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| Application form for immediate financial assistance under Act CXXXV of 2005 on assistance to victims of crime and state compensation | **Official stamp of the authority:** |

**APPLICATION FOR IMMEDIATE FINANCIAL ASSISTANCE**

**PERSONAL DATA AND DATA RELATING TO THE CRIMINAL OFFENCE AND MISDEMEANOUR AGAINST PROPERTY**

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| **I. Personal data of the applicant** | |
| Name: | |
| Birth name: | |
| Place and date of birth: | |
| Mother's birth name: | |
| Type and number of identity document: | |
| Permanent address: | |
| Temporary address: | |
| Contact details:  Landline telephone\*:  Mobile phone\*:  E-mail address\*: | |
| Primary mode of contact: | |
| Nationality: | |
| For non-Hungarian applicants, the title of residence in Hungary: | |
| **II. Data relating to the criminal offence serving as the basis for the application, as well as the misdemeanour against property and the harm suffered as its direct consequence** | |
| Description of the offence/ misdemeanour against property and the relevant circumstances:.………………………………..  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………… | |
| The place where the offence/ misdemeanour against property was committed: | |
| Date of the offence/ misdemeanour against property: ........... year ............ month ....... day | |
| Harm suffered by the applicant:   physical injury:………………………………………………………………………………………………………………   psychological trauma, emotional distress:…..........……………………………………………………………………........   property damage: ……...…………………………………………………………………………………………………….   other: ……………………………………………………………………………………………………………………...…  …………………………………………………………………………………………………………………………………. | |
| **III. Data regarding the requested assistance** | |
| Every victim is entitled to assistance from the victim support service in resolving legal, social, child protection, healthcare, social security, employment, or any other issues arising from the criminal offence/misdemeanour against property (assertion of interest).  Furthermore, the victim is entitled to have the victim support service assist them in resolving legal matters related to the criminal offence or misdemeanour against property. In cases of need, the victim support service facilitates access to legal aid by providing a certificate of victim status.  The purpose of the requested immediate financial assistance:   housing-related expenses  clothing-related expenses   food-related expenses  travel-related expenses   medical expenses  funeral expenses  reason, description of the crisis situation:                                  Immediate financial assistance may only be requested for extraordinary expenses that the victim is unable to cover due to the criminal offence/misdemeanour against property. | |
| Payment method for financial assistance:   cash payment   postal money order (address:..............................................................................................................................................)   transfer to a personal bank account:  Bank name:.............................................................................................................................................................................,  account number: -- | |
| **IV. Annexes (title, number)**  (Documents supporting/substantiating the crisis situation.) | |
| 1.  2.  3**.** |  |
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| **V. Declarations** | |
| 1. I declare that **I am / am not** subject to any repayment obligations for previously received financial victim support. 2. I declare that **I have / have not** previously received financial support for the same criminal offence/misdemeanour against property under the same conditions. 3. I declare that **I am / am not** subject to any disqualification from assistance due to false statements or obstruction of review procedures. 4. I declare that I have access to Client Gate+ or the DÁP mobile application, and I consent to electronic communication. **Yes / No**   *If you have access to Client Gate+ or the DÁP application, you can also submit the application as follows:*  *After logging in to e-Papír, please provide the following information on the displayed form:*  *Subject group: Government office matters*  *Case type: Tasks related to victim support and legal aid*  *Recipient: Budapest Capital Government Office / [\_\_\_\_\_\_\_\_\_] County Government Office*  *Please check the Notification repository of your personal Client Gate after sending, as the authority will always send its reply there.*   1. Other remarks:…………………………………………………………………………………………………………...            1. The form was completed by a staff member of the victim support service at my request, in my presence. **Yes / No** | |

I declare under criminal liability that the statements I have made are true and accurate.

**We would like to inform you that by signing this form, you consent to the processing of the data you have provided by the Capital and County Government Offices and the Ministry of Justice for the purpose of assessing and disbursing immediate financial assistance, to the extent necessary for these purposes.**

We inform you that, pursuant to Section 85 (6) of Act CL of 2016 on the Code of General Administrative Procedure, if grounds for declaring defence situation exist, or **in a life-threatening situation**, **or** **in case of an event threatening to cause serious damage**, **the authority** **shall communicate to the party the decision orally or through other means suitable for gaining knowledge of the content of the decision**; the authority shall draw up a memorandum of this. The authority shall communicate the decision in writing ex post. In such cases, for the sole purpose of the calculation of the time limit for legal remedy, the day of the communication of the decision shall be the day of the communication in writing.

Date: ..................., ....... . year ............................. month .......... day.

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signature of applicant