

SCHEME OF COMPENSATION FOR PERSONAL INJURIES CRIMINALLY INFLICTED – AS AMENDED FROM 1ST APRIL 1986

The Application Form is located at the rear of the Guidance Notes

If you experience any difficulty in completing the application form, please contact the Tribunal for assistance at phone No. 01 6610604 or at 13, Lower Hatch Street, Dublin 2.

Background to Scheme

At the outset, it is important to note that the Scheme was drafted with the intention that it would be understandable to a person who has little or no legal knowledge and that such a person, acting on his/her own behalf, would be able to bring an application to the Tribunal without the necessity of legal assistance. In this regard, the Scheme obliges the Tribunal to do nothing that might alter the informal nature of the Scheme.

The Tribunal was set up on 8th May 1974 to administer the Scheme of Compensation for Personal Injuries Criminally Inflicted. The Scheme itself was backdated to 1st October, 1972. Thus, from 1st October, 1972, persons who suffered injury as a result of a crime of violence within the jurisdiction of the Irish State, could avail of the remedies provided under the Scheme. The necessity for such a Scheme arose from the fact that perpetrators, as a general principle, do not have sufficient funds to pay the level of damages that would be awarded by the courts under the Civil Liability Act. In effect, the victims of crime had no legal remedy available for their injuries.

Under the Scheme the State takes the place of the offender in terms of compensating the victim. The State, however, does not accept liability for the offence in which the victim suffered injury.

The Tribunal

The Tribunal consists of the Chairperson and six ordinary members who are appointed by the Minister for Justice and Law Reform. Each member must be either a practising barrister or a practising solicitor. The Chairperson and Tribunal members provide their services to the Tribunal on a part-time basis. The Tribunal is assisted by a small administrative staff who are located at the Tribunal's Offices at 13 Lower Hatch Street, Dublin 2.

Applications to the Tribunal are processed in the first instance by the Tribunal's staff. The Staff of the Tribunal are responsible for enquiring into the circumstances surrounding the incident that is the subject of the application and for ensuring that claims under the Scheme are supported by relevant documentation.

When all enquiries are complete the application is submitted for decision to an individual Tribunal member. If the applicant is satisfied with the decision of the Tribunal he/she signs a form of acceptance and payment of the award follows in due course. If an applicant is not satisfied with the decision of the single member he/she may lodge an appeal against that decision. Appeals before the Tribunal are dealt with by means of an oral hearing before three Tribunal members, excluding the Tribunal member who made the initial decision. A decision at appeal is the final remedy available to an applicant under the Scheme.

Application to the Tribunal

To assist the Tribunal in the processing of your application, please read these notes carefully and do your best to answer all of the questions on the application form. If you have difficulty with any aspect of the application form, please contact the Tribunal staff at telephone No. 01 6610604 or at 13 Lower Hatch Street, Dublin 2 for assistance.

Eligibility

To qualify for compensation under the Scheme of Compensation for Personal Injuries Criminally Inflicted the injuries suffered by the applicant must

- (a) Be the result of an incident within the Irish State or aboard an Irish ship or aircraft on or after 1st October, 1972.
- (b) be directly attributable to a crime of violence, or
- (c) be directly attributable to an incident in which the applicant was assisting in the prevention of a crime or the saving of a human life.

When Completing the Application Form - Be sure to answer all Sections

The application form is drafted to be self explanatory. The following material will provide you with a more in-depth knowledge of the Scheme and how it is intended to operate. However, if there is anything that you do not understand or if you experience difficulty in getting any of the documentation requested, please contact the Tribunal staff at 13, Lower Hatch Street, Dublin 2, telephone No. 01 6610604 for assistance.

You might consider the following points when completing the application form.

- Section 2. (d) Ensure that you attach a copy of your statement to the Gardai.
- (f) If there is a time lapse of more than three months between the date of the incident and the date of notification of the application to the Tribunal, be sure to state the reason for the delay in the space provided. Under the terms of Article 21 of the Scheme there is a three month time-limit from date of injury to the date of application. However, the Tribunal member has a discretion to extend the time-limit “*in circumstances determined by the Tribunal to justify exceptional circumstances*”
- Section 3 It is a requirement of Article 23 of the Scheme that an applicant be able to demonstrate that an incident either has been the subject of criminal proceedings or that it was reported to the Gardai without delay and that the applicant was willing to co-operate with the Gardai in their investigation of the incident. If an applicant suffered serious injury and was not in a position to make a report to the Gardai, it will be

necessary to show that “*all reasonable efforts were made by or on behalf of the claimant to notify the Garda Síochána.*”

Section 5 If an applicant has fully recovered from his/her injuries and has returned to work, he/she should obtain an employer’s certificate, if an employee or if self employed a letter from the Revenue Commissioner’s, as described at items 5 (b) and (c). These documents will be used to determine loss of earnings. In respect of a self employed applicant, it may be necessary for the Tribunal to also obtain a statement from the applicant’s Accountant to establish loss of earnings.

An applicant should submit a statement from his/her Local Welfare Office setting out the date on which benefit commenced, the amount paid each week and the date on which benefit ended.

Loss of earnings is calculated on the basis of net earnings, i.e. Gross earnings less Income Tax paid and P.R.S.I. contributions made. Social Welfare benefits are then deducted in accordance with the provisions of Article 15 of the Scheme.

In the case of an applicant who has suffered a serious injury and who has not yet recovered from his/her injuries, it will be necessary to await a final prognosis from the applicant’s treating physician before the application can be finalised.

If an applicant will not, in the view of his/her treating physician, ever be able to return to any type of work in the future, it will be necessary to calculate loss of earnings into the future on the basis of an Actuarial report.

Section 6 Please ensure that receipts are submitted in respect of each item claimed for.

Garda Report

The Tribunal is obliged to request a report from the Gardai in relation to all applications.

The relevance of the Garda report to the Tribunal is;

- a. To ascertain whether or not the applicant has suffered personal injuries as a result of a crime of violence.
- b. Whether the applicant contributed by his/her conduct to the incident which resulted in his/her injuries.
- c. Whether his/her character is such as it makes it inappropriate for compensation to be awarded, and

- d. Whether he/she has co-operated with the Gardai in the investigation of the crime.

Articles 13 and 14 of the Scheme

A Tribunal member, when considering an application, will read the Garda Report and must then consider the provisions of Articles 13 and 14 of the Scheme as they relate to the application.

Articles 13 and 14 of the Scheme state;

13. No compensation will be payable where the Tribunal is satisfied that the victim was responsible, either because of provocation or otherwise, for the offence giving rise to his injuries and the Tribunal may reduce the amount of an award where, in it's opinion, the victim has been partially responsible for the offence.
14. No compensation will be payable where the Tribunal is satisfied that the conduct of the victim, his character or his way of life make it inappropriate that he should be granted an award and the Tribunal may reduce the amount of an award where, in it's opinion, it is appropriate to do so having regard to the conduct, character or way of life of the victim.

APPLICATION FORM (NON-FATAL INJURY)

Ref. No. NF/....., Official Use

CRIMINAL INJURIES COMPENSATION TRIBUNAL
13 LOWER HATCH STREET
DUBLIN 2 TELEPHONE: (01) 6610604

Please use black ink and block capitals when completing the form

Please answer **all** sections. If you experience any difficulties please contact a member of Tribunal staff at the above telephone number for assistance.

1. PARTICULARS OF APPLICANT

(a) Surname

Mr./Mrs./Miss/Ms.....

(b) First Names

(c) Date & Place of Birth

(d) Single/Married/Widow/Widower (delete as appropriate)

(e) Address

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.....Contact Telephone No.

(f) Occupation

2. CIRCUMSTANCES IN WHICH INJURY OCCURED

(a) Date of Incident / /20

(b) Location of Incident

(c) Name/s of offender/s, if known

(d) **Attach a copy of your statement to the Gardai.**

(e) If you wish to add to the description contained in your statement to the Gardai, please do so in the space provided below.

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2(f) If it is over three months from date of incident to date of submission of application, please give reasons for delay as requires under Article 21 of the Scheme

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3. REPORT TO THE GARDAI AND CRIMINAL PROCEEDINGS

(a) Date on which incident was reported to Gardai

(b) By whom reported

(c) Name of Garda station and investigating Officer, if known.

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(d) If criminal proceedings have taken place, please say if you received compensation from the offender.

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4. PARTICULARS OF PERSONAL INJURY

(a) State type of injury suffered

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(b) If applicable, please state the name and address of hospital(s) and Doctor who treated you (if known).....

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(c) State how long you were under treatment:

In Patient treatment from to.....

Out Patient treatment from to

(d) If you consulted your own Doctor in relation to your injury, please give his/her full name and full address

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(e) If you received treatment from any hospital or doctor in the last 5 years other than those mentioned at (b) and (c), Please give the name and address of hospital or doctor concerned

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(f) If you received dental treatment as a result of the incident, please state the name and full address of your dentist

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(g) If you have not fully recovered at this time, please describe your symptoms

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(h) If you are still receiving treatment, please state the name and address of your treating physician

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(i) Is there any special feature of the injuries you wish to mention?

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(j) Please state the period during which you were absent from work as a result of the incident. From to..

(k) If you are still absent from work, please say when you are likely to resume working

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5. PARTICULARS OF ANY EARNINGS LOST

(a) State your P.P.S. No.

(b) If you have lost earnings as a result of the incident, and you are self-employed, please attach a letter from the Revenue Commissioners which shows your net earnings during the three year period prior to the injury.

(c) If you have lost earnings as a result of the incident and you are an employed person please attach a certificate from your employers that provides the following details:

The date on which you commenced employment with that employer. The capacity in which you are employed, the period of absence from work as a result of the injury, Gross weekly earnings, Income Tax paid, PSRI contributions made, If there is a sick pay Scheme in place state the amount of money that you received from this source.

Please say what arrangement exists, if any, within the sick pay scheme regarding Social Welfare payments.

(d) If you are entitled to receive benefits from the Department of Social and Family Affairs, please obtain a statement from your local Social Welfare Office that shows the period during which you were in receipt of benefit, the amount received each week and the date benefit ended.

If you have any difficulty with the above, please contact the Tribunal at the above mentioned telephone number and the Tribunal will request the information required from the Bodies concerned on your behalf.

(e) If you are not eligible for Illness Benefit, please say why

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(f) If you were unemployed at the time of the incident, please state the address of your Local Welfare Office

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(g) Please say if you have a medical card

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6. EXPENSES

(a) details of any travelling expenses as a result of injury.

Reason for additional travel

Mode of transport (own car/public transport)

No. of trips made.....

No. of km. each trip

If travelling for medical consultations, please state name and address of physician

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(b) other expenses, as follows:

Doctor/hospital

Medicine

Spectacles

Dental

Miscellaneous

Please enclose relevant receipts to support above expenses.

NOTE: THE TRIBUNAL DOES **NOT** PAY FOR LEGAL REPRESENTATION -
ARTICLE 27 OF SCHEME

7. ANY FURTHER MATTERS

(a) Please say if civil proceedings been taken or if such proceedings are pending or contemplated

(b) If there are any further matters that you wish to bring to the attention of the Tribunal, please use the space below.

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8. CERTIFICATE OF AUTHORITY

Please complete the following Certificate of authority. If you are applying on behalf of a person under 18 years of age or a person incapable of signing, you should sign in the space provided.

To: The Criminal Injuries Tribunal

- (a) The statements in Sections 1 – 8 are true to the best of my knowledge and belief. I understand that I must notify the Tribunal of any change to my circumstances and that any such change may affect the Tribunal's decision as to my entitlement to the assessment of compensation.
- (b) I accept that any discrepancy identified in my Tax affairs may reduce or cancel my entitlement to compensation.
- (c) I accept that if I provide false information for the purpose of inflating the amount of compensation payable, the Tribunal may reduce the amount of any award made to me or reject my application entirely.
- (d) I accept that personal details in relation to my application may be retained both as a computer record and as a hard copy record by the Tribunal. I understand that this information will not be used in a manner other than for the reasons identified at (1) to (8) below. Any personal details which I submit in relation to my application with the Tribunal can not be released to a third party without my prior written consent. This information may, however, be used to generate statistics in relation to administrative reports and to the Tribunal's Annual Report.
- (e) I agree to give the Tribunal all reasonable assistance, particularly in relation to any medical reports which they may require.
- (f) I accept that the Tribunal will take the provisions of Articles 13 and 14 of the Scheme into consideration when deciding my application and this may reduce or cancel my entitlement to compensation.
- (g) I agree to accept any reasonable time-limits which the Tribunal may request for the return of correspondence or in respect of lodging an appeal against the decision of a single Tribunal member and to state the reason why an appeal is being lodged.
- (h) I accept that any reports, whether medical or financial, paid for by the Tribunal in advance of a decision either by a single Tribunal Member or by a three member appeal hearing offers no guarantee that an award will be made in my case. I also accept that the Tribunal has the right to seek recovery of any such costs in the event that no award is made on foot of my application.

(i) I authorise:

The Doctor(s) and Dentist(s) and the Hospital(s) which I attended as a result of the injuries which I suffered to furnish the Tribunal at their request with a report as to my injuries and treatment.

- (1) The Gardai to provide to the Tribunal all information relevant to my application, including a copy of any statement(s) that I have made to them and a list of any convictions which may be recorded against me and details of any cases outstanding against me.
- (2) The Public Departments from which I receive(d) Social Welfare Benefits and the Health Authority from which I receive(d) free health services to provide the Tribunal with information relevant to my application.
- (3) The Revenue Commissioners to provide the Tribunal with a statement in respect of my Tax affairs.
- (4) My employer(s) to provide the Tribunal with a statement of my earnings and other matters relevant to my application.
- (5) Any Training or rehabilitation Unit which I have attended to provide the Tribunal with any information relevant to my application.
- (6) My Health Insurance Provider to provide to the Tribunal with all information relevant to my application.
- (7) My Accountant to provide to the Tribunal any information requested by them in relation to my loss of earnings.
- (8) I understand that the Tribunal may notify the authorities mentioned above and the other State Compensation Bodies, including the Office of the Chief State Solicitor that I have submitted an application to the Tribunal and may inform them of the Tribunal's decision.

1. Applicant's Signature:

Date:

2. If applicant is under 18 years of age, name and address of parent or legal guardian

Name:

Address :.....

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3. Signature of person applying on behalf of a person incapable of signing and relationship of that person to the applicant.

Signature:

Relationship to applicant:.....

