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 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.