





# Application Compensation for surviving relatives

Caribbean Netherlands

Was a relative of yours victim of an intentional violent crime, and did he/she die as a result, or did this relative die by involuntary manslaughter in the Caribbean Netherlands on or after 1 January 2017? In that case, you may be eligible to receive compensation from the Violent Offences Compensation Fund (Schadefonds Geweldsmisdrijven). You can use this form to apply for this compensation.

Was the deceased victim not a relative of yours, but did you pay for the funeral or the cremation? In that case, you can use this form to submit an application for a contribution towards these costs.

## Submit your application in 3 steps

- 1. Complete this form fully and truthfully. Read the explanation on page 5 carefully.
- 2. Enclose copies of your identity document 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.schadefondscn.com.

- T +31 70 414 20 00
- E info@schadefonds.nl

## Do you need help completing the form?

Victim Assistance Office will be able to help you free of charge and can be reached at telephone number +599 717 6181 (Bonaire), +599 790 0426 (Sint Eustatius), +599 416 6917 (Saba) or through slachtofferhulp@politiecn.com

## **1A** Surviving relative

Fill in the details of the surviving relative for whom the compensation is applied for.

▶ Please enclose (obligatory): a copy of the surviving relative's identity document

	, 0 ,	, ,	,		0					
A.1	What was your realation with the victim? I was his/her			paren	t		spouse		(registered) partner	
				child			sibling		other, namely	
		_								gender
A.2	Surname									<u>□</u> m <u>□</u> f
A.3	First name(s)									
A.4	Date of birth					-				
A.5	Identity number									
A.6	Street and house number									
A.7	(Postcode and) city/town									
A.8	Country									

A.9	Telephone number(s)						
A.10	Accessibility, during toffice hours (local time)						
A.11	E-mail						
A.12	Account number	mber ► Please enclose a copy of your bank card					
A.13	In the name of						
A.14	BIC / SWIFT code						
A.15	Bank's name						
A.16	Bank location						
When you fill in your telephone number or e-mail address, we assume that we can contact you in this way.  Legal representative  If the surviving relative is a minor or has been placed under guardianship, the legal representative must fill in his/her details here.							
B.1	What is your relation with the surviving relative?		Parent	► Please enclose (obli	igator	y): a copy of the parent's ide	ntity document
			Guardian			y): copies of the identity doc	ument and the
		l 🗆	Administrator	guardianship order  • Please enclose (ohl		y): copies of the identity doc	rument and the
			7.0	administration orde		y, copies of the lacinity acc	gender
B.2	Surname						□ m □ f
B.3	First name(s)						
B.4	Street and house number						
B.5	(Postcode and) city / town						
B.6	Country						
B.7	Telephone number(s)						
B.8	E-mail						
Authorised representative  If someone acts on your behalf in the application procedure, this person must fill in his/her details here.  gender							
If so	•			edure, this person mu	ıst fill	in his/her details here.	gender
2.1	•		application proce	edure, this person mu			gender □ m □ f
2.1	omeone acts on your behalf		application proce				
2.1	omeone acts on your behalf Surname	in the	application proce				
2.1	omeone acts on your behalf  Surname  First name(s)	in the	application proce				
<ul><li>2.1</li><li>2.2</li><li>2.3</li></ul>	omeone acts on your behalf  Surname  First name(s)  Name of the organisation	in the	application proce				
<ul><li>2.1</li><li>2.2</li><li>2.3</li><li>2.4</li></ul>	omeone acts on your behalf  Surname  First name(s)  Name of the organisation  Street and house number	in the	application proce				
<ul><li>2.1</li><li>2.2</li><li>2.3</li><li>2.4</li><li>2.5</li></ul>	Surname First name(s) Name of the organisation Street and house number (Postcode and) city/town Country	in the	application proce				

1B

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## 3 Who is the victim? Please fill in the details of the person who suffered serious and permanent injury as a result of the crime here. gender □ m □ f 3.1 Surname 3.2 First name(s) 3.3 Date of birth 3.4 Date of death 3.5 Identity number 4 What happened? Do you need additional writing space? Please use the 'Additions' sheet for this purpose. ☐ Murder / manslaughter 4.1 As a result of which crime did the victim die? ☐ Death by involuntary manslaughter (in traffic) □ Other, namely 4.2 Scene of the crime 4.3 Date of the crime □ Yes 4.4 Is (or was) the suspect criminally prosecuted? ▶ Was the case dismissed or closed? Please fill in the official report number and/or the Public □ No Prosecutor service no. below. 4.5 Official report number Public Prosecutor Service number 4.6 Details of the criminal proceedings If you have the official report and/or the judgment, please enclose this/these document(s). Funeral expenses and reduced income? **Funeral expenses**

## 5

5.1 Did you incur expenses	☐ Yes, namely   €/\$
for the funeral?	□ No ► Go to question 5.3
5.2 Did you receive	☐ Yes, namely   €/\$   Paid by:
compensation for these expenses?	□ No ► Go to question 5.3

Reduced family income						
5.3 Did you depend on the	☐ Yes ► Go to question 5.4					
deceased person's overledene?	□ No ► Go to question 6					
5.4 Did you suffer any loss	☐ Yes ► Go to question 5.5					
because the deceased person's income	□ No ► Go to question 6					
stopped?	☐ Yes, namely   €/\$	Paid by:				
5.5 Did you receive any compensation for this loss?	□ No ► Go to question 6	T and by:				
<ul><li>Please enclose evidence, such of spouse or partner</li><li>Damages</li></ul>	as payslips or annual income statements,	which show the average i	ncome of the deceased person and surviving			
•	d compensation, please enclose them with	this application.				
6.1 Did you receive compen-	□ No					
ation for damages, for example, from the	☐ Yes, for my distress	€/\$	Paid by:			
offender or an insurance company?	☐ Yes, for costs of therapy	€/\$	Paid by:			
	☐ Yes, for incapacity for work	€/\$	Paid by:			
	☐ Yes, for other	€/\$	Paid by:			
Existence of Comp  7.1 How did you learn of the existence of the Compensation Fund?	ervice ofessionals (e.g. psychologist, psychiatrist)					
Signature Attention! If the relative is a minor or placed under guardianship, the legal representative must sign this form.  I have filled in this form truthfully.						
8.1 Date and city /town						
8.2 Name						
	ır details/personal details.					
By signing this form you grant your permission for processing your details / personal details.  8.3 Signature						
	Please print out the form to sign it					

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## Explanation to the form 'Application Compensation surviving relative'

## **General information**

## What is the Violent Offences Compensation Fund?

The Violent Offences Compensation Fund is an independent body of the central government. It gives once-only compensations to victims of intentional violent crimes, who have suffered serious physical or psychological injury as a result. surviving relatives of victims who died as a result of a violent crime or by a culpable offence may also be entitled to receive compensation from the Compensation Fund. This also applies to relatives of victims who suffer serious and permanent injury as a result of a violent crime sustained.

## What are examples of violent crimes?

Murder, manslaughter, or abuse.

## What are examples of involuntary manslaughter?

Death by involuntary manslaughter in general terms and in traffic (Section 320 of the BES Criminal Code).

#### What is a relative?

This is stipulated in Section 3(2) of the Dutch Violent Offences Compensation Fund Act (Wet schadefonds geweldsmisdrijven). A relative is in any case your spouse, your (registered) partner, parent, child, adopted child, or sibling.

## What is the compensation meant for?

The compensation is a social expression of solidarity and a token of acknowledgement of the distress suffered by a surviving relative. The compensation is paid from taxpayer's money and is not intended to cover all damage. The compensation is intended to restore the damaged confidence and to help the surviving relatives forward financially, so that they can look into the future again. The recipient may spend it as he/she pleases.

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

The compensation is always a fixed amount of € 5,000 (approximately \$5,700) for the distress and any loss suffered by the surviving relative. Examples are costs or therapy or reduced income. This compensation may be supplemented by separate contributions to funeral expenses and reduced family income. This loss must be proved by evidence, such as invoices, insurance specifications, payslips, or annual income statements.

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

In that case, you can apply for compensation by completing the form 'Application Compensation for Victim'. You will find this form at www.schadefondscn.com.

Did a relative of yours suffer serious and permanent injury as a result of a violent crime? In that case, you can apply for compensation by completing the form 'Application Compensation for Relative' You will find this form at www.schadefondscn.com.

## Scene and date of the crime

This form is intended for surviving relatives of victims of violent crimes or involuntary manslaughter committed in the Caribbean Netherlands. To be eligible for compensation, the crime must have been committed on or after 1 January 2017.

## **Explanation to each question of this form**

## **1A Surviving relative**

Fill in the details of the surviving relative for whom the compensation is applied. Also fill in your account number and the bank's BIC/Swift code to which the Compensation Fund can transfer the compensation, if applicable.

Attention! You cannot state a savings account.

## 1B Legal representative

If the surviving relative is a minor or has been placed under guardianship, the legal representative must fill in his/her details here. A legal representative is the victim's parent, guardian, or administrator.

#### 2 Authorised representative

If you want someone else to act on your behalf, you can authorise someone, for example, an employee of Victim Assistance Office or a family member.

#### 3 Who is the victim?

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

#### 4 What happened?

In this section, you give information about the violent crime or the involuntary manslaughter and, if applicable, about the criminal proceedings against the suspect/offender. The Compensation Fund needs details about any criminal proceedings to be able to assess your application better. If you give more information, the Compensation Fund will be able to assess your application faster and better. Attention! The Compensation Fund will never contact the offender/suspect.

## 5 Funeral expenses and reduced income?

In addition to a fixed amount of  $\leq$  5,000 (approximately  $\leq$  5,700), you may apply for additional compensation for two separate loss items: funeral expenses and reduced income.

### Funeral expenses

Did you incur expenses for the deceased person's funeral or cremation? In that case, fill in the amount of these expenses. If you have been reimbursed for these expenses, you must also state these reimbursements. Please provide proof of the expenses and any reimbursements as much as possible by means of invoices and insurance specifications.

## Reduced family income

Did you depend on the deceased person's income and are you currently suffering a loss because his/her income has stopped? In that case, you can state this income. Please also enclose evidence showing the income of the deceased person and that of the surviving partner.

## 6 Damages

The Compensation Fund only gives compensation for damage/loss that has not been compensated for. Did you, for example, receive damages from the offender of an insurance company? In that case, you must fill in the amount of the damages received. Please also enclose proof of the damages, showing the amount you received and which damage/loss was covered. The Compensation Fund will determine whether this amount will be deducted from the compensation, if applicable.

What to do if you receive damages after you have received compensation from the Compensation Fund? It is important that you inform the Compensation Fund of this. The Compensation Fund will then determine whether this amount must be set off against the compensation.

## 7 Existence of Compensation Fund

Here you state how you have learned of the existence of the Compensation Fund.

### 8 Signature

Please follow the instructions on the form for signing this form correctly.

## Do you want to add any information?

Please use the additional sheet.

## Additions

Do you need more writing space to complete the form? In that case, you can use this sheet to finish your answers. Refer to the question number that relates to the answer.

Question no.	Addition