

Form 6 Amendment application

V2.08-2013

Victims of Crime Assistance Act 2009 (s36)

This form is to be completed if you are a primary victim, witness secondary victim or a related victim of an act of violence and the act of violence occurred in, or relates to, your workplace and you have made an earlier application for assistance in relation to the act of violence.

Under the *Victims of Crime Assistance Act 2009*, only specific assistance could be granted while your workers' compensation claim was being finalised. Now that your workers' compensation claim has been decided you are able to seek additional assistance using this form. It is the Department's usual practice to only disclose information collected on this form to the Queensland Civil and Administrative Tribunal for the purpose of hearing an appeal should the applicant appeal the Government Assessor's decision.

Please note that the personal information collected on this form will be disclosed to WorkCover Queensland for verification purposes.

Your amended application must be received within 3 years of the workers' compensation application being finalised. If the applicant is a child when the workers' compensation is finalised, the application must be lodged before the person turns 21 (s34(2)).

Please note, your workers' compensation claim is considered finalised if a decision has been made about an application, for example (s33):

- Your application has been rejected; or
- You have accepted or rejected an offer of lump sum compensation; or
- Your entitlement to compensation under the *Workers' Compensation and Rehabilitation Act 2003* stops.

Section 1 - Details of the person wanting assistance (victim)

Victim Assist Queensland application number			
Title (e.g. Mr, Mrs, Ms, Miss)			
Family name:			
Given name/s:			
Middle name/s:			
Have you used any other name/s? (e.g. maiden name, change of name for privacy reasons)			<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide the other name/s			

Residential address:	Unit/Building No.	Street No.	Street Name
	Suburb/Town/Locality		State Postcode
Enter "as above" if postal address is the same as residential address.			
Postal address:	P.O. Box	or Street No.	Street Name
	Suburb/Town/Locality		State Postcode
Telephone number:	()	Mobile/Alternative number:	()
Email:			

Section 2 - Details of workers' compensation claim

The Government Assessor will need to verify the assistance you were granted through workers' compensation.	
Workers' compensation reference number	
Title (e.g. Mr, Mrs, Ms, Miss)	
Case Manager's given name/s:	
Case Manager's family name:	

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Location: (area office)	Unit/Building No.	Street No.	Street Name
	Suburb/Town/Locality		State Postcode
Telephone number:	()	Fax number:	()
Email:			

Outcome of workers' compensation application

The Government Assessor will need to take into consideration the outcome of your workers' compensation claim before your amended request for assistance can be finalised. Please complete the section below.

Did you receive a lump sum payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If Yes, Amount \$ _____
Other types of assistance granted	Amount \$

Section 3 - Details of amended assistance sought

Victim type	Type of assistance
Primary victim	<p>Special assistance</p> <p>The amount payable will depend on the amount of the lump sum payment you received from workers' compensation. The amount you can receive for special assistance is the difference between the special assistance that would ordinarily be payable and the lump sum compensation paid by workers' compensation. Receipts from workers' compensation about the lump sum payment will need to be provided.</p> <p>If you are making a claim under this category as a primary victim, please complete Section 4 below.</p>
Related victim	<p>Loss of an amount</p> <p>An amount of up to \$20,000 that, but for the death of the primary victim of the act of violence, the related victim would have been reasonably likely to receive from the primary victim, during a period of up to 2 years after the primary victim's death.</p> <p>Distress</p> <p>An amount of up to \$10,000 for distress suffered, or reasonably likely to be suffered, by the related victim as a direct result of the primary victim's death.</p> <p><i>(The amount payable will depend on the amount you received from workers' compensation. The amount you can receive in total for loss of an amount and distress (non-expense assistance) is the difference between the non-expense assistance that would ordinarily be payable and the lump sum compensation paid by workers' compensation (s32(7)). Receipts from workers' compensation about the lump sum payment will need to be provided.)</i></p> <p>If you are making a claim under these categories as a related victim, please complete Section 5 and 6 below.</p>

Section 4 - Details of special assistance - primary victims only

Are you applying for special assistance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Section 5 - Details of loss of an amount - related victims only

An amount that you would have been reasonably likely to receive from the primary victim if the primary victim had not died as a result of the act of violence.

The amount granted will be your actual loss of financial support for the period you nominate less any other amounts you have received from other sources such as insurance payments, Centrelink payments and other payments.

Please note that to be eligible for a payment, you must have exhausted all other entitlements you are eligible to apply for.

Supporting material required to support claim

(This is a guide only. All claims should be supported by documentation which verifies the figures used to calculate the amount you are claiming.)

1. Employment details

A. Tax returns of the related victim and the primary victim for:

- The 3 financial years before the death of the primary victim; and
- The financial years between the date of death and the end date of the period for which the dependency claim is made.

B. Advice in writing from the deceased primary victim's employer or, if the deceased was self-employed, a statement detailing gross pre-death earnings including particulars as to the basis upon which the pre-death earnings have been determined.

C. Any other supporting material.

2. Other payment details

You will need to provide details of any payments received or payable by way of social security or other benefit from any insurance, superannuation, compensation, assistance or damages claim (see part D below).

3. Other dependency details

Details of:

- Documentation verifying the relationship between the related victim and the deceased primary victim i.e. spouse, child, defacto relationship etc. Where appropriate, documentation verifying the nature of the relationship; for instance length of relationship, financial arrangements, etc.
- Documentation establishing the financial contributions made by the deceased primary victim to the related victim for the 3 financial years before the death of the primary victim.
- Documentation verifying the assets and liabilities of the related victim, the estate of the deceased primary victim and the distribution of assets.

A. State the primary victim's pre-death weekly gross earnings	
Amount:	\$
How did you calculate this amount? (e.g. The primary victim's tax return shows a gross income of \$36,000 for a full year. Therefore \$36,000 divided by 52 weeks equals a weekly gross earnings of \$692).	
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B. Your pre-death weekly dependency income	
Amount:	\$
This is the amount you would have been reasonably likely to receive from the primary victim per week. List the documents you relied on to calculate this in the box below.	
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C. Your post-death dependency claim. Specify the period for which the claim is made.				
Date from	Date to	Total time (weeks)	Amount (B) specified above	Total dependency claim (Total time X amount)
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
Total (C)				\$

D. Less what you have received from other entitlements as a result of the death of the primary victim.			
Entitlement	Date from	Date to	Amount
WorkCover compensation	DD/MM/YYYY	DD/MM/YYYY	\$
Insurance payments - income protection	DD/MM/YYYY	DD/MM/YYYY	\$
Compulsory third party insurance	DD/MM/YYYY	DD/MM/YYYY	\$
CentreLink payments	DD/MM/YYYY	DD/MM/YYYY	\$
Any other payments (provide details)	DD/MM/YYYY	DD/MM/YYYY	\$
Total (D)			\$

Total (C)	Total (D)	Total Amount Claimed
\$ - Less	\$ =	\$

Section 6 - Details of Payment in recognition of distress - related victims only

A payment of up to \$10,000 may be granted in recognition of the distress suffered or reasonably likely to be suffered by related victim. For example:

- The act of violence may have attracted extensive and prolonged media attention.
- A sister found out about the death of her brother on Facebook.
- The mother of a related victim may need to travel past that spot every day on their way to work.
- Very personal information about the family's circumstance or an unrelated event has been revealed in the media which caused distress and embarrassment.
- A parent suffered distress as a result of the death of their very young child from an act of violence.

Can you please explain why you are seeking a payment for distress in the box below.

Lined area for explaining the reason for seeking a payment for distress.

Section 7 - Banking details

If a payment is granted, the money can be transferred directly into a bank account or in the case of a child or person with impaired capacity to the Public Trustee. Only nominate a bank account for payment if you want the payment transferred directly into a bank account:

Table for banking details with fields: BSB number, Account number, Account name, Signature (applicant or representative).

If you do not have a bank account, the payment will be posted to you at the address on this form. Some payments may be made directly to the service provider on the submitted invoice.

Section 8 - Signature

I declare that all the information on this form is true and correct.

Signature and Date fields.

Section 9 - Document checklist

Checklist items: I have checked to see that I have completed all relevant sections of the approved form. I have provided: Any other documents supporting my application (e.g. invoices, receipts, statements).

Do you know that Victim Assist Queensland can provide assistance to make contact with other support agencies that offer: Court Support; Victim Liaison Service; and Victim Register. If you would like someone from Victim Assist Queensland to contact you please tick YES. Or you can call 1300 546 587 between 8:30am to 5:00pm Monday to Friday.

The completed form can be returned to Victim Assist Queensland by:

Mail: Victim Assist Queensland, GPO Box 149, Brisbane QLD 4001

Fax: (07) 3109 1901

Email: (signed and scanned) to victimslinkup@justice.qld.gov.au

For more information please contact Victims LinkUp on 1300 546 587.

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