

Isle of Man Criminal Injuries  
Compensation Panel

**Application Form – 2005 Scheme**

For claims relating to incidents on or after 13 December 2005

**Please note:**

Before sending this application form to the Panel, you should complete **all sections**  
(Enter "None", "Not Known" or "Not Applicable" where appropriate.)

**1. Particulars of Applicant**

Surname: ..... First name(s): .....

Any other surname you have used: .....

Title: ..... Date of birth: ..... Marital status: .....

Address: .....

..... Phone No: .....

Correspondence address  
if different: .....

.....

Occupation: ..... National Insurance Number: .....

Employers name & address: .....

.....

**2. Particulars of Police Action**

Date incident reported to the Police: .....

Who reported the incident: .....

To which Police Station: .....

Please state name or badge number of  
police officer, and case number (if known).....

Has the offender been prosecuted: ..... Yes / No

At which Court? (Tick relevant box if known)

High Bailiff:  Deputy High Bailiff:

Magistrates:  General Gaol:

Sentence given to offender(s): .....



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**4. Details of Medical Treatment you have received**

**Who did you see about the injuries which you sustained in this incident?:**

Police Doctor: ..... Yes / No                      Date(s): .....

Casualty/Accident & Emergency Doctor: Yes / No                      Date(s): .....

Hospital attended: (Delete as appropriate):                      Douglas / Ramsey

Your own GP: ..... Yes\* / No                      Date(s): .....

Other specialist:..... Yes \*/ No                      Dates(s): .....

\*If yes, please provide name & address of GP / Dentist / Specialist Consultant as applicable:.....

.....  
.....  
.....

**5. Details of Injuries**

What injuries did you suffer?:.....

.....  
.....  
.....  
.....  
.....  
.....

Are you still receiving treatment for your injuries? ..... Yes / No

**If Yes**, please give details: .....

.....

**6. Details of Lost Earnings**

Dates of absence from work: From:..... To: .....

From:..... To: .....

Details of lost earnings: £ .....

.....

*Evidence must support the amount claimed, clearly showing a history or pattern of income over a reasonable amount of time prior to the assault. This can be in the form of Wage Slips or Income Tax Assessments, etc.*

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**7. Details of Out of Pocket Expenses**

If you incurred any out of pocket expenses as a direct result of the incident, please list them below and give the cost. E.g. Prescription charges, damaged clothing (this would not cover items such as lost or damaged jewellery – please provide receipts wherever possible)

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.....

.....

.....

.....

**8. Details of Benefits Received, etc.**

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.....

**9. Details of any Compensation Awarded by the Court**

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.....

**10. Details of Civil Court Proceedings**

If you have taken out any Civil Court Action for Personal Injury or Damages against the offender, please give details.

.....

.....

.....

If you have not sought compensation from the offender, please give reasons: .....

.....

.....

.....



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**13. Consent**

Please tick the relevant boxes below where you consent to the Isle of Man Criminal Injuries Compensation Tribunal making a request for the following information, which will be used as part of the decision making process to determine the outcome of the application.

- 1. A report from a medical examination I have been required to attend at the request of the Tribunal
- 2. A report about my injuries and treatment from the Doctor, Dentist and Hospital I attend(ed)
- 3. A copy of my statement(s) and any information regarding any sums awarded to me by a civil or criminal court from the Police
- 4. Details of any previous convictions recorded against me from the Police
- 5. Any evidence relevant to the investigation from the Police (as deemed by the manager of the Constabulary's Information Management Unit)
- 6. Information relevant to my application in relation to any payments I receive from the Treasury and any other authority
- 7. Information about my earnings and any other matters relevant to my application from my employer(s)
- 8. Information about the recovery of damages from the person who caused my injuries from my Advocate
- 9. Any additional information which may be relevant to this application from any other relevant person, body or organisation

The authorities mentioned above will be informed a criminal injuries application form has been submitted and all of the information obtained will be supplied to the Secretary for the Tribunal, who will collate and supply the information to the Tribunal prior to the hearing.

If you wish to withdraw this consent at any time please notify us in writing at the address at the end of this form.

Name:.....

Signature: ..... Date: .....

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**14. Declaration**

The above statements are true to the best of my knowledge and belief.

Name:.....

Signature: ..... Date: .....

If you are filling in this form for someone who is under 18, or incapable of handling their own affairs, you must sign below.

Name:.....

Signature: ..... Date: .....

Please indicate if you are a parent, guardian, or other authorised person: .....

If you are appointing a representative to handle your claim and correspondence, please complete the following section:

I appoint Victim Support\* /..... Advocate\* to handle this claim and correspondence on my behalf. \*Please delete as applicable

Signature: ..... Date: .....

**15. How the Treasury collects and uses information**

To find out more about how we use information, contact any of our offices or visit our website at <https://www.gov.im/about-the-government/departments/the-treasury/social-security-division/privacy-notice/>

Please return the completed form to:

The Criminal Injuries Compensation Panel  
1<sup>st</sup> Floor  
Markwell House, Market Street  
Douglas, Isle of Man. IM1 2RZ