



Office of Criminal Injuries Compensation Statement of Current Circumstances

Reference: _____-_____

Please complete and return this statement to the Office of Criminal Injuries Compensation as soon as possible so that the Assessor can take into account any of the issues you wish to raise at the Compensation Reimbursement Hearing.

Your Personal Details

Full name: _____

Date of birth: _____

Residential address: _____

Suburb: _____ Postcode: _____

Day time telephone number (during 8am to 5pm): _____

Mobile phone number: _____

Email address: _____

Do you own or run a business: Yes No

Business address: _____

Suburb: _____ Postcode: _____

Business phone number: _____

Business fax number: _____

Are you single? Yes No

Are you married? Yes No

In a defacto relationship? Yes No

Full name of your spouse or partner: _____

Do you have any dependent children? Yes No

How many dependent children? _____

Please provide the ages of your children: _____

How many reside with you? _____

Is your spouse or partner employed? Yes No

If Yes, what is your spouse's or partner's occupation? _____

How long has she/he been employed? _____

Any other relevant details in relation to your family or work?

Your Contact Person

If you have someone that you wish the Assessor or the Department of Justice to contact or speak to in relation to this matter please provide her/his details and sign and return the attached [Authority to Act Form](#).

Their name: _____

Telephone number (during 8am to 5pm): _____

Mobile phone number: _____

Your Employment Details

Are you employed? Yes No

Are you self-employed? Yes No

What is your job? _____

How long have you worked in that job? _____

What is the name of your employer? _____

What is the address of your work place? _____

Suburb: _____ Postcode: _____

Your Medical Details

Do you have any medical or health conditions which limit your ability to work? Yes No

If Yes, please provide details of those medical or health conditions (you can attach medical reports):

Is there anyone that you need to care for (eg sick partner, child or parent) because they have a medical or health condition?

Yes No

If Yes, please provide details:

Other Details

Have you recently been released from prison: Yes No

If Yes, date of release: _____

How long were you in prison? _____

Were you given parole? Yes No

Do you receive Centrelink payments? Yes No

What type of payments do you receive? _____

Do you receive any other payments (eg workers' compensation, personal accident insurance, superannuation or disability payments)?

Yes No

If Yes, please provide details:

Are you making any claims for compensation of any kind? Yes No

If Yes, please provide details:

Summary of Income

	List your net (after tax fortnightly income
Your wages or salary	\$ _____
Centrelink payments:	\$ _____
Workers' compensation, work release	\$ _____
Spouse or defacto's wages or salary	\$ _____
Child benefit allowance:	\$ _____
Bank interest	\$ _____
Interest on investments	\$ _____
Other (please provide details): _____	\$ _____
_____	\$ _____
Total Fortnightly Income	\$ _____

Summary of Expenses

	List all fortnightly expenses
Rent/board/mortgage	\$ _____
Electricity/gas	\$ _____
Rates	\$ _____
Telephone	\$ _____
Motor vehicle payments	\$ _____
Petrol and running expenses	\$ _____
Details of any hire purchase/loans: _____	\$ _____
_____	\$ _____
_____	\$ _____
Clothing	\$ _____
Food	\$ _____

Other (please provide details):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Fortnightly Expenses	\$ _____

Real Estate

Do you own your own home or any other real estate? Yes No

If Yes, please complete the following questions:

Do you live in this house? Yes No

Are you buying the property jointly with someone else – eg your partner?

Yes No

If Yes, with whom? _____

Who did you borrow the money from to buy the house? _____

When did you buy the property? _____

What was the purchase price? _____

How much do you pay on the mortgage each month? \$ _____

How much is left to pay on the mortgage? \$ _____

You will need to provide a copy of a statement from the mortgage company giving details of your debt.

Other Assets

Do you own any other property? Yes No

List all other property that you own (eg motor vehicles, boats etc) and/or investments (eg shares):

Item	Value	Amount of loan and/or hire purchase (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all bank/building society/credit union account held:

Bank	Branch	Balance
_____	_____	\$ _____
_____	_____	\$ _____

Repayment Offer

You may wish to make an offer to the Department which the Assessor can take into account.

I wish to make a **lump sum** offer of \$ _____ in **full and final settlement** of this debt.

(Subject to Assessor's approval) I will pay the above amount on or before:

Or

I make an offer of \$ _____ per week / fortnight / month to repay this debt.

.....

Signature

.....

Date

Please return to:

Office of Criminal Injuries Compensation
Recoveries Section
GPO Box F317
PERTH WA 6841



**Office of Criminal Injuries Compensation
Recoveries Section
Authority to Act**

If you wish to have another person acting on your behalf, please fill in this form.

Recoveries File Reference Number: RE/ _____

I, _____ hereby give authority for:

Name: _____

.....

(Signature of above person who you wish to act on your behalf).

Relationship to debtor: Family Friend Representative

To speak on my behalf, have access to all information relating to this matter and also have authority to give information to the Recoveries Section if needed.

Signature of debtor:.....

Date:

Please enclose a copy of one of the following forms of identification for both debtor and person acting on their behalf:

Driver's licence Passport Health care card

Please do NOT send originals.

Please note: to withdraw this authority, please write to:

Recoveries Section
Office of Criminal Injuries Compensation
GPO Box F317
PERTH WA 6841