

Application for crime victims' compensation in accordance with the Act on Compensation to Victims of violent Crime (Crime Victims Compensation Act – OEG)

I. Personal data 1. Mr Mrs / Ms	Family name, first name.	Please leave this field empty for Birth name or fo	
2. Date of birth (DD/MM/YYYY), Pl	ace of birth: 3. *Voluntary info Phone number (Email address:*		
4. Family status		since:	Number of children:
☐ single ☐ married ☐ registered civil partnership	□ widowed□ separated□ divorced□ registered civil partnership	dissolved	
5. Place of residence or ordinary residence:	Street name and number:	Postal code:	City:
6. Nationality:	If you are a non-German applicant from a	non-EU Member State:	
	resident in the Federal Republic of period since:	Germany for an uninterrup	oted
(Please enclose a copy of your identity card / passport)	residence in the Federal Republic (Please enclose a copy of your resid where applicable)		mission to reside,
7. ☐ legal representative ☐ guardian		thorized representative lease enclose a copy of the a	uthorization)
Family name, first name and			
(Please enclose a copy of the ins	trument of appointment and/or letters of g	guardianship)	

II.	Inf	ormation regarding the violent crime				
1.		nen was the crime committed (if possible, specify ne, day, month, year):				
2.	Cri	Crime scene (if possible, provide description of crime scene, e.g. place, street name, number, apartment):				
		workplace		-	to / from work	
	П	school / training institution / care facility		on your way facility	to / from scho	ol / training institution / care
	Please indicate the name and address of your employer / your training institution / the competent statutory accident insurance / accident insurance fund:				empetent statutory accident	
		other crime scene				
3.	На	s the crime been reported?				
		Yes to:			Date:	
		No, because (please explain*)**			Reference number:	
		Yes, I make use of my right to refuse to give evide	nce		□N	o, I don't
4.		me and address - if known - of the offender/s:	П	further acco	mnlices	
		of the offerider/s.		Turtiler acco	Присез	
		of witnesses:		of first aider	s:	
_			4-1-1			
5.		s a preliminary investigation by public prosecutor /		·		
		No	П	Yes, at:		
				Reference number:		
6.	Cir a c	cumstances of the crime (Please explain the esser	ntial (circumstance	s of the violent	crime; instead, you may enclose

☐ Currently I cannot provide any information about the crime.

^{*}Please use the enclosed additional sheet if this space does not suffice.

^{**}Under the Crime Victims Compensation Act you are obliged to contribute, as far as possible, to the clarification of the facts and the prosecution of the offender. Generally this includes that the crime has been reported. Under section 52 of the German Code of Criminal Procedure, fiancé(e)s, spouses and registered civil partners of the accused may refuse to give evidence, even if the marriage or the registered civil partnership no longer exists, this applies also to relatives by blood or marriage in direct line (e.g. parents, grandparents), and/or kindred up to the third degree or in-laws up to the second degree (e.g. siblings, uncle, aunt).

III.	Information regarding health damage / injuries
1.	What physical and / or mental health damage have been caused by the violent crime?*
2.	Do you still suffer from this health damage today?*
	☐ Yes, I suffer from the following health damage: ☐ No
	2 Test, Testiner from the following floatian damage. 2 Test
3.	Only in exceptional cases:
	Would you like to obtain curative treatment on a provisional basis, i.e. before the application is decided upon?
	(e.g. dental treatment, psychological first aid)?
	□ No □ Yes (please explain*)
4.	Have any body-worn aids and appliances been damaged by the crime (e.g. glasses, hearing aid, dentures)?
	☐ Yes, the following aids : ☐ No
5.	Are you covered by an individual health insurance?
	□ Yes If yes: □ statutory □ private □ No
	Current health insurance fund Member since:
	Former health insurance fund, where applicable:
IV	. Information on medical / psychotherapeutical treatment
1.	In-patient treatment as a consequence of the crime*
	From-to: Name, address of the hospital and / or rehabilitation clinic Department / ward:
2	Out-patient treatment as a consequence of the crime*
۷.	From-to: Name, address of the family practitioner / treating physician / psychotherapist: Medical
	specialization,
	where applicable:
3.	Which of the health damages / injuries that you listed under No. III have already existed before the crime (in- / out-
0.	patient treatment)?*
	none the following:
	Name, address
	of the physician / psychotherapist: Treatment from - to: For what health damage / injury
۷.	Information regarding the occupational situation
1.	Occupation / occupational activity, universitystudies, where applicable, before the crime:
2.	Do you believe that the crime has affected the performance of your prior work?
	□ No □ Yes, please specify*

^{*}Please use the enclosed additional sheet if this space does not suffice.

VI. Other information

1.	Are you entitled to compensation from third parties due to the consequences of the crime?			
	□ No	□ Yes		
	If yes, from			
	the accident insurance accident insurance)	(e.g. occupa	ational accident insurance fund, private	☐ the health insurance
	$\ \square$ the offender (damages	/ damages f	or pain and suffering)	☐ the Statutory Pension Insurance,
	☐ compensation schemes	from other	countries	☐ other funding agencies?
2.	If you are entitled to compe	nsation from	third parties: Have you already claimed	this compensation?
	Please enclose evidence, wh	nere applicat	ole.	
	□ If yes, from	☐ If yes, from Name and address of the authority:		
	□ No (please explain*)			
3.			under the Federal War Victims Compensa Service Act, Infection Protection Act, Pris	
	Rehabilitation Law, Adminis	strative Reha	abilitation Law)?	
	□ No	⊔ Yes	competent authority:	Reference number:
4.	Do you have a recognized o ☐ No	disability? □ Yes	competent authority:	Reference number:
		00	compositing adments.	resident names n
5.	If compensation payment w	vill be award	ed, it shall be remitted to the following ba	nk account:
			IBAN:	
6			Account holder:	
0.	I enclose the following docu	amento to m	γ αργιισατίστι.	
7.	The following person/organ psychotherapist)	isation helpe	ed me with the application (e.g. victim sup	pport organisation, police,
	poyonomorapion			
I declare that I have given the above information to the best of my knowledge and belief, and that I have not filed any other application for crime victims compensation under the Crime Victims Compensation Act.				
			Signature of the applicant or of the lega	•
	Place, date:		guardian:	

^{*}Please use the enclosed additional sheet if this space does not suffice.

I understand that

- under section 5 of the Crime Victims Compensation Act in conjunction with section 81a of the Federal War Victims Compensation Act the authority is obliged to claim damages from the offender(s). In this context the authority has to inform the offender(s) of the application I have submitted at an early stage. If I do not want this to happen I will explain the reasons on the enclosed additional sheet. The authority will then check whether I would have to fear major disadvantages and that as a consequence no claims for damages should be made. In the case of minors the potential risk to the child's well-being may be deemed such a reason;
- by virtue of law my claims for damages against the offender(s) will be transferred to the competent authority with the
 exception of claims for damages for pain and suffering, and I understand that I therefore may not conclude any
 agreements (e.g. an out of court settlement) with the offender(s) or his/her/their insurance companies.

I take note of the fact that the health-related data, which have been made accessible to the competent authority with the help of this procedure under the Crime Victims Compensation Act,

- are being recorded and saved (section 67c of the Social Code, Book X), and may be transmitted to
- the experts commissioned by the competent authority to carry out the medical assessment,
- the central welfare offices,
- the other social benefit agencies for the purpose of carrying out their own statutory execution of tasks within the meaning of section 35 of the First Book of the Social Code (SGB I)
- and to the social courts.

I am aware of the fact that I can object to the transmission of the above information at any time and in an informal manner

(section 69 paragraph 1 Nos. 1 and 2 in conjunction with section 76 paragraph 2 of SGB X).

Declaration of consent

If I do not enclose the required documents for the examination of the claims, the competent authority will clarify the facts of the case ex officio.

Therefore I agree that the following documents may be consulted:

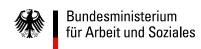
- police investigation files, investigation files of the public prosecution authorities, court files, youth welfare office files
- the necessary medical documents (in particular diagnoses, reports of test results, hospital discharge reports, interim reports, patient files, x-rays).

The listed documents may be obtained from the treating physicians, psychologists, hospitals (including private hospitals), authorities, courts and social benefit agencies as well as from private health, nursing and accident insurance companies - also to the extent that they were drafted by other physicians or bodies - however, only to the extent they can give insights into the merits of the circumstances of this case.

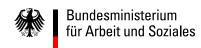
The declaration of consent applies to the administrative procedure launched with this application, for a subsequent review / repeal procedure and to the procedure for the enforcement of claims for damages that have been transferred to the federal state.

It also applies to any facts of the case and documents drafted during the procedure.

I here	□ No	
Place	e, date:	Signature to the declaration of consent



Additional sheet No. 1 to the application for crime victims compensation submitted by Mr/Mrs/Ms



Mr/Mrs/Ms