

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

NB Please remember to provide photographic proof of identification (eg Copy of Passport/Driving Licence or Birth Certificate if not held) & proof of residence (eg Utility Bill, Rent Book, etc)

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):

Name & address of Doctor:
.....
.....
.....

5. Details of Injuries

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

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:

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. eg. 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 Sickness 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.

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

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13. Authorisation to the Panel

The above statements are true to the best of my knowledge and belief. I agree to submit to such medical examination as the Panel may require and I authorise that:-

1. The Doctor, Dentist and the Hospital I attend(ed) to furnish the Panel, at their request, with a report as to my injuries and treatment.
2. The Police to furnish the Panel, at their request, with a copy of my statement(s) and any information regarding any sums awarded to me by a Court of General Gaol Delivery or a Court of Summary Jurisdiction. I also give authority for the Police to furnish the Panel with details of any previous convictions recorded against me.
3. The Department of Health and Social Security and any other authority from which I may receive payments from public funds to give the Panel information relevant to my application.
4. My employer(s) to give the Panel information as to my earnings and any other matters relevant to my application.
5. My Advocate (if any) to give the Panel information as to recovery of damages from the person who caused my injuries.
6. Any other relevant person, body or organisation with information which may be relevant to this application.

I understand that the Panel may notify the authorities, mentioned above, that I have submitted an application and may inform them of the Panel's decision.

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:

Address, if different to details in section 1 of this form.....

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Please return the completed form to:

The Criminal Injuries Compensation Panel
Isle of Man Courts of Justice
Deemsters Walk
Bucks Road
Douglas
Isle of Man. IM1 3AR