



# Application for compensation for surviving relatives

Has one of your relatives been a victim of a premeditated violent crime in the Netherlands after 1972? And did this relative die as a result of this crime? Then you may qualify for financial support from the Violent Offences Compensation Fund (Schadefonds Geweldsmisdrijven). You can apply for compensation by completing this form.

Is the deceased victim not a relative, but did you pay for the funeral or cremation? Then you can use this form to apply for a contribution to these costs.

### Submit your application in 3 steps

1. Fill in the form completely and truthfully. Please read the explanation on page 5.
2. Attach a copy of your proof of identity and the evidence.
3. Send everything to:

**Schadefonds Geweldsmisdrijven**  
**Antwoordnummer 91052**  
**2509 VC Den Haag**  
**The Netherlands**

### Do you have any questions?

Please contact the Compensation Fund or visit [www.schadefonds.nl](http://www.schadefonds.nl).

**T** +31 (0)070 – 414 20 00  
**E** [info@schadefonds.nl](mailto:info@schadefonds.nl)

### Do you need any help with filling in this form?

Victim Support Netherlands (Slachtofferhulp Nederland) will assist you free of charge and can be reached at telephone number 0900 – 0101 or [www.slachtofferhulp.nl](http://www.slachtofferhulp.nl).

Recognition gives strength Concerned together

## 1A The Deceased

Please fill in the details of the person who died as a result of the violent crime.

gender

A.1 Last name   m  f

A.2 First name(s)

A.3 Date of birth

A.4 Date of death

## 1B Surviving relative

Please fill in the details of the surviving relative who is applying for the benefit.

► *Enclose (mandatory): Copy of the surviving relative's proof of identity*

B.1 What was your relationship to the deceased?  parent  spouse  registered partner

child  sibling  other, please specify

Do not describe this space.

gender  
 m  f

B.2 Last name \_\_\_\_\_

B.3 First name(s) \_\_\_\_\_

B.4 Date of birth \_\_\_\_\_

B.5 Citizen Service Number \_\_\_\_\_

B.6 Address (street and number) \_\_\_\_\_

B.7 Postal code and town/city \_\_\_\_\_

B.8 Telephone number(s) \_\_\_\_\_

B.9 E-mail \_\_\_\_\_

B.10 Into which IBAN should the benefit be paid?   
▶ *Please enclose a copy of your bank card* \_\_\_\_\_

B.11 In the name of \_\_\_\_\_

## 1C Legal representative

If the surviving relative is a minor or is placed under guardianship, the legal representative should fill in his/her details here.

c.1 What is your relationship to the surviving relative?   
 Parent ▶ *Enclose (mandatory): Copy of the parent's proof of identity* \_\_\_\_\_   
 Guardian ▶ *Enclose (mandatory): Copy of proof of identity and court decision appointing* \_\_\_\_\_   
 Curator ▶ *Enclose (mandatory): Copy of proof of identity and conservatorship order administrator* \_\_\_\_\_

gender  
 m  f

c.2 Last name \_\_\_\_\_

c.3 First name(s) \_\_\_\_\_

c.4 Address (street and number) \_\_\_\_\_

c.5 Postal code and town /city \_\_\_\_\_

c.6 Telephone number(s) \_\_\_\_\_

c.7 E-mail \_\_\_\_\_

## 2 Authorized representative

If someone else acts on your behalf, this person should fill in his/her details here.

gender  
 m  f

2.1 Last name \_\_\_\_\_

2.2 First name(s) \_\_\_\_\_

2.3 Name of organisation \_\_\_\_\_

2.4 Address (street and number) \_\_\_\_\_

2.5 Postal code and town/city \_\_\_\_\_

2.6 Telephone number(s) \_\_\_\_\_

2.7 E-mail \_\_\_\_\_

### 3 Time limit for submission

- 3.1 Are you submitting this application within three years of the victim's death?  
 Yes ▶ [Go to question 4](#)  
 No ▶ [Go to question 3.2](#)
- 3.2 What is the reason for not submitting the application within three years of the victim's death?  
\_\_\_\_\_  
\_\_\_\_\_

### 4 Violent crime

If you need more writing space, please use the addendum sheet.

- 4.1 Which violent crime caused the victim's death?  
 Murder / manslaughter  
 Other, please specify  
\_\_\_\_\_  
\_\_\_\_\_
- 4.2 Town violent crime  
\_\_\_\_\_
- 4.3 Date/period violent crime  
\_\_\_\_\_
- 4.4 Have criminal proceedings been instituted against the suspect?  
 Yes ▶ [Go to question 4.5](#)  
 No ▶ [Go to question 5](#)
- 4.5 Police report number  
\_\_\_\_\_
- 4.6 Details of criminal proceedings
- | public prosecutor's office no | name of offender / suspect | date of birth |
|-------------------------------|----------------------------|---------------|
| ____ / ____ - ____            | _____                      | ____          |
| ____ / ____ - ____            | _____                      | ____          |
| ____ / ____ - ____            | _____                      | ____          |

### 5 Damage

#### Funeral expenses

- 5.1 Did you incur any costs for the burial or cremation of the deceased?  
 Yes, please specify | €  
 No ▶ [Go to question 5.3](#)
- 5.2 Did you receive any compensation for these costs?  
 Yes, please specify | €  
 No ▶ [Go to question 5.3](#)

#### Reduced family income

- 5.3 Were you dependent on the income of the deceased?  
 Yes ▶ [Go to question 5.4](#)  
 No ▶ [Go to question 6](#)
- 5.4 Have you sustained loss or damage due to the loss of income of the deceased?  
 Yes ▶ [Please enclose proof \(e.g. pay slips or annual statements\) demonstrating the average income of the deceased and the surviving spouse or partner.](#)  
 No ▶ [Go to question 6](#)
- 5.5 Did you receive any compensation for this loss?  
 Yes, please specify | €  
 No ▶ [Go to question 6](#)

## 6 Compensation for damages

- 6.1 Have you received any compensation for damages, for example from the perpetrator *(multiple answers possible)*
- |   |   |
|---|---|
| <input type="checkbox"/> No                             | _____   |
| <input type="checkbox"/> Yes, for my pain and suffering | € _____ ▶ <a href="#">Please enclose proof of this compensation</a> |
| <input type="checkbox"/> Yes, for medical expenses      | € _____ ▶ <a href="#">Please enclose proof of this compensation</a> |
| <input type="checkbox"/> Yes, for incapacity for work   | € _____ ▶ <a href="#">Please enclose proof of this compensation</a> |
| <input type="checkbox"/> Yes, for other damage          | € _____ ▶ <a href="#">Please enclose proof of this compensation</a> |

## 7 Contact with the Compensation Fund

The Compensation Fund would like to contact you (the surviving relative) by phone at the beginning of the procedure to explain the procedure to you, so that you know what to expect from us.

- 7.1 May the Compensation Fund contact you by phone to explain the procedure?
- |   |       |
|---|-------|
| <input type="checkbox"/> Yes, the Compensation Fund may call me                           | _____ |
| <input type="checkbox"/> No, I do not want the Compensation Fund to call me               | _____ |
| <input type="checkbox"/> Yes, the Compensation Fund may call my authorized representative | _____ |

The Compensation Fund would also like to keep in touch with you by e-mail (rather than by post) with regard to your application. This is to help you more quickly. You will always receive the decision on your application by post.

- 7.2 May the Compensation Fund keep in touch with you by e-mail with regard to your application?
- |   |       |
|---|-------|
| <input type="checkbox"/> Yes, the Compensation Fund may keep in touch with me by e-mail rather than by post | _____ |
| <input type="checkbox"/> No, I want to keep in touch with the Compensation Fund by post                     | _____ |

## 8 How did you learn about us

- 8.1 How did you learn about the Compensation Fund?
- |   |   |
|---|---|
| <input type="checkbox"/> Slachtofferhulp Nederland *      | <input type="checkbox"/> Legal expenses insurance     |
| <input type="checkbox"/> Police                           | <input type="checkbox"/> Public Prosecution Service   |
| <input type="checkbox"/> Lawyer                           | <input type="checkbox"/> Slachtofferwijzer ***        |
| <input type="checkbox"/> Centrum Seksueel Geweld (CSG) ** | <input type="checkbox"/> Other, please specify: _____ |
- \_\_\_\_\_

## 9 Signature

**Please note:** If the surviving relative is a minor or is placed or guardianship, the legal representative must sign this form.

**I have completed this form truthfully.**

- 9.1 Date and place \_\_\_\_\_
- 9.2 Name \_\_\_\_\_
- 9.3 Signature \_\_\_\_\_

Print the form to sign

\_\_\_\_\_

\* Victim Support Netherlands / \*\* Centre for victims of sexual violence / \*\*\* Victim Guid

# Explanation of the form 'Application for Compensation for Surviving Relatives'

## General information

### What is the Violent Offences Compensation Fund?

The Violent Offences Compensation Fund is an independent body of the Dutch government. It offers one-off benefits to victims of premeditated violent crimes, who have sustained serious physical or psychological injuries as a result. Surviving relatives of victims who have died as a result of a violent crime are also eligible for compensation by the Compensation Fund.

### What are examples of violent crimes?

Assault, robbery, murder, or manslaughter.

### What is a relative?

This is defined in Article 3, paragraph 2 of the Violent Offences Compensation Fund Act (*Wet schadefonds geweldsmisdrijven*). Your spouse, registered partner, parent, (adopted) child, brother or sister are all relatives.

### What is the purpose of the benefit?

The benefit is a social expression of solidarity and an acknowledgement of the suffering that has befallen a surviving relative. It is paid from taxpayer funds and is not intended to cover all damages. The benefit is intended to restore some of the damaged confidence of surviving relatives and to provide them with (financial) support, so that they can look forward to the future again. The benefit is at the free disposal of the recipient.

### How does the Compensation Fund determine the amount of the benefit?

The benefit is always a fixed sum of 5,000 euros for the surviving relative's pain and suffering and for any financial damage, for example due to the costs of therapy. The benefit can be supplemented with separate contributions for funeral expenses and reduced family income. You need to provide evidence of this loss, such as invoices, insurance specifications, pay slips or annual statements.

### Are you a victim of a violent crime yourself and did you suffer serious physical or psychological injury as a result?

Then you can apply for compensation using the form 'Application for compensation for victims'. You can download this form from [www.schadefonds.nl](http://www.schadefonds.nl).

## Information about each question on the form

### 1A Deceased

Please state the details of the person who died as a result of the violent crime.

### 1B Surviving relative

Fill in your details here. Also provide your IBAN (bank account number) to which the benefit should be paid. If you don't know your IBAN, please ask your bank or go to [www.ibanbicservice.nl](http://www.ibanbicservice.nl). **Please note:** You cannot enter a savings account.

### 1C Legal representative

If the surviving relative is a minor or is placed or guardianship, the legal representative should fill in his/her personal details here. A legal representative is the parent, guardian or curator of the surviving relative.

### 2 Authorized representative

If you would like someone else to handle the application procedure on your behalf, you can authorise someone, for example an employee of Victim Support the Netherlands or a relative.

### 3 Time limit for submission

The Compensation Fund will process an application if it has been submitted within three years of the death of the victim. Applications submitted at a later date can still be processed by the Compensation Fund if a valid reason is provided.

### 4 Violent crime

In this section you are asked to provide information about the violent crime and any criminal proceedings which have been instituted against the offender/suspect. The Compensation Fund needs information about criminal proceedings to make a better assessment of your application. By providing more information, you will help the Compensation Fund to make a better and faster assessment of your application. **Please note:** *The Compensation Fund never contacts the offender/suspect.*

### 5 Damage

If you qualify for compensation, you will always receive a fixed amount of 5,000 euros for your pain and suffering and for any financial damage you have sustained. Furthermore, you may apply for an additional benefit for two separate losses: funeral expenses and reduced family income.

#### Funeral expenses

Did you incur any costs for the burial or cremation of the deceased? Then you can submit these. If you have been reimbursed for these costs, you should state this too. Please demonstrate any costs and reimbursements with invoices and insurance specifications.

#### Reduced family income

Were you dependent on the income of the deceased and are you now suffering damage due to the loss of his/her income? Then you can submit this. Please enclose evidence showing the average income of the deceased and the surviving partner.

### 6 Compensation

The Compensation Fund only provides a benefit for damage for which no reimbursement has been provided. Has the perpetrator or your insurance company, for example, reimbursed you? Then you must submit this. Please provide evidence of this compensation, showing the amount you have received and for what damage you have been compensated. The Compensation Fund will then determine whether the compensation will be deducted from the benefit, if applicable. Are you receiving compensation for damages after having received a benefit from the Compensation Fund? It is important that you tell the Compensation Fund. The Compensation Fund will then determine whether this compensation needs to be offset against the benefit.

### 7 Contact with the Compensation Fund

The Compensation Fund would like to contact you by phone to explain the procedure, so that you will know what to expect. In consultation with you, the Compensation Fund may also call you at the end of the procedure to explain the decision on your application in order for you to understand it better. The Compensation Fund would also like to keep in touch with you by email. This is quicker and often easier than by post. The decision on your application, however, will always be sent to you by post.

### 8 How did you learn about us?

Please enter how you learned about the Compensation Fund.

### 9 Signature

Follow the instructions on the form on how to provide the appropriate signature.

## Would you like to share more information about the violent crime or its consequences?

Please use the addendum sheet.

