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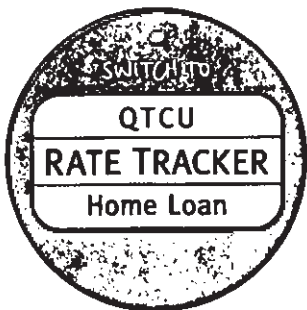
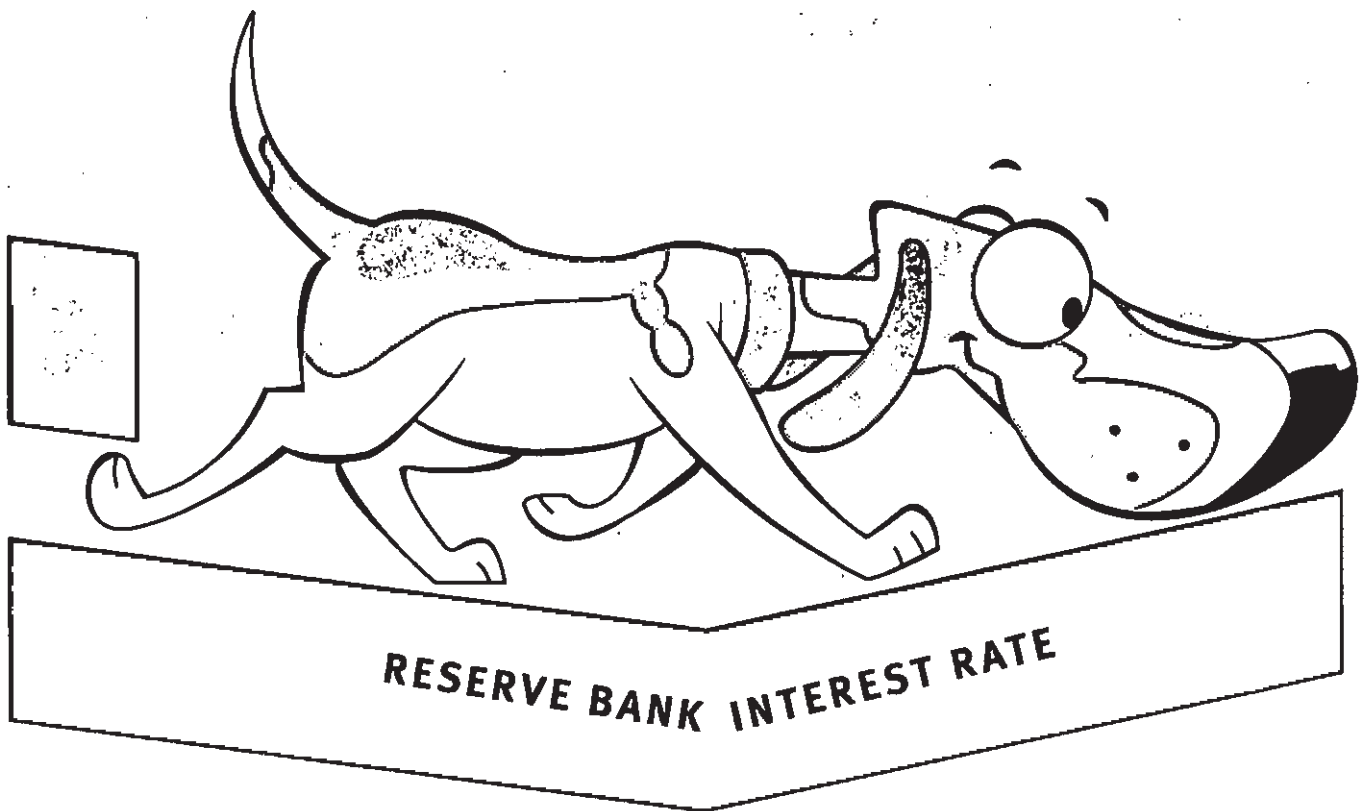
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**Queensland Teachers' Credit Union Limited**



Terms, conditions, fees & charges apply and available on application. QTCU lending criteria & policies apply. Rate variance with RBA movements guaranteed on Rate Tracker product only. Product availability at QTCU's discretion. Rate Tracker rate available where Loan to Value Ratio is 80% or under. A premium of 0.1% applies where Loan to Value Ratio is over 80%. Queensland Teachers' Credit Union, ABN 83 087 651 054, ACL 241195.

QTE4725TP

Applicant has no other out of pocket expenses.

Explained Amendments.

Dean Hay  
Acting Assessor

<input checked="" type="checkbox"/> <b>S65(1)(a)(i)</b> <b>Circumstances of the Act of Violence</b>	<b>Information to be completed by PLO</b>
Status of investigation?	Finalised

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

--

<input type="checkbox"/> <b>S65(1)(a)(ii)</b> <b>Progress of investigations being conducted</b>	<b>Information to be completed by PLO</b>
Are there any changes to previous information provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did victim commit act of violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did victim conspire with offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was victim involved in criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did victim assist police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an offender/s been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

--

<input type="checkbox"/> <b>S65(1)(a)(iii)</b> <b>Charge/s (if any) laid and details of hearing</b> <b>NOTE: Assessors must search QWIC or contact ODPP first to obtain this information.</b>	<b>Information to be completed by PLO</b>
Have any charges been laid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

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<input type="checkbox"/> <b>S65(1)(a)(iv)</b> <i>Reasons for not laying or not continuing a charge/s</i>	<i>Information to be completed by PLO</i>
Are there reasons for not laying charge/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have charges been changed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If Yes please comment:	

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

--

<input type="checkbox"/> <b>S65(1)(c)</b> <i>Further information about details in paragraph (a), including changes to the information previously provided</i>	<i>Information to be completed by PLO</i>
Further information about:	

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

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**This information will be requested by the PLO from the relevant police official. Any documents will be attached to this letter and returned.**

<input type="checkbox"/> <b>S65(1)(b)</b> <i>Copy of any statement made by the primary victim</i>	<i>Document/s attached?</i>
Copy of a primary victim's statement	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Provided via QPS Form 0846)

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

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<input type="checkbox"/> <b>S66(2)(a)</b>	<b>Document/s attached?</b>
<b>Copies of statements made by witnesses</b>	
Copies of statements made by witnesses	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No <ul style="list-style-type: none"> <li>•</li> </ul>

(Provided via QPS Form 0847)

**NOTE: To request the following information, the Government Assessor must state the reasons for requesting this information:**

--

<input type="checkbox"/> <b>S66(2)(b)</b>	<b>Document/s attached?</b>
<b>Documents and information the relevant police official considers may be relevant to deciding</b> -	
Whether the applicant committed the act of violence, or conspired with the alleged offender	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No <ul style="list-style-type: none"> <li>•</li> </ul>
Whether the only or main reason the act of violence was committed against the primary victim of the act was the primary victim's involvement in criminal activity	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No <ul style="list-style-type: none"> <li>•</li> </ul>
Whether the applicant has not given reasonable assistance in the police investigation of the act of violence, or in the arrest or prosecution of the alleged offender, and whether the failure has prevented the arrest or prosecution of the person alleged offender	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No <ul style="list-style-type: none"> <li>•</li> </ul>

(Provided via QPS Form 0848)

**Complete the below table for each separate request for information:**

Date	Assessor	Comments
19/01/12	Selda Griffiths A/Case Manager Victim Assist Queensland	Initial Request

**SECTION 2 - Details of Person Acting on Behalf of Another Person**

You must complete this section with your details if you are acting on behalf of the person wanting assistance (victim). The guide gives information on who can act on behalf of someone else.

**Note:** If you are only assisting a person to complete their application your details are not required here (e.g. a family member or support service worker assisting with comprehension or writing difficulties).

Title (e.g. Mr, Mrs, Ms, Miss)	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

<input type="text"/>	Postcode
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Postal address (if different from residential address)

<input type="text"/>	Postcode
----------------------	----------

Telephone number ( )	Mobile/alternative number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the best way to contact you (discretion will be used when calling)?

Telephone  Email  Mobile/alternative  Post

Please explain the reason for acting on behalf of the person wanting assistance (e.g. they are a child or an adult with an impaired capacity or other reason you must act on their behalf):

<input type="text"/>
----------------------

If you have been formally appointed to act on behalf of the person wanting assistance please describe who you were appointed by (e.g. the victim under an Enduring Power of Attorney or the former Guardianship and Administration Tribunal, Queensland Civil and Administrative Tribunal, Federal Court, Supreme Court):

<input type="text"/>
----------------------

Date of appointment / /	Appointment end date / /
<input type="text"/>	<input type="text"/>

**Note:** If you are acting on behalf of the person wanting assistance (victim) and you have put your details in to this section, it must be your name and signature in Section 13 (Consent) and Section 14 (Statutory Declaration).

Go to Section 3.

**SECTION 3 - Identifying the Victim Category**

You must complete this section to show what victim category you belong to. You can only apply under one category. The guide will help you to decide your victim category.

Please tick one of the boxes below to select the victim category under which you are applying.

- A primary victim of an act of violence. I am the person who was injured as a direct result of an act of violence.
- A witness secondary victim of an act of violence. I am the person injured as a direct result of witnessing an act of violence against another person. Select one of the following:
  - witness to a more serious act of violence (murder or manslaughter) or;
  - witness to a less serious act of violence (any other act of violence)
- A parent secondary victim of an act of violence. I am a parent injured as a direct result of becoming aware of an act of violence against my child who was under 18 years old.
- A related victim of an act of violence. I am a close family member, or a dependent, of a primary victim who has died as a direct result of an act of violence.

If you are a related victim, please describe your relationship to the person who died (e.g. you must be their parent, sibling, child, spouse or a person regarded that way under Aboriginal tradition or Island custom):

<input type="text"/>
----------------------

Go to Section 4.



**SECTION 5 - Details of Reporting of the Act of Violence**

You must complete this section with details of when and who the act of violence was reported to. The guide gives more information on reporting requirements.

**PART A - Reporting to the Police**

Was the act of violence reported to the police? Rang . 000.  
No  Don't know  Yes, by me

Yes, by another person  Name of the other person (if known) Contact number (if known)

Title and name of police officer reported to (if known)  
MR. JOSH RYAN (OFFICER WHO HANDLED THE CASE)

Police station MURGON POLICE STATION Police reference number (if known) Date reported 13 10 3 12011

Telephone number (business hours) (07) 4179 5222 Email address (if known)

**PART B - Why the act of violence was not reported to police**

You must complete Part B if you ticked No in Part A.

Please explain why the act of violence has not been reported to police

[Empty box for explanation]

Did you report the act of violence to a doctor, counsellor or psychologist?

No  Yes  If Yes, please give details of the person it was reported to below (if known)

Title and name of the person you reported to

Organisation

Town/suburb Telephone number (business hours) Email address (if known)

Go to Section 6.

**SECTION 7 - Details of Financial Assistance from Victim Assist Queensland**

You must complete this section to show what expenses you have paid or are likely to have to pay as a result of the act of violence. The guide will give you information and will help you decide what expenses you may want to claim as financial assistance from Victim Assist Queensland.

**Note:** Before you can receive financial assistance for expenses incurred you will need to provide supporting documents such as receipts, statements, invoices, accounts or other proof of loss or expense, including loss of earnings. If you already possess any of the relevant supporting documents please attach a copy to this application.

Under the victim category you selected in Section 3, select from the box or boxes below to show the expenses you want to claim as financial assistance. You can only apply under one victim category.

**Primary Victim**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Medical Expenses | <input checked="" type="checkbox"/> Loss of Earnings                                |
| <input type="checkbox"/> Report Expenses             | <input type="checkbox"/> Special Assistance (recognition payment)                   |
| <input type="checkbox"/> Counselling                 | <input type="checkbox"/> Legal Assistance with application up to \$500              |
| <input type="checkbox"/> Incidental Travel           | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Damage to Clothing          |   |

**Related Victim**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Expenses  | <input type="checkbox"/> Legal Assistance with application up to \$500   |
| <input type="checkbox"/> Report Expenses   | <input type="checkbox"/> Amount up to \$20,000 the related victim would have received from the primary victim if the primary victim had not died |
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8)  |
| <input type="checkbox"/> Incidental Travel |  |
| <input type="checkbox"/> Distress Payment  |  |

**Parent Secondary Victim**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Expenses  | <input type="checkbox"/> Loss of Earnings   |
| <input type="checkbox"/> Report Expenses   | <input type="checkbox"/> Legal Assistance with application up to \$500              |
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Incidental Travel |   |

**Witness Secondary Victim more serious act of violence**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Expenses  | <input type="checkbox"/> Loss of Earnings   |
| <input type="checkbox"/> Report Expenses   | <input type="checkbox"/> Legal Assistance with application up to \$500              |
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Incidental Travel |   |

**Witness Secondary Victim less serious act of violence**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Counselling       |
| <input type="checkbox"/> Report Expenses  | <input type="checkbox"/> Incidental Travel |

Go to Section 8 if you ticked a box marked 'Other expenses exceptional circumstances'.

Otherwise, go to Section 9.

**SECTION 8 - Other Expenses Exceptional Circumstances**

You must complete this section if you ticked the 'Other expenses exceptional circumstances,' box in Section 7.

In this section it is possible to claim for some other expenses that you have paid or will have to pay as a direct result of the act of violence. The guide will help you decide if an expense you have paid or will have to pay may be claimed as an exceptional circumstance expense.

**Note:** To claim for an exceptional circumstance expense it must be clear that because of your circumstances or the nature of the act of violence, the act has had an unusual, special or out of the ordinary effect on you.

An exceptional circumstance expense must also relate to your recovery from the act of violence. You cannot claim for pre-existing debts, unpaid rent or mortgage, household bills, loan repayments or other general living expenses such as food. You will need to provide supporting documentation as proof of each exceptional circumstance expense incurred.

Please briefly explain what exceptional circumstance expense/s you want to claim to assist your recovery using the table below.

Brief description of the expense (e.g. reasonable relocation costs because of act of violence, upgrade of security on home after violent robbery or modification of home for wheelchair access after injury from act of violence)	Other details you can provide about the expense (e.g. date paid, provider's name, amount paid)

Go to Section 9.

**SECTION 9 - Interim Assistance**

You must complete this section if you want to claim for urgent or emergency expenses you have paid or are likely to have to pay as a direct result of this act of violence before your general application is decided.

**Note:** Interim assistance can only be paid to eligible victims where there is supporting documentation such as receipts, invoices or other evidence of expenses incurred. You must attach all supporting documentation for interim assistance to this application form.

You cannot claim for pre-existing debts, unpaid rent, household bills, loan repayments or other general living expenses (such as food) as interim assistance.

Do you have any urgent or emergency expenses as a direct result of the act of violence that you want to be considered as interim assistance before your full application is decided?

Yes  No

Please describe the expenses you want to claim as interim assistance using the table below:

Type of interim expense and provider's name	Expense amount paid and/or due (in \$)	Date paid and/or date payment is due by	Supporting documentation attached to this application (please describe)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Go to Section 10 if you are a related victim.

Go to Section 11 if you are a parent secondary victim.

Otherwise go to Section 12.

**SECTION 10 - Details of Other Potential Related Victims**

This section must be completed if you selected the related victim category in Section 3. Victim Assist Queensland will contact each person who may claim to be a related victim in relation to this act of violence.

Are you aware of any other person who is a related victim or may claim that he or she is a related victim in relation to this act of violence?

Yes  No

If Yes, please give details of the other potential related victims below if known (discretion will be used when contacting them).

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of potential related victim		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>
If the potential related victim is under the age of 18 years, please give the name and contact details of their parent, guardian or administrator here.		
Given name/s		Relationship to the primary victim
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Mobile/alternative number
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of potential related victim		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>
If the potential related victim is under the age of 18 years, please give the name and contact details of their parent, guardian or administrator here.		
Given name/s		Relationship to the primary victim
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Mobile/alternative number
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If there are more potential related victims please attach another page with the above details.

**Go to Section 12.**

**SECTION 11 - Details of Other Parent Secondary Victims**

This section must be completed if you selected the parent secondary victim category in Section 3. Victim Assist Queensland will contact each person who may claim to be a parent secondary victim in relation to this act of violence.

Are you aware of any other person who is a parent secondary victim in relation to this act of violence?

Yes  No

If Yes, please give details of the other person/s below if known (discretion will be used when contacting them).

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
( <input type="text"/> ) <input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If there are more parent secondary victims, please attach another page with the above details.

Go to Section 12.

## Victim Assist Queensland

### Notice for registered health practitioners completing the Medical Certificate (Form 3)

Please find enclosed a Medical Certificate (Form 3). This form has been approved by the Chief Executive of the Department of Justice and Attorney-General for use in accordance with the *Victims of Crime Assistance Act 2009* (the Act).

If you have received this form it means that the patient you are treating intends to apply for financial assistance as a victim of a violent crime to Victim Assist Queensland under the Act. It is a requirement under the Act for the medical certificate to accompany an application for financial assistance.

The medical certificate is required to be filled out by a registered health practitioner (e.g. doctor or dentist) who can provide information on the physical and/or psychological injuries which a person has suffered as a result of an act of violence.

When completing this medical certificate, please report based on what you perceive the patient's injuries to be at this time. You do not have to be the practitioner who attended the patient immediately after their injuries occurred. You do have the option of stating whether your diagnosis is provisional.

If the patient is returning with the medical certificate some time after they first presented to you with injuries from the act of violence, you may also report on the injuries you treated previously, providing this was documented as a result of the same act of violence.

This medical certificate is one part of an administrative process for deciding an applicant's eligibility for assistance. With the person's consent, an assessor (officer employed by the Department of Justice and Attorney-General) assigned to this case may contact you at a later date for further information about the victim's injuries and specific treatment/support needs to help the assessor further with the decision process.

For your information, an applicant also gives consent for Victim Assist Queensland to request records from Queensland Health for further information on an applicant's injuries as required.

Once you have completed the medical certificate please return it to your patient for them to attach to their application for financial assistance.

If you have any questions, please do not hesitate to contact Victim Assist Queensland on 1300 546 587 or [victimslinkup@justice.qld.gov.au](mailto:victimslinkup@justice.qld.gov.au).

Department of Justice and Attorney-General



Queensland  
Government