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| Application form for state compensation regulated by Act CXXXV of 2005 on Victim support and State Compensation | **Receipt stamp of the office :** |

 **REQUEST FOR STATE COMPENSATION**

**IDENTITY INFORMATION AND INFORMATION ON CRIMINAL OFFENCE**

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| **I. Identity information of applicant** |
| Name: |
| Birth name: |
| Place and date of birth: |
| Mother’s maiden name: |
| Type and number of ID document: |
| Address: |
| Notification address: |
| Phone number:Mobile phone number:E-mail address: |
| Nationality: |
| Legal basis of residence in Hungary in case of not Hungarian applicant: |
| **II.** **Data on criminal offence and harm suffered as direct consequence** |
| Name of the criminal offence and its relevant circumstances: |
| Place of offence: |
| Date of offence: ………..……day ………………..month ……..…...…year |
| Harm suffered by applicant: bodily harm:……………………………………………………………………………………………………….  mental injury, emotional shock: …………………………………………………………………………. property damage: ………………………………………………………………………………………………………. others: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **III/1. Basis for the applicant's entitlement to compensation** |
| □ the applicant is a victim of a violent intentional crime against person□ the applicant is a direct relative, adoptive parent or foster parent, adopted or foster child, spouse, life partner of the injured or deceased victim, who was living in one household with the injured or deceased victim at the time of the offence□ the injured or deceased victim was or is obliged to support the applicant on the basis of an enforceable court or official decision or a valid contract□ the applicant provided for the burial of the victim who died as a result of an intentional violent crime against a person*An expert opinion or medical documents certifying serious damage of physical integrity and health, as well as death certificate must be attached.**Documents proving cohabitation, family relationship, support obligations must be attached.* |
| **III/2. Form and extent of compensation claimed** |
| Form of compensation claimed:□ Lump sum compensation□ Monthly annuity |
| Amount and description of property damage: ……………………………………………………………………………………………………………………………Designation of the document (s) used to prove the damage: ……………………………………………………………………………………………………………………*Documents proving the damage (e.g. bill, receipt) must be attached.* |
| The amount of claimed compensation in case of lump sum compensation:…………………………………………………………………………………………………………………………… |
| Existence of incapacity for work in case of monthly annuity:……………………………………………………………………………………………………………………………Expected duration: ……………………………………………………………………………………………………………………………*An expert opinion or medical certificate attesting to the incapacity for work and its probable duration must be attached.* |
| The amount of claimed monthly annuity: ……………………………………………………………………………………………………………………………Duration of disbursement: …………………………………………………………………………………………………………………………… |
| Do you have insurance from which you can expect partial or full return of your damage?……………………………………………………………………………………………………………………………In addition, is it expected that the damage or part of it will be returned from other sources? (e.g. compensation, social or pension benefits)…………………………………………………………………………………………………………………………Did you enforce your social insurance or other insurance claims arising from the crime?……………………………………………………………………………………………………………………………Has the damage been returned from the perpetrator or any other source?………………………………………………………………………………………………………………………Form of this: ............................................................................................................................................................................ Amount of this:.............................................................................................................................................................Method of payment for the service provided in cash: postal order (address:..................................................................................................................) transfer to a payment account in her/his own name:(Name of payment service provider .......................................................................................,account number: --) |
| **III/3. Other relevant data** |
|   Is a proceeding instituted against the applicant for any of the listed offences (in the criminal proceeding for the offence giving rise to compensation or in connection with the offense)?………………………………………………………………………………………………………………………… Has the commission of any of the offences listed here been decided by a final court decision?……………………………………………………………………………………………………………………………… | □ False Accusation (until 30 June 2013 Section 233-236 of Act IV of 1978., Section 268-270 of Criminal Code)□ Perjury (until 30 June 2013 Section 238-241 of Act IV of 1978., Section 272-275 of Criminal Code)□ Subornation of Perjury (until 30 June 2013 Section 242 of Act IV of 1978, Section 276 of Criminal Code)□ Misleading of Authority (until 30 June 2013 Section 237 of Act IV of 1978, Section 271 of Criminal Code)□ Obstruction of Justice (until 30 June 2013 Section 242/A. of Act IV of 1978), or Coercion on the Part of the Authorities (Section 278 of Criminal Code)□ Suppressing Exculpatory Evidence (until 30 June 2013 Section 243 of Act IV of 1978, Section 281 of Criminal Code)□ Harboring a Criminal (until 30 June 2013 Section 244 of Act IV of 1978, Section 282 of Criminal Code)□ Breach of Seal (until 30 June 2013 Section 249 of Act IV of 1978, Section 287 of Criminal Code)□ Violent criminal offence against person committed against the perpetrator or perpetrator’s relative or criminal offence of public endangerment  |
| **I V. Attachments** |
|  1. |   |
|  2. |   |
|  3. |   |
|  4. |   |
|  5. |   |
|  **V. Announcements** |
| 1. I declare that **I am / I am not** obliged to repay any previously provided cash victim support service.
2. I declare that **I have received** / **have not received** support service with the same content in connection with the crime described in this application**.**
3. **There is/ there is not** reason for exclusion from support due to false reporting or obstructing an inspection.
4. Upon request of the client – in her/his presence -, the form was completed by a member of the victim support service: **Yes/No**
5. Other to be announced:.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................
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Aware of my criminal responsibility, I declare that the statements I have made are true.

By signing the form, the applicant agrees that the data provided by him / her will be processed by the capital and county government offices and the Ministry of Justice to the extent necessary for the processing of the application and for the payment of state compensation.

**Dated: ……………………….., ..… …day……………month…… .year**

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Signature of applicant