



# Application for Victim Compensation



**schadefonds**  
**geweldsmisdrijven**

Violent Offences Compensation Fund  
[Schadefonds Geweldsmisdrijven]  
Postbus 1947  
2280 DX Rijswijk  
Telephone +31 (0)70 414 20 00  
[www.schadefonds.nl](http://www.schadefonds.nl)  
[info@schadefonds.nl](mailto:info@schadefonds.nl)

Kenmerk: \_\_\_\_\_

## Authorization

In order to enable us to process your application you must complete, sign and return the authorization form. The Violent Offences Compensation Fund or its medical advisor may need to obtain information from the authorities referred to below.

Do you consent to information being requested from the following authorities?

your GP and/or consulting physicians  Yes  No

your consulting therapist(s) (eg psychotherapist, physiotherapist)  Yes  No

the medical advisor to the sector in which the victim is employed or the company  Yes  No

your employer  Yes  No

the authority that pays or has paid injury benefit  Yes  No

the Dutch Tax and Customs Administration  Yes  No

## Victim's particulars

Surname \_\_\_\_\_

Given names in full \_\_\_\_\_

Date of birth \_\_\_\_\_

Citizen service number [Burgerservicenummer] (formerly tax and social insurance [sofi] number) \_\_\_\_\_

Street address \_\_\_\_\_

Postcode and place of residence \_\_\_\_\_

If you are the parent/guardian of a minor victim, fill out your particulars here.

Surname \_\_\_\_\_

Given names in full \_\_\_\_\_

Date of birth \_\_\_\_\_

Who must sign this form?

You, the victim.

If the victim is a minor, this form must be signed by his/her parent or guardian.

## Signature

I declare that this form has been completed truthfully.

Signature(s) \_\_\_\_\_

Place and date \_\_\_\_\_

Kenmerk: \_\_\_\_\_

1.1

# 1 Personal particulars

If you have been the victim of an offence you may apply for compensation from the Violent Offences Compensation Fund. If you are being assisted by for example a lawyer or an employee of Victim Support Netherlands [*Slachtofferhulp Nederland*], you may authorize them to be your representative.

## Victim's particulars

Fill in your particulars below.

Given name or names \_\_\_\_\_

Surname and sex \_\_\_\_\_  Male  Female

Street address \_\_\_\_\_

Postcode and place of residence      \_\_\_\_\_

Country \_\_\_\_\_

Telephone number (and fax number if available) **T** \_\_\_\_\_ **F** \_\_\_\_\_Mobile phone number and e-mail address **06** \_\_\_\_\_ **E** \_\_\_\_\_

Country of birth and date of birth \_\_\_\_\_

Profession or position \_\_\_\_\_

Citizen service number [*Burgerservicenummer*]  
(formerly tax and social insurance [*sofi*] number)         \_\_\_\_\_Bank or giro account number  
(for payment after compensation is awarded) \_\_\_\_\_Or someone else's account  
(for payment after compensation is awarded)  No  Yes, account number |

Account name | \_\_\_\_\_

Initials and surname \_\_\_\_\_

Postcode and place of residence      \_\_\_\_\_  
an identity document of the victim (passport, ID-card, drivers licence).

Enclose a copy of: \_\_\_\_\_

1.2

## Particulars of parent/guardian

If the victim is a minor, the personal particulars of a parent or the guardian are also required.

Initials and surname and sex \_\_\_\_\_  Male  Female

Street address \_\_\_\_\_

Postcode and place of residence and country      \_\_\_\_\_Telephone number (and fax number if available) **T** \_\_\_\_\_ **F** \_\_\_\_\_Mobile phone number and e-mail address **06** \_\_\_\_\_ **E** \_\_\_\_\_Citizen service number [*Burgerservicenummer*]  
(formerly tax and social insurance [*sofi*] number)         \_\_\_\_\_Bank or giro account number  
(for payment after compensation is awarded) \_\_\_\_\_Or someone else's account  
(for payment after compensation is awarded)  No  Yes, account number |

Account name | \_\_\_\_\_

Initials and surname \_\_\_\_\_

Postcode and place of residence      \_\_\_\_\_

1.3

## Particulars of authorized representative

If you are being represented by for example a family member, lawyer or an employee of Victim Support Netherlands [*Slachtofferhulp Nederland*] and you want correspondence to be conducted through this representative, fill in his or her particulars here.

Initials and surname \_\_\_\_\_

Sex  Male  Female

Name of office/agency \_\_\_\_\_

Street address \_\_\_\_\_

Postcode and town/city      \_\_\_\_\_

Country \_\_\_\_\_

Telephone number (and fax number if available) **T** \_\_\_\_\_ **F** \_\_\_\_\_Mobile phone number and e-mail address **06** \_\_\_\_\_ **E** \_\_\_\_\_File number         \_\_\_\_\_

## 2 The offence

Provide information below about the violent offence of which you have been the victim. The Violent Offences Compensation Fund needs this information in order to investigate what has happened to you. If necessary, it will also request information from the police or justice authorities.

What was the nature of the offence?

Assault

Theft accompanied by violence

Sex offence

Attempted murder/manslaughter

Domestic violence

Stalking

Other:

\_\_\_\_\_

\_\_\_\_\_

Date and time the offence was committed

Date \_\_\_\_\_

Time \_\_\_\_\_

In which city or town did the offence take place?

\_\_\_\_\_

Was the offence reported to the police?

Yes  No, enclose a description of what happened (go to the last page)

Address of police station + town/city

\_\_\_\_\_

Date the offence was reported

\_\_\_\_\_

Name of police officer

\_\_\_\_\_

Report number

\_\_\_\_\_

Enclose a copy of:

the report and the criminal injuries compensation form [voegingsformulier] (where relevant).

Do you know the offender?

No  Yes, fill in the particulars of the offender(s) below.

The Violent Offences Compensation Fund never contacts offenders. However, we may need these particulars in order to request information from the police or justice authorities.

Name	Date of birth	Public Prosecutor's Office number
Offender 1:	<input type="checkbox"/> Male <input type="checkbox"/> Female   _____	_____
Offender 2:	<input type="checkbox"/> Male <input type="checkbox"/> Female   _____	_____
Offender 3:	<input type="checkbox"/> Male <input type="checkbox"/> Female   _____	_____
Offender 4:	<input type="checkbox"/> Male <input type="checkbox"/> Female   _____	_____

Have you held the offender(s) liable for the damage you have suffered?

Yes  No, go to part 3 (Injury)

How have you held the offender(s) liable?

I have listed myself as a third-party applicant in the criminal proceedings (ie by filling in the violent offences compensation form [voegingsformulier])

By mutual arrangement

Through civil compensation proceedings

Has the court awarded a sum of compensation?

Yes, a sum of compensation has been awarded  No, no sum of compensation has been awarded

Has the compensation been paid?

Yes, the compensation has been paid  No, the compensation has not been paid

Exactly what damage was this sum intended to compensate?

\_\_\_\_\_

\_\_\_\_\_

What amount did the offender pay?

\_\_\_\_\_

Note: The Violent Offences Compensation Fund and the Central Judicial Collection Agency [Centraal Justitieel Incasso Bureau (CJIB)], which actually pays out compensation to victims, compare information in order to prevent victims being compensated by both the Fund and the offender. If the CJIB collects an amount from the offender(s) for the same damage for which you receive compensation from the Compensation Fund, the CJIB transfers this amount to the Compensation Fund.

### 3 Injury

Provide information below about the injury inflicted on you and/or the psychological symptoms you have suffered as a result of the violent offence. Fill in the particulars of your general practitioner and other persons who have treated you as well. The Compensation Fund may contact them for information.

3.1

#### General

Name of general practitioner (GP)

Street address of GP

Postcode and place of residence of GP

Are you or were you, following the offence, able to carry out your daily activities (eg work, errands, dressing yourself, cooking, hobbies)?

Yes  No

If not, for how long were you incapacitated?

From (date) To (date)  Date of recovery as yet unknown

3.2

#### Physical injury

Did you suffer or have you suffered physical injury?

Yes  No, go to question 3.3

If you answered yes, for how long?

From (date) To (date)  Date of recovery as yet unknown

Give a brief description of this injury.  
(If you run out of space, continue on page 11, clearly indicating the number of this question).

Were you or have you been treated by a doctor for this physical injury?

No  Yes

Name of your consulting doctor

Specialisation

Attached to hospital

Street address of this doctor

Postcode and place of residence of doctor

Were you or have you been admitted to a hospital?

No  Yes

If you answered yes, for how long?

From (date) To (date)  Date of discharge as yet unknown

Name of consulting doctor

Specialisation

Name and department of hospital

Street address of hospital

Postcode and town/city of hospital

3.3

#### Psychological symptoms

Did you or have you had psychological symptoms?

Yes  No, go to part 4 (Damage)

If you answered yes, for how long?

From (date) To (date)  Date of recovery as yet unknown

Give a brief description of your psychological symptoms.  
(If you run out of space, continue on page 11, clearly indicating the number of this question).

Did you receive or have you received treatment for your psychological symptoms?

Yes  No, go to part 4 (Damage)

If you answered yes, for how long?

From (date) To (date)  Date of final treatment as yet unknown

Name(s) of persons treating you (eg psychotherapist, psychiatrist and/or psychologist) \_\_\_\_\_  
 Name of organization (eg Riagg, Dutch Mental Healthcare Association) \_\_\_\_\_  
 Street address organisation \_\_\_\_\_  
 Postcode and town/city organisation \_\_\_\_\_  
 Employment street address of persons treating you \_\_\_\_\_  
 Employment postcode and place of residence of persons treating you \_\_\_\_\_

Were you or have you been admitted to hospital for your psychological symptoms?  Yes  No, go to part 4 (Damage)

If you answered yes, for how long? From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  Date of discharge as yet unknown

Names of persons treating you (eg psychotherapist, psychiatrist and/or psychologist) \_\_\_\_\_  
 Name and department of psychiatric hospital \_\_\_\_\_  
 Street address of hospital \_\_\_\_\_  
 Postcode and town/city of hospital \_\_\_\_\_

## 4 Damage

The Compensation Fund awards compensation based on the extent of the personal injury you have suffered. Some of this damage may already have been compensated by the offender or an insurer. The Compensation Fund supplements any remaining uncompensated damage. Indicate on the next pages the costs of this damage by filling in completely the table that corresponds to the damage in question.

Evidence: if you have any invoices, receipts, payslips or compensation specifications, enclose copies of them with this application. The kind of evidence required is indicated for every type of damage.

4.1

### Medical assistance (eg general practitioner, specialist, physiotherapist)

Have you incurred medical costs?  Yes  No, go to the next question

Are you insured for medical assistance?  Yes, the insurance company has reimbursed all medical costs. Go to the next question.  
 Yes, the insurance company has reimbursed part of the medical costs (enclose as evidence copies of the invoices and specifications for which you have been reimbursed by your insurer. And indicate below any costs that have not been reimbursed).  
 No, indicate below the medical costs you have incurred and, enclose as evidence copies of the invoices.

Description of the medical assistance for which you have not been reimbursed	Costs that have not yet been reimbursed
	€
	€
	€
	€
	€
	€

4.2

### (Psycho)therapy (eg psychiatrist, psychotherapist, psychologist)

Have you incurred (psycho)therapy costs?  Yes  No, go the next question

Are you insured for costs of (psycho)therapy?  Yes, the insurance company has reimbursed all such costs. Go to the next question.  
 Yes, the insurance company has reimbursed part of the costs (enclose as evidence copies of the invoices and specifications for which you have been reimbursed by your insurer. And indicate below any costs that have not been reimbursed).  
 No, indicate below the costs you have incurred and, enclose as evidence copies of the invoices.

Description of the (psycho)therapy for which you have not been reimbursed	Costs that have not yet been reimbursed
	€
	€
	€
	€
	€
	€

4.3

**Dental assistance**

Have you incurred dental costs?

 Yes  No, go to the next question

Are you insured for dental assistance?

Yes, the insurance company has reimbursed all such costs. Go to the next question.

Yes, the insurance company has reimbursed part of the costs (enclose as evidence copies of the invoices and specifications for which you have been reimbursed by your insurer. And indicate below any costs that have not been reimbursed).

No, indicate below the costs you have incurred and, enclose as evidence copies of the invoices.

**Description of the dental assistance for which you have not been reimbursed****Costs that have not yet been reimbursed**

	€
	€
	€
	€
	€
	€
	€

4.4

**Telephone and/or postage costs**

Have you incurred telephone and/or postage costs?

No, go to the next question

Yes, describe the costs and fill in the amount of any costs that have not been reimbursed.

**Description of the costs****Costs that have not yet been reimbursed**

	€
	€
	€

4.5

**Travel and transport costs** (eg visits to your doctor, hospital, therapy sessions, police)

Have you incurred travel and transport costs?

No, go to the next question

Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

**Details of your journey(s)****Number of journeys****Postcode of your destination****Costs that have not yet been reimbursed**

			€
			€
			€
			€
			€
			€
			€
			€
			€

4.6

**Legal assistance** (eg your own contribution for legal assistance)

Have you incurred legal costs for recovering compensation?

No, go to the next question

Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

As evidence enclose copies of:

- the legal-aid order (the letter stating the amount of your own contribution for legal assistance) if you have been awarded legal aid

- the breakdown of the time spent by the legal expert if you have not been awarded legal aid.

**Description of the legal assistance****Costs that have not yet been reimbursed**

	€
	€
	€
	€
	€

4.7

**Medical aids/prostheses** (eg spectacles or a hearing aid)

Have you incurred costs for purchasing or renting medical aids/prostheses?

 Yes  No, go to the next question

Are you insured for the purchase or rental of medical aids/prostheses?

Yes, the insurance company has reimbursed all costs. Go to the next question.  
 Yes, the insurance company has reimbursed part of the costs (enclose as evidence copies of the invoices and specifications for which you have been reimbursed by your insurer. And indicate below any costs that have not been reimbursed).  
 No, indicate below the costs you have incurred and, enclose as evidence copies of the invoices.

Description of the medical aids/prostheses you have purchased or rented which are not reimbursed	Costs that have not yet been reimbursed
	€
	€
	€
	€
	€
	€
	€

4.8

**Special dietary requirements** (eg fluid food)

Have you incurred costs for special dietary requirements?

No, go to the next question  
 Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

Description of the special dietary requirements and how long they were applicable to you	Costs that have not yet been reimbursed
	€
	€
	€
	€
	€
	€
	€

4.9

**Home help**

Have you incurred costs for home help?

No, go to the next question  
 Yes, describe the costs and fill in the amount of the costs that have not yet been reimbursed.

As evidence enclose copies of:

Invoices and, where relevant, specification(s) from *Thuiszorg*, the individual grant order.

Details about home help	Commencement date	Ended on (date)	Costs that have not yet been reimbursed
			€
			€
			€
			€
			€
			€
			€

4.10

**Clothing** (eg cleaning costs or replacement of destroyed clothing)

Have you incurred costs for clothing?

No, go to the next question  
 Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

Details of the damage to your clothing	Costs that have not yet been reimbursed
	€
	€
	€
	€
	€
	€

4.11

**Study**

Has the offence had an effect on your study?

- No, go to the next question  
 Yes, eg a repeat or delay of a period of study; termination of a course of study

Have you incurred costs for the consequences of this?

- No  
 Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

As evidence enclose copies of:

- a statement by a dean regarding your delayed or terminated study
- statements of your study results both before and after the offence of which you were a victim.
- invoices for extra study costs

**Details of the costs you have incurred****Costs that have not yet been reimbursed**

	€
	€
	€

4.12

**Change of address or installation of home security** (eg new carpeting and curtains, double rent, transport costs and/or an alarm system)

Have you incurred moving or security costs?

- No, go to the next question  
 Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed.

As evidence enclose copies of: the relevant invoices

**Details of moving/security costs****Costs that have not yet been reimbursed**

	€
	€
	€

4.13

**Diminished income** (due to (temporary) incapacity for work)

Has your income diminished?

- No, go to the next question  
 Yes, indicate below how long you were or have been incapacitated for work

From (date)

To (date)

 Date of recovery as yet unknown

What was the nature of your income at the time of the offence?  
 (You may tick more than one box)

- Social security benefit, go to the next question  
 I was a salaried employee  
 I was self-employed

Evidence you should enclose:

- in the case of employees receiving sickness benefit (eg temporary agency workers):
  - a sickness benefit specification
- in the case of salaried employees:
  - your last two payslips before the date from which you were unable to continue working
  - and your first payslip you received after the date from which you were unable to continue working
- in the case of employees covered by the Invalidity Insurance Act [WAO] (if you were incapacitated for work before January 1 2004):
  - your last two payslips before the date from which you were unable to continue working
  - your Invalidity Insurance Act order
  - if your pay was/is supplemented by your employer: a payslip showing this supplement
- in the case of employees in Work and Income (Capacity for Work) Act [WIA] (if you were incapacitated for work after January 1 2004):
  - your last two payslips before the date from which you were unable to continue working
  - a payslip for any month in the first year and one for any month in the second year after you were unable to continue working
  - your Work and Income (Capacity for Work) Act order
  - if your pay was/is supplemented by your employer: a payslip showing this supplement
- in the case of self-employed persons: if you have been incapacitated for work for longer than six months:
  - tax assessments for the last four years before the date from which you were unable to continue working
  - tax assessments from after the date from which you were unable to continue working, for as long as you (have) remained incapacitated for work.

Are you covered by invalidity insurance?

- No  
 Yes, enclose copies of specifications of payments received from your invalidity insurance

4.14

### Other costs

Have you incurred other costs relating to your injury?

- No
- Yes, describe the costs and fill in the amount of any costs that have not yet been reimbursed (do not include costs incurred for stolen, lost or damaged goods)

As evidence enclose copies of: receipts and/or invoices.

#### Details of other costs

#### Costs that have not yet been reimbursed

	€
	€
	€
	€
	€
	€

4.15

### Means test

The Compensation Fund assesses whether your financial capacity is such that you are able to bear the above costs yourself. We therefore ask you to answer the following question.

Does your capital exceed € 50,000 (money that is immediately available to you, eg from a bank account)?

- Yes
- No

## 5 Expected costs

It could be that you expect additional damage. Please indicate any such costs you are still expecting. You may submit an additional application for compensation to the Compensation Fund as and when you incur such extra costs. You may not submit an additional application for any damage of which you are already aware but do not refer to in this application.

Do you expect additional damage?  
If you answered yes, describe the damage you are still expecting and the related costs. In addition, give an estimate of the amount that will not be reimbursed by an insurer or the offender.

- No
- Yes

#### Damage

#### Expected costs

	€
	€
	€
	€
	€
	€

## 6 Application deadline

If you submit this application within three years after the date of the offence in question, you can now sign the form in section 7.  
The following questions relate to applications not submitted within three years after the date of the offence in question.

Why is your application late?

---

---

Have you consulted a legal expert?

- No, sign this form (see section 7 below)  
 Yes (eg a lawyer or a legal assistance insurance employee)

If you answered yes, name of the legal expert

---

Name of office

---

Date of initial contact

---

Street address

---

Postcode and place of residence

--	--	--	--	--	--

---

Why were you awarded legal assistance? (eg because you were added as a third-party applicant to criminal or civil proceedings in order to recover the damage).

---

---

---

---

## 7 Signature

Evidence: Note! You will have just one opportunity to provide any omitted data. If after this the Compensation Fund still does not have all the data in question, your application could be rejected either wholly or in part.

Check here whether you have filled in, signed and enclosed everything that is necessary in order for your application to be processed swiftly.

- Fully completed and signed application
- Question 1.1: Citizen service number (formerly tax and social insurance [*sofi*] number) and bank or giro account number (into which you wish any compensation to be paid)
- Question 1.1: a copy of an identity document of the victim
- Section 2: a detailed description of the circumstances of the offence (only if you have not reported it)
- Section 2: copy of the report (and where relevant the criminal injuries compensation form [*voegingsformulier*], if one has been issued to you); copies of the evidence of costs declared (the evidence required is indicated for every type of damage, see above); fully completed and signed authorization (page 1))

Who must sign this form?

- You, the victim.  
 If the victim is a minor, this form must be signed by his/her parent or guardian.

I declare that this form has been completed fully and truthfully, and that copies of all evidence required are enclosed.

Place and date

---

Name

---

Signature

---

## Changes

If there is any change in your particulars/data, please inform us as soon as possible.

How did you know of the existence of the Violent Offences Compensation Fund?

- |  |   |
|--|---|
| <input type="checkbox"/> Through Victim Support Netherlands [ <i>Slachtofferhulp Nederland</i> ]   | <input type="checkbox"/> Through a lawyer     |
| <input type="checkbox"/> Through an employee of a company providing insurance for legal assistance | <input type="checkbox"/> Through the police   |
| <input type="checkbox"/> Through the <i>Politiewijzer</i>  | <input type="checkbox"/> Through the Internet |
| <input type="checkbox"/> Other: _____  |   |

Did you receive a compensation from the Violent Offences Compensation Fund before?

- No  Yes, when did you receive the compensation?

---

