



Victims' Special Claims Tribunal

For more information visit www.justice.govt.nz/tribunals

Claim Number: _____

Claim Form



What is this form for?

Use this Claim Form if you have a claim under section 28 of the Prisoners' and Victims' Claims Act 2005:

1. You are a victim of a crime committed by the offender mentioned in the notice published by or received from the Secretary of the Tribunal; and
2. You have, through or by means of the offence committed against you, suffered loss or damage and/or emotional harm for which you have not received, and will not receive, effective compensation or any other remedy; and
3. Your claim discloses a cause of action for which damages in the particular case are payable. This cause of action is one covered under the general law.

Important information

1. Please print in CAPITAL LETTERS
2. This form may be completed and filed by the victim or on behalf of the victim by another person.
3. If the victim is under 17 years old, then their parent or legal guardian may complete it on their behalf.
4. If the offended party has died or is incapacitated, then a member of their immediate family may complete the form. Proof of the relationship to the offended party must be attached.
5. If you need more space to answer a question, write "see attached" and write your answer on a separate sheet of paper.

Definitions

Consequential economic loss Financial loss resulting immediately from the loss of, or damage to, property.

Exemplary damages (Punitive damages) Compensation in excess of actual damages (a form of financial/monetary punishment).

Incapacitated A person who, wholly or partly, is unable to understand the nature or consequences of decisions in matters relating to his or her personal care or welfare, or is unable to, wholly or partly, communicate such decisions.

Victim

- A person against whom an offence is committed by another person; and
- A person who, due to an offence committed by another person, suffered physical injury, emotional harm, or loss of or damage to property;
- A parent, legal guardian, or member of the immediate family of a person who has died or been rendered incapable as a result of an offence. This does not apply if the parent, legal guardian, or member of the immediate family is charged with the commission of, convicted of, found guilty, or pleads guilty to the offence concerned.

Please fill in all sections below:

Part 1: Claimant (the person offended against)

- The 'Notice of Payment' states the amount that was paid into the Victims' Claims Trust Account, on behalf of the offender. The amount that you may claim from the offender is not limited to that amount. The Tribunal will also have no regard to the amount available in the trust account when determining the compensation payable to a victim.

What is your name?

Surname(s)

First name(s)

Middle name(s)

Date of birth? / / (day / month / year)

If the claimant is deceased, proceed to Part 2. Otherwise fill in the rest of Part 1.

What is your occupation?

Where do you live?

Flat/house number

Street name

Suburb

City/town

Post code

Part 2: Contact details (the person we should contact about matters involving this claim)

(Please tick one)

Contact me (the claimant)

Daytime contact phone number ()

Mobile

Email address

If you give us your mobile number or email address we can use these to send you text messages or emails regarding your claim.

Contact my representative

What is your representative's name?

Surname(s)

First name(s)

Middle name(s)

What is their relationship to you?

(Attach proof of relationship)

What is their mailing address?

Flat/house number

Street name

Suburb

City/town

Post code

How can we contact your representative?

Daytime contact phone number ()

Mobile

Email address

If you provide a mobile number or email address we can use these to send text messages or emails regarding your claim.

Part 3: Details of the offence and the offender

What is the offender's name?

Surname(s)

First name(s)

Middle name(s)

What was their offence?

Please provide as much detail as possible of the offence that was committed against you. (The offender will be provided with a copy of your claim and will have an opportunity to make written submissions on the claim that you file. You are required to supply sufficient information to provide the offender with a reasonable opportunity to reply to your claim(s). If you need more space to answer this question, write your answers on a separate sheet of paper and attach it to the claim form.)

Date of offence / / (day / month / year)

Date of conviction / / (day / month / year)

Case file number (if known)

Location of offence (eg. city, town, suburb)

Before you complete Part 4 of the claim form, please note the following:

- All information that may lead to your address and contact details being disclosed will be removed from the copy of the claim to be served on the offender.
- Please specify how much you are claiming.
- The claim against the offender will be determined according to the “general law relating to the awarding of damages”.
- A claim for damages for emotional harm is not limited to “harm resulting from loss of, or damage to, property”, but also includes emotional distress suffered by a victim, the indignity, the injury to his or her feelings, mental suffering, disgrace and humiliation that may be caused in respect of the offence committed against them.
- If you need any assistance in completing this claim form, please contact your nearest Community Law Centre or make an appointment with your own lawyer. If you cannot afford a lawyer, please contact the Legal Services Agency for assistance.

Part 4: What sort of compensation are you claiming? (You may claim more than one)

Please provide as much detail as possible regarding each type of compensation you are claiming for.

A. Damages for loss of, or damage to, property

\$

Please provide details:

B. Damages for consequential economic loss as a result of loss of, or damage to, property

\$

Please provide details:

C. Damages for emotional harm \$

Please provide details:

D. Exemplary damages for physical injury \$

Please provide details:

E. Total sum of damages (= A + B + C + D) \$

F. Additional amount claimed for costs/expenses of making this claim \$

Total amount of claim (= E + F) \$

Part 5: Payment from other sources

Have you received any insurance payment or other benefit in respect of your injury, loss, damage, or harm?

Insurance Company / Scheme name:

Contact person:

Claim number:

Part 6: How is my claim determined by the Tribunal?

The Tribunal generally determines victims' claims based only on the written submissions before it. However, in exceptional instances when it is in the interest of justice, the Tribunal may hear oral (spoken) submissions/ arguments from the parties. Do you want the opportunity to present your claim to the Tribunal by means of oral submissions?

Yes No (Please tick)

If yes, please explain why. (Please note that this is at the sole discretion of the Tribunal.)

Name

Signature

Date / / (day / month / year)

Part 7: Checklist

Before you submit this form please check that:

- You have answered every question
- You have signed and dated this form

You have attached the following documents (originals or certified copies):

- Evidence of your relationship to the victim who is under 17 years old, deceased, or incapacitated (eg, birth or marriage certificate)
- Evidence of the victim's death or incapacity (eg, death or medical certificate)
- Documents supporting the amount claimed for damages and costs
- Documents relating to insurance and other payments received

Tribunal Contact Details



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