

II

(Acts whose publication is not obligatory)

COMMISSION

COMMISSION DECISION

of 19 April 2006

establishing standard forms for the transmission of applications and decisions pursuant to Council Directive 2004/80/EC relating to compensation to crime victims

(2006/337/EC)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Directive 2004/80/EC of 29 April 2004 relating to compensation to crime victims ⁽¹⁾, and in particular Article 14 thereof,

After consulting the Committee established by Article 15(1) of the Directive 2004/80/EC,

Whereas:

- (1) Directive 2004/80/EC requires Member States to introduce a system of cooperation to facilitate access to compensation in cases where a crime is committed in a Member State other than that of the victim's residence by 1 January 2006.

- (2) The standard forms to be used for the transmission of applications for compensation and decisions relating to applications for compensation in such cross-border situations should be established,

HAS DECIDED AS FOLLOWS:

Sole Article

1. The standard form for the transmission of applications for compensation provided for in Article 6(2) of Directive 2004/80/EC shall be as set out in Annex I.
2. The standard form for the transmission of decisions on applications for compensation provided for in Article 10 of Directive 2004/80/EC shall be as set out in Annex II.

Done at Brussels, 19 April 2006.

For the Commission
Franco FRATTINI
Vice-President

⁽¹⁾ OJ L 261, 6.8.2004, p. 15.

ANNEX I

FORM FOR THE TRANSMISSION OF AN APPLICATION FOR COMPENSATION IN CROSS-BORDER SITUATIONS
(Article 6(2) of Directive 2004/80/EC)

1. Case reference:**2. Language of the application and any supporting documentation** (Article 6(3) of Directive 2004/80/EC):**3. Application transmitted by:**

Details of the assisting authority (transmitting authority):

Name of the authority:

Member State:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

4. To:

Details of the deciding authority (receiving authority):

Name of the authority:

Member State:

Address:

Telephone (including code):

Fax:

E-mail:

5. Details of the person applying for compensation:

Family name:

First Name:

Sex:

Date of birth:

Nationality:

Address and postcode:

Place where the person habitually lives (if different from place of residence):

Telephone (including code):

Fax:

E-mail:

Bank details (For transfers, the BIC must be provided instead of the bank code, and the IBAN must be given instead of the account number):

BIC:	IBAN:	Name of bank:	Contact abroad:	
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If applicable, represented by:

6. Details of the injured person if that person is not the applicant:

Family name:

First Name:

Sex:

Date of birth:

Nationality:

Address and postcode:

Place where the person habitually lives (if different from place of residence):

Telephone number (including code):

Fax:

E-mail:

Done at:

Date:

By:

(signature and/or stamp)

7. List of supporting documents annexed

ACKNOWLEDGEMENT OF RECEIPT**(Article 7 of Directive 2004/80/EC) (*)***To be sent to the assisting authority and to the applicant***The deciding authority:**

Name of the authority:

Member State:

Case reference:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

If possible, an indication of the approximate time by which a decision on the application will be made (Article 7 (c) of Directive 2004/80/EC):**This acknowledges the receipt of the application transmitted by the assisting authority:**

Name of the authority:

Member State:

Case reference:

Date of receipt:

Done at:

Date:

By:

(Signature and/or stamp):

(*) The deciding authority may use a similar form or any other way of acknowledgement of receipt provided that it fulfils the obligations under Article 7 of the Directive.

ANNEX II

FORM FOR THE TRANSMISSION OF A DECISION ON AN APPLICATION FOR COMPENSATION IN
CROSS-BORDER SITUATIONS

(Article 10 of Directive 2004/80/EC)

1. **Case reference:**
2. **Date of the decision:**
3. **Language of the decision:**
4. **Decision transmitted by:**

Details of the deciding authority (transmitting authority):

Name of the authority:

Member State:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

5. **To:**

Details of the assisting authority (receiving authority):

Name of the authority:

Member State:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

6. **And to:**

Details of the applicant:

Name of the applicant:

Address:

Telephone (including code):

Fax:

E-mail:

Legal representative (if applicable):

7. Details of the Decision:

NB: This information is provided without prejudice to the text of the decision

a) Summary:

b) Information about the possibility to appeal, competent authority and deadlines:

c) Other information or the action required by the applicant (to be completed where necessary):

Done at:

Date:

By:

(signature and/or stamp)
