To the

# Social Ministry Service

Babenbergerstrasse 5

A-1010 Vienna

email: post.wien@sozialministeriumservice.at

Application for assistance under the Austrian Victims of Crime Act (Verbrechensopfergesetz, VOG)

The information provided below must be supported by appropriate certificates and documents

###### FOR VICTIM SURVIVING DEPENDENT PERSON PAYING THE FUNERAL COSTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name (surname):** | | **First name:** | | |
| **Gender:**  female  male | | **Insurance number/data of birth:** | | |
| **Designation (name) and address of the responsible health insurance fund:** | | | | |
| **Marital status:**  single  married  widowed  divorced | | | **Nationality:** | |
| **Address:** | | | | |
| Road/street/square . . House/entrance/door number: | |  | | |
| Post code . . City/town: | |  | | |
| State/country: | |  | | |
| **habitual residence** (different from place of residence): | |  | | |
| **Telephone number** (with area code): | |  | | |
| **Bank details** (For transfers to be made abroad, please provide the BIC and IBAN numbers instead of the sort code and account number, respectively): | | | | |
| Sort code (BLZ)/BIC: | Account number/IBAN: | | | Bank name: |
|  |  | | |  |

**TO BE COMPLETED ONLY if application is made by another person**

Legal guardian  Custodian

|  |  |
| --- | --- |
| **Family name (surname):** | **First name:** |
| **Gender:**  female  male | **Insurance number/date of birth** (only for parents/spouses): |
| **Address:** | |
| Road/street/square . . House/entrance/door number: |  |
| Postcode/city or town: |  |
| State/country: |  |
| **Telephone number** (with area code): |  |

**Assistance being applied for**

**(please specify)**

|  |  |
| --- | --- |
|  | Please tick  accordingly |

|  |  |
| --- | --- |
| **Compensation for loss of earnings/income-dependent additional benefit** (for victims only) |  |
| **Fixed-sum compensation for pain and suffering (for criminal offences committed on or after 01/06/2009)** |  |
| **Compensation for loss of maintenance/income-dependent additional benefit** (for surviving dependants only) |  |
| Free medical assistance for officials subject to particular health risks (*Heilfürsorge*) |  |
| Crisis intervention by clinical and health psychologists and psychotherapists |  |
| Orthopaedic care |  |
| **Medical rehabilitation** |  |
| **Care allowance/allowance for blind people** (for victims only) |  |
| Reimbursement of funeral expenses |  |

Details of the offence

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The offence was committed on: | | |  | | | | |
| in: | | |  | | | | |
| **Name of victim** (to be completed only if different from applicant): | | | | | | | |
| **as follows** (description of the events): | | | | | | | |
|  | | | | | | | |
| Offender(s) unknown  Name of offender(s): | | | | | | | |
| Charges have been filed: | no  yes, with (authority) | | | | | | |
| In response to this offence, criminal proceedings at the court in: | | | | | | |  |
| Case no.: | | | | have been  initiated  carried out. | | | |
| The offender(s) was/were convicted: | | | | no  yes  not (yet) known | | | |
| (Final) judgement of | |  | | | Ref.: |  | |

## D E C L A R A T I O N

|  |  |
| --- | --- |
| 1. | **I hereby acknowledge that persons who have waived their right to claim damages in connection with the offence are unable to seek assistance under the Austrian Victims of Crime Act (Verbrechensopfergesetz, VOG).**  I confirm that I  **have not** waived my right and will **not** waive it in the future  have waived my right |
|  | |
| 2. | I  have **asserted my claim for damages in connection with the offence in question**  will  **assert my claim for damages in connection with the offence in question**  vis-à-vis the offender  in accordance with regulations on compensation valid in   ............................ (country) |
| 3. | I hereby give my consent for any necessary information to be obtained from the relevant tax authorities, from my employer, from social security institutions, from the judiciary or from any other relevant bodies, including information about my income and financial circumstances (where required). |
| 4. | I undertake to **notify the Social Ministry Service within two weeks of any change that may have a bearing on my right to receive benefits**.  I further undertake to pay back **any benefits that have been wrongfully received**. |
| 5. | **I acknowledge that any assistance provided will normally be recovered from the offender.** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City/town | Date | Signature |

Enclosures:

Certificate of citizenship

Confirmation of residence, if primary residence is not in Austria