



Criminal Justice Assistance Reimbursement Scheme

For more information visit www.justice.govt.nz/tribunals

Claim Form

Claim Number: _____



What is this form for?

Use this 'Claim Form' if you are:

- A witness or you assisted in the administration of justice. For example:
 - You reported a crime or gave information to the police in a criminal case that is punishable by imprisonment; and
 - you suffered material loss or damage to property and you are not in a Witness Protection Programme; or
 - you are in a close relationship with a witness and you experienced costs or suffered losses as a result of assisting or caring for the witness.

Important information

1. Please print in CAPITAL LETTERS.
2. You may return this Claim Form and all relevant documents as email attachments or post to the Tribunals Unit at the address at the bottom of this form.
3. If you need more space to answer a question, write "see attached" and you may write your answer on a separate sheet of paper.
4. Make sure you attach all the supporting documents.
5. Please refer to 'A Guide to Filing a Claim' to help you with this application. The guide is available at www.justice.govt.nz/tribunals

Please fill in all sections below:

Part 1: Claimant

What is your name?

Surname(s)

First name(s)

Middle name(s)

Where do you live?

Flat/house number

Street name

Suburb

City/town

Post code

What is your mailing address? (If different from above)

Post code

How can we contact you?

Daytime contact phone number ()

Mobile

Email address

If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.

Part 2: Case details (the case that you were a witness in or gave assistance to)

Name of the case

Case file number (if known)

Name or location of court

If you are not a witness, what is your relationship with the witness?

Part 3: Event details (when and where the loss or damage occurred)

When did the loss / damage happen? / / (day / month / year)

Where did it happen?

How did it happen?

Who was/were responsible for the event / loss?

What action did you take to recover your property or reduce your loss?

Who did you notify about the event / loss? (You may tick more than one)

- The Police at _____ Station (Please attach Police Acknowledgment Form)
- Insurance company (name): _____ Claim number: _____
- Other (Please specify eg, Victim Support) _____ (Please attach letter of support)

Part 4: Details of loss/damage experienced

Loss of property (Please attach receipt or other proof of ownership)

| Description of property (include make and model if applicable) | Where purchased | When purchased | Original cost | Cost of replacement |
|-------------------------------------------------------------------|-----------------|----------------|---------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Damage to property (Please attach receipt or other proof of ownership)

| Description of property (include make and model if applicable) | Where purchased | When purchased | Original cost | Cost of repair or replacement |
|-------------------------------------------------------------------|-----------------|----------------|---------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |

Loss of Earnings (Please attach proof of loss of earnings confirmed by your employer)

| | |
|---------------------------------------------------------------|----|
| [a] Average weekly wage/salary (after tax) | \$ |
| [b] Daily wage/salary ([a] ÷ number of days worked in a week) | \$ |
| [c] Number of days of lost earnings | |
| [d] Total Earnings Lost ([b] x [c]) | \$ |

Other costs (eg, accommodation or transport costs incurred – please attach proof)

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |

Part 5: Other compensation

Insurance policies or other forms of compensation you are entitled to or have received payment from (including ACC payments) in relation to the above losses or damage to property or the loss of earnings.

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |

Claimant's signature

Date / / (day / month / year)

Part 6: Checklist


Before you submit this form please check that:

- You have answered every question
- You have signed and dated this form

You have attached the following documents:

- Police Acknowledgment Form or other letter of support
- Receipts, guarantees or other documents supporting ownership or value of property lost or damaged
- Proof of loss of earnings confirmed by your employer
- Proof of any other related loss (eg, accommodation or transport costs)

Scheme Contact Details

 Tribunals Unit
Criminal Justice Assistance Reimbursement Scheme
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Level 1, 86 Customhouse Quay, Wellington 6011
www.justice.govt.nz/tribunals

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