



CRIME VICTIM COMPENSATION APPLICATION FORM

REGULAR ACCESS TO COMPENSATION

Instructions: The application for regular access to compensation shall be submitted after the conclusion of regular court proceedings, namely after the judgment becomes final. To claim regular compensation, the victim must first seek restitution from the defendant in criminal proceedings.

The application may be submitted even in cases where the victim is able to document that seeking restitution was not possible. For claims that have been accepted under applications for immediate access to compensation, compensation shall be granted for the remaining uncompensated part and other categories where the victim has not received 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 (attach documents listed below):

Criminal Offense: _____

- Final court judgment on the criminal case.
- Decision or other official document proving that restitution in criminal proceedings was not possible (for more details, see Article 9 of the Law).

Select type of document: _____

SECTION 4- Type of compensation claimed:

Under regular 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.

<input type="checkbox"/>	a. Compensation for physical injury or health impairment
<input type="checkbox"/>	b. Compensation for paid medical expenses, hospitalization, medications, or other ancillary services in cases of serious physical injury (<i>attach specialist medical reports and payment receipts</i>)
<input type="checkbox"/>	c. Compensation for mental suffering (<i>for child victims, victims of domestic violence, human trafficking, rape, sexual assault, coercion to pornography, victims subjected to disfigurement, psychological, sexual, and physical abuse on an ongoing basis</i>). <i>No need to document expenses.</i>
<input type="checkbox"/>	d. 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"/>	e. Compensation for mental suffering due to the loss of a relative (<i>relatives must attach reports of mental health treatment by specialist psychiatrists or psychologists and payment receipts for medical expenses</i>)
<input type="checkbox"/>	f. Compensation for loss of right to maintenance. Note: - <i>Where the victim has suffered serious physical injuries and seeks compensation for loss of right to maintenance of dependents, they must attach proof of employment and proof that the victim was the primary provider of their dependents. Declaration of Joint Household should also be attached.</i> - <i>Where the victim is deceased, relatives must attach proof that the victim was primary financial provider, proof of financial status of dependents, and the Declaration of Joint Household.</i>
<input type="checkbox"/>	g. Expenses paid for the purchase and repair of medical equipment (<i>medical report and payment receipts</i>).
<input type="checkbox"/>	h. Funeral expenses (<i>no need to document expenses</i>). <i>Attach only the Power of Attorney from other relatives, Certificate of Joint Household, or Death Record.</i>

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

<input type="checkbox"/>	a. Final Court Judgment	<input type="checkbox"/>	b. Identity Document
<input type="checkbox"/>	c. Proof of the victim’s employment (<i>Employment Contract</i>)	<input type="checkbox"/>	d. Specialist 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. Document proving that the victim was the primary provider and evidence on the financial status of dependents	<input type="checkbox"/>	j. Decision on Legal Guardianship
		<input type="checkbox"/>	k. 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 Crime Victim Compensation Commission in the event of any change to information presented herein.

I hereby give my consent to the Crime Victim Compensation 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: _____