

Approved form AF2014 - 99

made under the

Corrections Management Act 2007, section 228

Corrections Management Act 2007 —Form 3

Australian Capital Territory

Corrections Management Act 2007

Claim for compensation following the death of a person

The compensation and injury management scheme for detainees (the scheme) is established under the Corrections Management Regulation 2010 (the Regulation). The scheme provides for when a detainee is entitled to compensation for injury, medical treatment and damages including for death. If a compensable injury results in the death of a person, dependents may be entitled to amounts equal to those under section 77 of the Workers Compensation Act.

If you are not completing the form electronically you may attach your response on a separate piece of paper if there is not enough space.

PERSONAL INFORMATION OF CLAIMANT

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

POSTCODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

What was your
relationship to the
deceased person?

State the extent of your
dependence on the
detainee:

Are you in receipt of any
government benefits?

Yes

No

If so, give full particulars.

Was any other person
contributing towards
your maintenance at the
time of the deceased's
death, or did you at the
time have any other
means of support?

If so, give full particulars.

PERSONAL DETAILS OF THE DECEASED

Name of deceased:

Date of birth:

Date of deceased
person's death:

DETAILS OF ALL DEPENDENTS OF THE DECEASED

Full names and birth
dates of all of the
deceased children:

Extent of each child's
dependence on
detainee:

Was any other person
contributing towards the
maintenance of the
children at the time of
the deceased's death, or
did they have any other
means of support?

If so, give full particulars

Are you aware of any other dependents (apart from children) of the deceased person?	Yes
	No

If yes, provide details:

Are you aware of any other dependents of the deceased person?

QUESTIONS AND REQUEST FOR INFORMATION

Manner and cause of death:

State the nature of the compensable injury sustained by the deceased; how, when and where did it occur?

At the time the deceased was injured were they:

Detained in a correctional facility

Doing community service work at the direction of ACT Corrective Services

Neither of the above

Was a corrections officer notified that the deceased person was injured as soon as possible after being injured?

Yes

No

If so, to whom, and on what date?

Do you or any other dependent have a claim against any person, firm or company for compensation or for any payment in respect of the injury under any other law in force in the Territory or any other place? If yes provide details.

Have you or any other dependent received or are you trying to receive a payment under any law other than the Corrections Management Regulation 2010 in respect of the death of the person?

If so, give particulars.

DECLARATION

I Your name and address:

hereby claim compensation under the Corrections Management Regulation 2010 for myself and the children named above in respect of the death of the deceased person named above and declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular.

I understand that giving false or misleading information is a serious offence. I declare that the information provided in this form is complete and correct.

Name:

Signature:

Date:

SUBMIT YOUR CLAIM

* The claim should be addressed to:

Executive Director
ACT Corrective Services
GPO Box 158
CANBERRA ACT 2601