

Application for Reparation Payment Form

Part 1 - Claim by applicant

I, Mr/Mrs/Miss/Me

Julian KNIGHT

of

Port Phillip Prison, Doherty's Road, Laverton North Vic 3026

Date of birth

4 March 1968

make a claim for a Reparation Payment under the Defence Abuse Reparation Scheme.

My contact information is:

Postal address:

Port Phillip Prison, PO Box 376, LAVERTON VIC 3028

Telephone:

(h) (03) 9217 7200

(w)

(m)

Email:

Signed:

Julian Knight
Applicant

Date: 26 November 2013

Part 2 - Claim by authorised representative on applicant's behalf

Complete if you are making this application on behalf of an applicant

I, Mr/Mrs/Miss/Me

~~Insert full name of authorised representative~~

of

~~Insert residential address of authorised representative~~

make a claim for a Reparation Payment on behalf of

~~Insert full name of applicant~~

whose date of birth is

~~Insert date of birth of applicant~~

and whose home address is

~~Insert home address of applicant~~

as the applicant's authorised representative: (tick relevant box to indicate nature of authorised representation)

Legal Representative

Power of Attorney

Other (please state)

My contact information is:

Telephone:

(h)

(w)

(m)

Email:

Signed:

Authorised Representative

Date: