

The applicant is:		Every applicant must fill in a separate form	
<input type="checkbox"/> a crime victim <input type="checkbox"/> a person close to a crime victim <input type="checkbox"/> employer of a crime victim			
1. Applicant's details	Last name and first names		Personal ID or business ID
	Street address		Post code
	Town or city		Country
	E-mail address		Phone number
	Country of residence at the time of the crime (if different from the above)		Language
	<input type="checkbox"/> Finland <input type="checkbox"/> Other EU Member State (specify:) (specify:) <input type="checkbox"/> Other		<input type="checkbox"/> Finnish <input type="checkbox"/> Swedish
Name and personal ID of the crime victim if the victim is not the applicant			
2. Details of the agent who prepared the claim for compensation	<input type="checkbox"/> Attorney-at-law (legal practice) or other agent <input type="checkbox"/> Guardian <input type="checkbox"/> Trustee		
	Name		Business ID
	Postal address		
	E-mail address		Phone
3. Payment details	Applicant's bank account (IBAN and BIC/SWIFT)		
	Client funds bank account		Agent's bank account
	If compensation due to the applicant is to be paid to someone other than the applicant himself/herself, a separate and individualised power of attorney must be appended to the application. Any agreement concerning the assignment or pledging of an entitlement under the Act on Compensation for Crime Damage shall be null and void.		
4. Insurance policies and compensation payable from other sources See page 4	Did the applicant have a valid insurance policy at the time when the crime was committed? <input type="checkbox"/> No <input type="checkbox"/> Yes (please complete the details below:)		
	Name of insurance company and type of policy	Compensation has been claimed	Compensation paid under the insurance policy
	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	EUR _____
	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	EUR _____
	Has the applicant already received compensation?:		
	From the offender?	Compensation has already been received	Amount received
	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	EUR _____
	From a social insurance institution or a sickness fund?	<input type="checkbox"/> No <input type="checkbox"/> Yes	EUR _____
From another source? (specify:)	<input type="checkbox"/> No <input type="checkbox"/> Yes	EUR _____	
		EUR _____	
		EUR _____	

5. Details of the damage	Date and time of the damage	Municipality	Country
	The damage occurred in Finland	<input type="checkbox"/> in leisure time	<input type="checkbox"/> on a business trip / at work
	The damage occurred in another EU Member State	<input type="checkbox"/> on a holiday trip	<input type="checkbox"/> on a business trip / at work or while studying
	The damage occurred outside the EU	<input type="checkbox"/> on a holiday trip	<input type="checkbox"/> on a business trip / at work or while studying
Description of the incident as recorded in <input type="checkbox"/> a pre-trial investigation report <input type="checkbox"/> a court decision			
6. Offender who caused the damage	Last name and first names		Last name and first names
	Last name and first names		<input type="checkbox"/> Not known
7. Court proceedings See page 4	Has the case been tried in a court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No (please complete section 8, Police investigation)		
	District court: _____		Date of decision: _____
	Court of appeal: _____		Date of decision: _____
	Supreme Court		Date of decision: _____
8. Police investigation See page 4	Was the crime reported to the police? <input type="checkbox"/> Yes, specify date: _____ <input type="checkbox"/> No		
	Police department: _____		
9. Witnesses (offender not apprehended)	Name and contact information		Name and contact information
	_____		_____
10. Claims related to personal injury See page 4	Compensation is claimed as per the court decision <input type="checkbox"/> (please leave the claim details in section 10 blank)		
	Pain and suffering, and other temporary disability EUR _____		Distress EUR _____
	Permanent disability EUR _____		Permanent cosmetic disability EUR _____
	Medical costs and any other costs incurred because of the damage		
	Outpatient clinic fees EUR _____	Drugs EUR _____	Inpatient care charges EUR _____
	Health centre fees EUR _____	Travel expenses EUR _____	Dental care expenses EUR _____
	EUR _____	EUR _____	EUR _____
	EUR _____	EUR _____	EUR _____
	Name and address of the hospital / health centre /medical centre where the victim was treated: _____		
	Clothes and personal items damaged in connection with the personal injury		
Clothes EUR _____	Spectacles EUR _____	Watch EUR _____	
Mobile phone EUR _____	Prosthetics EUR _____	EUR _____	

11. Loss of income See page 4	Loss of income (when claiming against loss of income, section 11 must <u>always</u> be completed) Employer at the time of the crime, employer's contact information _____		
	Applicant's occupation _____	Period of disability _____	
	Loss of income incurred for the period: _____	Amount of loss of income _____ EUR	
Has the victim received pay from the employer during sick leave? <input type="checkbox"/> No <input type="checkbox"/> Yes The victim has received pay for the period _____ Total amount of pay: EUR _____			
12. Compensation payable in case of a fatality See page 4	Compensation is claimed as per the court decision <input type="checkbox"/> (please leave the claim details in section 12 blank*)		
	Coffin EUR _____	Memorial service EUR _____	Obituary EUR _____
	Burial place EUR _____	Gravestone EUR _____	EUR _____
	Claims for compensation by a family member or close friend of the deceased		
	Mourning clothes EUR _____	Travel expenses to the funeral EUR _____	EUR _____
Expenses caused by personal injury to a family member or close friend: Medical expenses _____ Other expenses (specify:) _____ EUR _____ EUR _____			
*Loss of income: complete section 11 Loss of maintenance (per month) _____ The applicant is the deceased person's <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other dependent			
13. Property damage and financial loss See page 4	Compensation is claimed as per the court decision <input type="checkbox"/> (please leave the claim details in section 13 blank)		
	Was the person who caused the damage institutionalised at the time of the offence? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know		
	Was the helplessness due to old age, illness, injury or other similar reason of the person suffering the damage a contributing factor to the damage? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Item, claim EUR _____	Date of purchase _____	Purchase price EUR _____
EUR _____	_____	EUR _____	
Financial loss, claim EUR _____			
14. Employer's claim concerning salary or comparable remuneration See page 4	Salary or comparable remuneration paid by employer (excluding mandatory insurance premiums and social security contributions)		
	Period of disability _____	Salary or remuneration EUR _____	Claim EUR _____
	The employer must attach to the compensation claim details of the following: - the crime that caused the personal injury - the salary paid by the employer for the period of disability - the disability to work of the injured person - daily allowance from Kela and compensation received from other sources		
15. Legal costs and interested party's costs	Legal costs <input type="checkbox"/> As per the court decision <input type="checkbox"/> Deductible EUR _____ Other claim EUR _____		
	Interested party's costs and investigation costs <input type="checkbox"/> As per the court decision Other claim EUR _____		
16. Application costs See page 4	Claim (incl. VAT) EUR _____		
	The applicant's right to claim application costs is recorded in: <input type="checkbox"/> the decision granting legal aid <input type="checkbox"/> the court decision		

17. Further information									
18. Appendices Failure to include the required appendices will delay processing of the matter	<p>The following must be appended to the application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An individualised power of attorney, if compensation due to the applicant is to be paid to someone other than the applicant himself/herself <input type="checkbox"/> A copy of the court decision issued in the matter or, if there is no court decision, a copy of the pre-trial investigation <input type="checkbox"/> Physician's statement or medical history <input type="checkbox"/> Any decisions and reports on compensation received from insurance companies, or other sources <input type="checkbox"/> If the matter has not been tried in a court of law, receipts for all costs for which compensation is claimed <input type="checkbox"/> Receipts of dental care costs for which compensation is claimed <input type="checkbox"/> If claiming against loss of income: a physician's statement on disability, a copy of the sickness allowance decision, and a certificate showing the salary paid by the employer and the amount of income lost <input type="checkbox"/> Receipts of funeral costs against which compensation is claimed, and deed of estate inventory and powers of attorney if necessary <input type="checkbox"/> If claiming against financial loss or property damage for which compensation is discretionary: an explanation of the sickness, disability or other helplessness and financial circumstances of the person suffering the damage <input type="checkbox"/> If claiming against legal costs: a statement of legal counsel's fees and compensation decision from the insurance company, if any <input type="checkbox"/> If claiming against application costs: the agent's invoice and a statement on legal aid granted or public legal aid attorney appointed <input type="checkbox"/> Unlimited power of attorney, if the applicant's agent is not a public legal aid attorney or an attorney at law 								
19. Authorize	I hereby authorize the State Treasury to search for the information referred to in section 47 of the Act on Compensation for Crime Damage via electronic channels.								
20. Signature	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Date</td> <td style="border: none;">Signature of the applicant or the applicant's guardian, trustee or agent</td> </tr> <tr> <td style="border: none;"><hr style="border: 0; border-top: 1px solid black;"/></td> <td style="border: none;"><hr style="border: 0; border-top: 1px solid black;"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Name in block letters</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><hr style="border: 0; border-top: 1px solid black;"/></td> </tr> </table>	Date	Signature of the applicant or the applicant's guardian, trustee or agent	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>		Name in block letters		<hr style="border: 0; border-top: 1px solid black;"/>
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	Name in block letters								
	<hr style="border: 0; border-top: 1px solid black;"/>								

INSTRUCTIONS:

4) The right to compensation payable out of government funds is secondary to any other compensation received. The applicant must declare whether he/she has received or is entitled to receive compensation for the damage from other sources.

7) Compensation may be applied for even if the court decision has not yet acquired legal force.

8) The crime must be **reported to the police**. If not, compensation can only be paid for particularly justifiable reasons.

10-14) The total amount of compensation payable to a victim on the basis of a single incident is subject to a **basic deduction**. In 2020, the basic deduction amounts to EUR 220.

11) For **loss of income from employment** the primary course of action is to apply for a daily allowance from a local social insurance institution or a sickness fund.

12) **'Family member or close friend'** shall be considered to apply to the parents, children and/or spouse of the deceased person and any persons who were particularly close to the deceased person and therefore in a comparable position.

Mourning clothes are compensated for taking into account the utility value of the clothes after the funeral.

13) Property damage will be compensated if the damage was caused by a person detained because of a criminal offence, a person involuntarily institutionalised or taken into custody, or a child taken into care and placed in institutional care pursuant to the Child Welfare Act, while in an institution, during a placement outside the institution, on leave or having escaped from an institution.

Property damage caused by a person sentenced to home detention, community service or juvenile punishment will be compensated if the damage was caused by such a person while performing unpaid work or an unpaid task forming part of such a sentence.

Property damage and financial loss may be compensated on a discretionary basis if the damage is significant and if the helplessness of the victim due to age, sickness, disability or other similar reason was a contributing factor to the damage.

14) Employers may be compensated for the salary or comparable remuneration paid by the employer to the person who has suffered a personal injury as a result of a crime.

16) Application costs will be compensated if the applicant was granted legal aid for court proceedings in the matter or appointed a public legal aid attorney (Criminal Procedure Act, Chapter 2 section 1) or, if the matter has not been brought to court, if the applicant meets the financial criteria for being granted legal aid. Application costs shall nevertheless not be reimbursed if the application is manifestly unfounded.

The application can be submitted to the State Treasury by mail or via securemail:

- State Treasury, PO Box 550, FI-00054 VALTIOKONTTORI, FINLAND
- <https://turvaviest.valtiokonttori.fi>

