



Application Compensation for victims

Caribbean Netherlands

Were you the victim of an intentional violent crime in the Caribbean Netherlands on or after 1 January 2017? And did you suffer serious physical or psychological injury as a result of this violent crime? In that case, you may be eligible to receive compensation from the Violent Offences Compensation Fund (Schadefonds Geweldsmisdrijven). You can use this form to submit an application for this compensation.

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.

Please do not write in this white space.

Recognition gives strength Together involved

1A Victim

Fill in the details of the victim for whom the compensation is applied for.

► Please enclose (obligatory): copy of the victim's identity document

gender
 m f

A.1 Family name _____

A.2 First name(s) _____

A.3 Date of birth _____

A.4 Identity Number _____

A.5 Street and house number _____

A.6 (Postcode and) city/town _____

A.7 Country _____

A.8 Telephone number(s) _____

A.9 Accessibility, during office hours (local time) _____

A.10 E-mail _____

A.11 Account number **▶ Please enclose a copy of your bank card**

A.12 In the name of _____

A.13 BIC / SWIFT code _____

A.14 Bank's name _____

A.15 Bank's location _____

When you fill in your telephone number or e-mail address, we assume that we can contact you in this way.

1B Legal representative

If the victim is a minor or has been placed under guardianship, the legal representative must fill in his/her details here.

B.1 What is your relationship with the victim? Parent **▶ Please enclose (obligatory): a copy of the parent's identity document**
 Guardian **▶ Please enclose (obligatory): copies of the identity document and the guardianship order**
 Administrator **▶ Please enclose (obligatory): copies of the identity document and the administration**

B.2 Family name _____ gender 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 _____

2 Authorised representative

If someone acts on your behalf in the application procedure, this person must fill in his/her details here.

2.1 Family name _____ gender m f

2.2 First name(s) _____

2.3 Name of organisation _____

2.4 Street and house number _____

2.5 (Postcode and) city/town _____

2.6 Country _____

2.7 Telephone number(s) _____

2.8 E-mail _____

3 What happened?

Do you need additional writing space? Please find an additional sheet for this purpose in the back.

3.1 Of which crime are you a victim? (several options possible)

<input type="checkbox"/> Abuse	<input type="checkbox"/> Sex crime
<input type="checkbox"/> Threat of violence	<input type="checkbox"/> Raid / robbery
<input type="checkbox"/> Stalking	<input type="checkbox"/> Human trafficking
<input type="checkbox"/> Other, namely	

3.2 Where was the crime committed?

3.3 Date / period of the crime

3.4 Did you report to the police?

<input type="checkbox"/> Yes	▶ Go to question 3.5
<input type="checkbox"/> No	▶ Write on the additional sheet what happened and go to question 4.

3.5 Where did you report to the police?

3.6 What is the official report number of your report to the police?

▶ *If you have a copy of your report to the police or the official police report, please enclose it with this application.*

3.7 Is (or was) the suspect prosecuted?

<input type="checkbox"/> Yes	▶ Go to question 3.8
<input type="checkbox"/> No	▶ Go to question 4. Was the case dismissed? Go to question 3.8

Public Prosecutor's Office number

3.8 Details of the criminal proceedings

4 What injury did you suffer?

Physical injury

▶ *If you have medical documents, please enclose them with this application.*

4.1 Did you suffer physical injury as a result of

<input type="checkbox"/> No	▶ Go to question 4.5
<input type="checkbox"/> Yes, namely:	

▶ [Go to question 4.2](#)

4.2 Were you treated for this injury?

<input type="checkbox"/> Yes	▶ Go to question 4.3
<input type="checkbox"/> No	▶ Go to question 4.5

4.3 Which medical help did you receive? (several options)

<input type="checkbox"/> Family doctor	<input type="checkbox"/> Surgery
<input type="checkbox"/> Emergency care	<input type="checkbox"/> Admission to hospital for more than 24 hours
<input type="checkbox"/> Hospital/outpatients' clinic	<input type="checkbox"/> Other, namely

4.4 Period of medical help

starting date	end date	<input type="checkbox"/> still
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Psychological injury

► *If you have medical documents, please enclose them with this application.*

4.5 Did you suffer physical injury as a result of the violent crime? No ► *Go to question 5*

Yes, namely:

► *Go to question 4.6*

4.6 Were you treated for this injury? Yes ► *Go to question 4.7*

No ► *Go to question 5*

4.7 By whom were you treated? (several options possible) Mental healthcare professional / psychologist Other, namely

4.8 What is your practitioner's name?

4.9 What is the name of the institution where you were treated?

4.10 Period of medical help

starting date _____ end date _____ still

4.11 How often were you treated?

If there is anything you want to explain about the crime, its consequences or impact, or about the impairments you experienced (or still experience) as a result of the injury suffered, please use the additional sheet.

5 Existence of Compensation Fund

5.1 How did you learn of the existence of the Compensation Fund?

Victim Assistance Office Family doctor

Police Public Prosecution Service

Lawyer Mental healthcare professional (e.g. psychologist, psychiatrist)

Internet Other, namely

6 Signature

Attention! If the victim is a minor or placed under guardianship, the legal representative must sign this form.

I have completed this form truthfully.

6.1 Date and city/town _____

6.2 Name _____

By signing this form you grant your permission for processing your details/personal details.

6.3 Signature

Please print out the form to sign it

Explanation to the form 'Application Compensation for victims — Caribbean Netherlands'

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?

Abuse, robbery, incest, rape, threat of violence, stalking, and human trafficking.

How does the Compensation Fund determine whether the injury is serious?

The Compensation Fund has a list of injuries for this purpose. This list specifies which physical or psychological injury is considered serious by the Compensation Fund. You will find the list of injuries on www.schadefondscn.com. The Compensation Fund may also ask a medical consultant to assess the injury.

What is the compensation meant for?

The compensation is a social expression of solidarity and a token of acknowledgement of the wrong and the distress that the victim has suffered. The compensation is paid from taxpayers' money and is not intended to cover all damage. The compensation is intended to restore the damaged confidence and to help the victim forward financially, so that he/she 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 Fund uses six injury categories, which relate to six corresponding amounts. The Compensation Fund determines which injury category corresponds with the injury suffered. The corresponding amount is the compensation paid to the victim for the injury (the immaterial damage) suffered and any resulting loss incurred, such as medical expenses and reduced income.

Did a relative of yours die as a result of a violent crime?

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

Scene and date of the crime

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

Damages

The Compensation Fund only gives compensation for damage/loss that has not been compensated for otherwise. Did you receive damages from, for example, the offender or your 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 then determine whether this amount must be set off against the compensation.

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.

Explanation to each question of this form

1A Victim

This is where you fill in your details. 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 victim 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 in the application procedure, you can authorise someone, for example, an employee of Victim Assistance Office or a family member.

3 What happened?

In this section, you give information about the violent crime 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.

4 What injury did you suffer?

In this section, you give information about the injury you suffered as a result of the violent crime. You also give information about any treatment or medical help you received for this injury. In some cases, the Compensation Fund wants to request information from your practitioner.

Attention! If you give more information about your injury and healthcare providers, the Compensation Fund will be able to assess your application faster and better.

5 Existence of Compensation Fund

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

6 Signature

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

Do you want to add any information about the violent crime or about its consequences?

Please use the additional sheet for this purpose.

