compensation for funeral costs: _____

Indicate whether the applicant is under obligatory health insurance and whether costs of his/her medical treatment were settled and in what amount: _____

Part III

Documents that the applicant must submit with the application:

(stated documents shall be submitted in original or certified copy)

1. Proof of citizenship
2. Certificate of residence
3. Death certificate of the victim
4. Confirmation that the crime offence was reported
5. A sworn statement by the applicant that he/she did not realize the compensation granted by the Act on Compensation to Crime victims by another legal basis
6. Medical documentation of the victim based on which compensation is requested (hospital registration, medical findings and verification, discharge summary, the report on sick leave, invoices for health care services)
7. Invoices for the usual funeral expenses
8. Other relevant certificates or documents that might be relevant to a decision on compensation

By completing and signing this form the applicant agrees that his/her personal data can be processed for the purpose of exercising the right compensation and cannot be used for other purposes.

Signature of the applicant

Date: _____

Personal data provided on this form and accompanying documentation shall be processed in accordance with the provisions of the Act on Personal Data Protection ("Official Gazette" No. 106/12).

Warning:

False reporting of criminal offence and the perpetrator is a criminal offense under the provisions of the Criminal Code.

In the event that the applicant submitted false information in the application, failed to inform the competent authority of the facts affecting the realization of the right to compensation or if competent authority finds that in this case there is no criminal offense after the applicant has received compensation, in accordance with Art. 40 of the Act on Compensation to Crime Victims ("Official Gazette" No. 80/08, 27/11), the applicant shall pay back the compensation amount increased by the cost of the procedure to the Republic of Croatia.

