

Other costs payment request form

When to use this form

The Financial Assistance Scheme (FAS) will pay for costs incurred by an applicant or authorised representative that were reasonably necessary for the applicant to make an application. This includes costs such as:

- National Accreditation Authority for Translators and Interpreters (NAATI) certified interpreter fees to assist in preparing the application;
- fees associated with filing for the issue of a subpoena and service of the subpoena on parties;
- fees associated with Freedom of Information (FOI) requests for documents associated with the FAS application.

Use this form if you are:

- An applicant seeking reimbursement for reasonable costs incurred in relation to preparing your application
- An authorised representative seeking reimbursement for (non-legal) costs incurred in assisting the applicant in relation to their application.

If you are a lawyer seeking payment for the costs of legal services in relation to your client's application, do not use this form and instead submit a legal costs application. Lawyers can use this form to seek reimbursement for other disbursements incurred in assisting their client with their application.

Before completing this form, the applicant must have submitted an application to the FAS for assistance or an application to vary their VOCAT award or FAS assistance.

If you have any queries about completing this form you can contact the FAS by phone:

FAS Helpline: 1800 161 136
Marra Yattakunur Team: 1800 849 778

You can also submit an enquiry online using the Enquiry Form in your FAS Portal or through the FAS website.

Form Contents


PART A: Request details

PART B: Payment details

PART C: Expenses claimed

PART D: Applicant or authorised representative acknowledgment

Filling in this form

- This form can be completed and signed electronically using a PDF reader on your computer such as Adobe.
- Alternatively, you can print and complete the form using black or blue pen.
- Print using BLOCK LETTERS
- Tick the appropriate box where applicable
- Sign the form
- Attach copies of supporting documentation where requested (indicated with  symbol)
- If you need to provide more information, you can attach additional pages.

Returning this form

Send the completed form to:

financialassistancescheme@justice.vic.gov.au

or

Financial Assistance Scheme
PO Box 21060
Little Lonsdale Street VIC 8011

Privacy

The FAS collects personal information for the purpose of assessing eligibility for assistance and making payments for reasonable costs in representing or assisting an applicant in relation to an application. The FAS will only disclose your personal information in accordance with the law. More information on how the FAS handles your personal information can be found at www.vic.gov.au/privacy-vicgovau and www.victimsofcrime.vic.gov.au/information-collection-notice.



Part A: Request Details

1

Who are you requesting payment for?

☐

Myself (the applicant) for an expense I incurred

☐

The applicant for an expense they incurred (I am their Authorised Representative)

☐

Myself for an expense I incurred as the applicant's Authorised Representative

▶

Go to Question 3

2

Authorised representative's details (if applicable)

Given name(s)

Family name

Organisation (if applicable)

3

Applicant's details

Pronouns
(e.g. she/her, he/him, they/them, self-described (please specify))

Given name(s)

Family name

Preferred name

4

Date of birth

5

FAS Individual Application ID
(e.g. IA-0000002482)

Part B: Payment Details

6

Applicant or authorised representative's bank details (as applicable)

Please provide the bank account for payment to be made

Account name

BSB

Account number

Billing address


Part C: Expenses claimed

7 Please set out the details for each expense you are claiming. If you require further space, please include a separate page.

No	Name of expense	Service provider's details	Amount

8 For each expense you are seeking payment for, please provide details about why the expense was required to assist you (or as applicable, the applicant) to make an application to the FAS.

9 Please attach evidence regarding the expense(s) you are claiming.
Please only attach **copies** of documents to your request. The FAS cannot return original documents to you.



For each expense where services were provided by a qualified professional, the documentary evidence must include an invoice or receipt for the expense already incurred.

For each expense where services were provided by a person who is not a professional, the documentary evidence must include one of the following:

- an invoice or receipt for the expense already incurred
- a statutory declaration outlining the expense they have incurred.

Where applicable, all expense documents must include:

- an itemisation of the cost
- ABN of the service provider
- Business name and contact information
- Business payment details (BSB, account number)

Applicants or authorised representatives may want to consider providing additional documents where available to support their application for other expenses. This could include:

- a statutory declaration
- professional licenses or qualifications from relevant service
- a report or letter from a medical practitioner, mental health practitioner or social worker
- evidence of power of attorney

Part D: Applicant / authorised representative acknowledgement

Summary

For applicants and authorised representatives requesting payment on their own behalf, this acknowledgement confirms that you agree to the Victims of Crime Financial Assistance Scheme (FAS) collecting and disclosing your information to process this request. You are also acknowledging the information provided in the request is true and not false or misleading.

For Authorised Representatives requesting payment on behalf of a victim seeking payment of other expenses (the applicant), this acknowledgement confirms that the applicant agrees to the FAS collecting and disclosing their information to process this request. You and the applicant are also acknowledging the information provided in the request is true and not false or misleading. You can contact the Victims of Crime Financial Assistance Scheme (FAS) Contact Centre if you have any questions before signing. If you have any concerns about signing, you should seek advice.

Truth of the information supplied

I declare that the information I have provided in this request and attached documents is true and not misleading.

I acknowledge that it is an offence to provide false or misleading information in relation to an application under section 66 of the *Victims of Crime (Financial Assistance Scheme) Act 2022* (Vic) (FAS Act). I also acknowledge that it is an offence to obtain or attempt to obtain assistance fraudulently under section 65 of the FAS Act.

Keeping the FAS up to date

I agree to advise the FAS if my (or in the case of an Authorised Representative making this request on the applicant's behalf, the applicant's) circumstances change or if I become aware of any matter that would make the information in this request form false or misleading.

Acknowledgement of collection notice and privacy policy for applicants or authorised representatives submitting a request on their own behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and the Department of Justice and Community Safety's (DJCS) [privacy policy](#). I understand and consent to the FAS collecting and disclosing my information to the relevant authorities/persons/entities.

Acknowledgement of collection notice and privacy policy for Authorised Representatives submitting a request on the applicant's behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and Department of Justice and Community Safety's (DJCS) [privacy policy](#). I confirm that as an Authorised Representative for the applicant, that the applicant is aware of and has provided consent for me to provide this information to the FAS. I also confirm that the Applicant is aware of the terms of the collection notice and the DJCS privacy policy.

10 I confirm that I have read and agree to the terms above

Full name of applicant or Authorised Representative

Date

Signed