



CRIME VICTIM COMPENSATION APPLICATION FORM

IMMEDIATE ACCESS TO COMPENSATION

- ✓ An application for immediate access to compensation may be submitted only by child victims, victims of human trafficking, rape, domestic violence, and relatives of the deceased victim, from the moment of reporting the criminal offense to the competent authorities, where the criminal offense was committed against a vulnerable victim and the victim is in dire financial straits.
- ✓ Compensation may be granted only for certain types of compensation, namely expenses paid for impairment of physical and mental health, funeral expenses, and some other urgent expenses for the victim.
- ✓ Applicants may also claim compensation through regular access to compensation for other categories of compensation that are not compensable under immediate access to compensation or for the remaining amount of compensation under the same category, up to the maximum provided by law.
- ✓ The Commission reserves the discretion to postpone deciding on the application for immediate access to compensation if it considers that there is lack of clarity and/or incomplete information in the application and the grounds for compensation.

The information included in this application form shall be considered confidential and may only be used for the purpose of financial compensation to the applicant.

SECTION 1: Applicant Information (complete this section if you are the person filing this application on behalf of the victim). Attach identity document and the document showing your relationship to the victim.

First Name and Last Name:		Nationality:	
Phone Number:		Email:	
Relationship to Victim (Select the option that indicates your relationship to the victim)	<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Relative (Specify): _____		

SECTION 2- Victim Information (to be completed only if different from applicant in Section 1). Attach identity document.

First Name and Last Name:		Nationality:	
Date of birth:		Place of birth:	
Phone Number:		Email:	

PART 3- Criminal offense for which compensation is sought:

Criminal Offense: _____

Attach documents below:

Police Report Other Official Document. Specify _____

Under immediate access to compensation, victims may be compensated for certain harms suffered as listed below. Select the category(ies) for which you are seeking compensation and attach the required evidence such as medical reports and payment receipts to support your claim. The victim and their family members may request compensation for the expenses paid as listed below:

SECTION 4- Type of compensation claimed:

<input type="checkbox"/>	a. Funeral expenses (<i>no need to document expenses</i>). Attach only the Power of Attorney from other relatives, Certificate of Joint Household, or Death Record.
<input type="checkbox"/>	b. Paid medical expenses, hospitalization, medications, or other ancillary services in cases of serious physical injury (<i>medical reports from a specialist and payment receipts</i>).
<input type="checkbox"/>	c. Paid medical expenses, hospitalization, medications, or other ancillary services in cases of mental health impairment (<i>medical reports from a specialist psychiatrist or psychologist and payment receipts</i>)
<input type="checkbox"/>	d. Expenses paid for the purchase and repair of medical equipment (<i>medical report and payment receipts</i>).
<input type="checkbox"/>	e. Other reasonable expenses that are necessary for the victim. Specify (<i>payment receipts must be attached</i>): _____

SECTION 5- Documents (*mark each of the documents you are attaching to the application*)

<input type="checkbox"/>	a. Police Report	<input type="checkbox"/>	b. Identity Document
<input type="checkbox"/>	c. Evidence of Financial Status	<input type="checkbox"/>	d. Medical Reports
<input type="checkbox"/>	e. Evidence of expenditure (<i>payment receipts</i>)	<input type="checkbox"/>	f. Applicant's Power of Attorney (<i>If the application is submitted by relatives</i>)
<input type="checkbox"/>	g. Declaration of Joint Household	<input type="checkbox"/>	h. Death Certificate / Death Record
<input type="checkbox"/>	i. Decision on Legal Guardianship	<input type="checkbox"/>	j. Other _____

PART 6- Compensation granted through other proceedings (*declare if you have received any other compensation and attach evidence of compensation granted*)

No Yes If Yes, specify: _____

PART 7- DECLARATIONS AND NOTICES (*please read carefully*). The application shall not be considered complete unless all the following boxes have been checked

I hereby declare that all the information in the above document as well as the attached documents are true and correct (*Note: Providing incorrect information constitutes grounds for filing a criminal report according to the Criminal Code of the Republic of Kosovo*).

- I hereby declare that I will provide timely notice to the Commission in the event of any change to information presented herein.
- I hereby give my consent to the Commission to verify the information provided in this application and the supporting documents with relevant institutions as needed.
- I hereby declare that I will repay any payment made in error.
- I hereby declare that I shall repay the paid amount if in the meantime I receive compensation from a second source for the same category of compensation.
- I hereby give my consent that in the event of receiving compensation from the Compensation Program, my rights as an injured party to seek restitution from the defendant, shall be assigned to the Government of Kosovo on the date of the enforcement of decision recognizing the right to compensation and up to the amount of the compensation received from the Government.

SECTION 8- Signature of the victim and/or relative who submits the request, respectively:

First Name and Last Name: _____

Signature: _____

Date: ___/___/_____

APPENDIX: Information on the Authorized Representative (*attorney, victim advocate, NGO representative*) when the application is completed and submitted on behalf of the victim or dependents. The Representative must also produce a power of attorney:

First Name and Last Name: _____ **Function:** _____

Phone: _____ **Email Address:** _____