

Bundesamt für Justiz
Referat III 2
53094 Bonn
Germany

**Application
for the award of a hardship payment
for injured persons/family members of those killed by
terrorist offences**

Attack at Berlin Breitscheidplatz on 19 December 2016

I myself was injured in the terrorist act.	
I am the family member of someone who was killed as a result of a terrorist offence.	
<u>For family members:</u> What was your relationship to the person who died as a result of the terrorist offence?	The person who died was my

I.
Applicant's details

Forename(s)	
Surname (name at birth where applicable):	
Date of Birth:	
Place of birth:	
Current address:	
Telephone number: (this can be a mobile number)	
Email address:	
Occupation/ current job:	
Nationality/ immigration status (please enclose a copy of your residence permit if applicable)	
Bank details:	
IBAN:	
BIC:	
Bank name:	
Account holder:	

II.
Legal representative of the applicant
(for children under 18 or individuals in the care of an adult)

Representative's surname:	
Representative's forename:	
Representative's address:	
Telephone number: (this can be a mobile number)	
Email address:	
Surname of other representatives:	
Forename of other representatives:	
Address of other representatives:	
Telephone number: (this can be a mobile number)	
Email address:	

Select as appropriate:

- We (the parents) are jointly entitled to represent our child in a legal capacity.
- I am solely entitled to represent my child in a legal capacity.

III.
Details of injuries sustained

<p>Were you injured yourself as a result of the terrorist offence?</p>	
<p>What kind of injuries did you sustain? <i>(please include medical reports such as those issued while in hospital, upon your release from hospital, letters or certificates from your doctor etc.)</i></p>	
<p>Did you or do you suffer from any psychological complaints requiring treatment by a doctor or a psychotherapist, or are you considering having such treatment? <i>(please include psychological reports such as those issued while in hospital, upon your release from hospital, letters or certificates from your doctor etc.)</i></p>	

IV.
Declarations made by the applicant

Discretionary payments:

I am aware that I have no **right in law** to such a payment and that the decision taken by the Federal Office of Justice shall be made exercising discretion and applying the principle of equality before the law (as defined by Art. 3 of the *Grundgesetz* (Basic Law)).

Personal Data:

I expressly **consent** to records being gathered and evaluated (such as those from the police, public prosecution offices and courts). I further **consent** to my personal data being stored and/or forwarded to other public bodies for the purposes of examining and deciding on this application. In giving this consent, I also agree to the information being **disclosed to other authorities** which make public funds available for payments to victims (for example *Land* pension offices, welfare offices and health insurance funds) or make funds from private sources available for payments to victims.

Transfer of entitlements under civil law:

In the event that I am awarded a hardship payment, I hereby transfer to the Federal Office of Justice any entitlement which exists against a third party to compensation for material and non-material damage, especially such entitlement as relates to **damages for pain and suffering**, regardless of the legal basis for such entitlement; the entitlement transferred shall not exceed the amount awarded by way of a hardship payment.

I hereby confirm that the information I have provided is correct.

(Place and date, signature of the applicant)

(Signatures of legal representatives, both parents in the case of minors for whom joint custody exists)