**PLEASE FILL IN WITH CAPITAL LETTERS**

*Legal Aid Administration*

*Pils laukums 4, Riga, LV-1050, Latvia*

*E-mail: pasts@jpa.gov.lv
Free of charge informative phone line 80001801*

 **APPLICATION FOR STATE COMPENSATION**

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| **1.** **PERSON RECOGNISED AS A VICTIM IN CRIMINAL PROCEEDINGS** |
| **1.Name, Surname:** |
| **1.2.Personal identity number:**

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*\** *If the person has no personal identity number, indicate the date of birth:*\_\_\_\_\_\_.\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_ dd mm yyyy |
| **1.3. Residential address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1.4. Contact information:** *Phone number:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*E-mail address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **2.REPRESENTATIVE OF VICTIM\*** (*Note. This paragraph is filled if victim’s rights to receive state compensation are implemented by a representative)* |
| **2.1. Name, Surname:** |
| **2.2. Personal identity number:**

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*If the person has no personal identity number, indicate the date of birth:*\_\_\_\_\_\_.\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_ dd mm yyyy |
| **2.3. Mark with X that you are:** legal representative (custodian/ guardian) authorized person (add authorization) other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Justification of representation |
| **2.3. Residential address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **2.4. Contact information:** *Phone number:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*E-mail address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3. INFORMATION ON PERSON DECEASED AS A RESULT OF CRIME***(Note. This paragraph is filled if one or more persons have deceased as a result of crime)* |
| **3.1. Name, Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Personal identity number:**

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*If the person has no personal identity number, indicate the date of birth:*\_\_\_\_\_\_.\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_ dd mm yyyy**3.2.** *Note. Fill if several persons have deceased as a result of the crime (information indicated in article 3.1).* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **4. INFORMATION ON CRIMINAL PROCEEDINGS DEFINING THE PERSON AS VICTIM** |
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 **4.1. No. of criminal proceedings:** **4.2. Institution directing the criminal proceedings** *(mark with* ***X****)***:**  Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the institution  Public prosecutor's office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the institution  Police \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the institution**4.3. Date when the person was acknowledged as a victim in criminal proceedings:**\_\_\_\_\_\_.\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_ dd mm yyyy*Note. Request for State compensation shall be submitted within three years after the day when the person was acknowledged as a victim or finds out the facts giving rights to this person to do so.* |

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| **5. JUSTIFICATION IF THE DEADLINE FOR STATE COMPENSATION REQUEST HAS BEEN MISSED.***(Note. This paragraph is filled if the person has missed the deadline for submission of state compensation request.)* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **6. PREVIOUSLY RECEIVED INDEMNITY FOR INJURIES CAUSED BY CRIMINAL OFFENCE***(Mark the relevant with* ***X****.* *This paragraph is to be filled also in case of repeated request for State compensation.)* |
|  Received no compensation |  Compensation received*Document certifying payment, to be added to the Annex* | Total amount of damages compensatedEUR |
| Name and Surname of the person who has paid the indemnity  |  |
| **7. ACCOUNT INDICATED BY THE VICTIM WHERE STATE COMPENSATION IS TO BE TRANSFERRED** |
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 **7.1. Account number** **7.2. Name of settlement organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (*Mark the relevant with* ***X***): **7.3.**  Account belongs to victim **7.4**. Account belongs to another person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name, Surname and personal identity number of the person whose account it is. |

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| **8. INFORMATION ON CHANGES IN INITIAL REQUEST FOR STATE COMPENSATION***(Note. Fill this paragraph if this is a repeated request for State compensation. Indicate changes in**initial request for State compensation).***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **9. THE FOLLOWING DOCUMENTS ARE ANNEXED TO THE REQUEST FOR STATE COMPENSATION***Note. Indicate the annexed documents (e.g. the statement of person directing the proceedings, final* *decision of person directing the proceedings entered into force, authorization etc.)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**I certify that:**

1. The given information is true and complete.
2. I undertake to notify the Legal Aid Administration on the next working day after I have learned of the changes in the information referred to in the State compensaton request, until the payment of the State compensation.
3. I am informed that the Legal Aid Administration will, in the cases and in accordance with the procedures specified in the Law on State compensation for victims, recover the State compensation paid, if false information is provided in order to receive the State compensation, or have not been notified of any changes in the information referred to in the State compensation request.
4. I am informed that the Legal Aid Administration will, in the cases and in accordance with the procedures specified in the Law on State compensation for victims, recover the State compensation paid from the perpetrator of the criminal offence.
5. I agree that Legal Aid Administration shall process personal data in compliance with the requirements of the regulatory enactments governing the protection of personal data.

**10. I would like to receive the decision and any other information in writing from the Legal Aid Administration** (*Mark one of the followong options with* **X**):

via e-mail address, provided by the victim

via e-mail address, provided by the representative of victim

via post to the address of victim indicated in the application

via post to the address of the representative of victim indicated in the application

**Date\*\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_\_. Signature\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 dd mm yyyy

*\** *Note.“Date” and “Signature” shall not be filled in if the electronic document has been prepared in accordance with the regulatory enactments regarding the drawing up of electronic documents.*