CRIMINAL COURT AWARD COMPENSATION CLAIM FORM

A claim may be submitted if, following an assault, compensation you have been awarded by a court has not been paid within six months from the date of the award. Claims will be considered up to 24 months from the date of the court hearing.

Please complete this form and return it to: - Northamptonshire Police Federation, The Lodge, Woolton Hall Park, Woolton, Northampton, NN4 0JA

PLEASE COMPLETE THE FOLLOWING: -

I her	eby certify that on	(date)
At	*Magistrat	es / Crown Court
I was awarded compensation to the amount of	f £	
Against		(defendant)
in respect of the offence of		
To date I have received *no / part payment of *Please delete as appropriate	£	
I therefore wish to claim the sum of £		
(Amount of unpaid compensation awarded or £50	0 whichever is the lowest amo	unt)
I enclose a letter from the court confirming the amount of compensation awarded and I understand that if I receive any further reimbursements from the defendant I will repay such amounts to Philip Williams & Co.		
Signed	Date	
Collar no:	Rank:	
Home Address:		
	Postcode:	
Email:		
Tel No:		

When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-

Payee's Bank Details: -	
Name of your Bank/Building Society:	
Bank Address:	
Postcode:	
Bank Sort Code:	
Account Number:	
Account Name(s):	
Signed:	
Dated:	
TO BE COMPLETED BY A TRUSTEE OF THE SCHEME:	
I certify that the claimant is a member of the Scheme and that the claim details are correct	, .=
Date of Joining Scheme:/	
Signed: Date:	
Name:	