

# 犯罪被害補償金申請書

## Application for Crime Victim Compensation

年度補審字第 \_\_\_\_\_ 號

申請人 Applicant	姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)				
			____(MM)____(DD)____(YYYY)						
	地址 Address				電話(Telephone No.) :			職業 Occupation	
	戶籍地址(Permanent Address) :				( )-_____				
	通訊地址(Mailing Address) : <input type="checkbox"/> 同上(same as above)				行動電話(Mobile Phone No.) : _____				
<input type="checkbox"/> 申請人為犯罪被害人本人(Applicant is the Crime Victim)									

**本欄限遺屬補償金申請人填寫**

This field can only be filled out by the applicant(s) of this **Survivor Compensation**

A. 申請人與被害人之關係  
(Relationship of the applicant(s) to the Crime Victim)

父母(Parents)  配偶(Spouse)  子女(Children)  
 祖父(Grandparents)  孫子女(Grandchildren)  
 兄弟姐妹(Siblings)

B. 是否有多位申請人(Are there multiple applicants?) :

否(NO)

是(YES), 共 \_\_\_\_\_ 人(Number of applicants: \_\_\_\_\_), 請詳讀說明二、三, 並請續填附表。

**(Please refer to Descriptions II and III, and fill out the attached form)**

代理人 Proxy	姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)				
			____(MM)____(DD)____(YYYY)						
	代為申請之機關(構)名稱 Name of the Institution (Institute) filing this application				聯絡人 Contact Person			職稱 Job Title	
	通訊地址 Mailing Address				電話(Telephone No.) :				
					( )-_____				
				行動電話(Mobile Phone No.) : _____					
<input type="checkbox"/> 依本法第 55 條第 2 項規定為犯罪被害人代為申請。 This application is filed on behalf of the Crime Victim in accordance with the provisions of Article 55, Paragraph 2 of the Act.									

申請補償之種類 Type of the compensation applied for	補償金種類 Type of Compensation	金額 Compensation Amount
	<input type="checkbox"/> 遺屬補償金(Survivor Compensation) <input type="checkbox"/> 重傷補償金(Serious Injury Compensation) <input type="checkbox"/> 性侵害補償金(Sexual Assault Compensation)	各類補償金金額，請參閱說明五~七 Please refer to Descriptions V to VII for the amounts of compensation.
補償金之支付方式 Compensation Payment Method	<input type="checkbox"/> 一次支付(Paid in a lump sum) <input type="checkbox"/> 由保護機構或分會信託管理（給付方式依審議會決定辦理）Managed under trust by Protection Organization or a branch (Payment methods will be determined by the Review Committee)	
應檢附文件檢核表(已檢附請勾選)		
Checklist of documents required (the box must be checked if the document is submitted)		
<p>● <b>遺屬補償金 (Survivor Compensation) :</b></p> <input type="checkbox"/> 本申請書 This application form 案件之證明文件 Supporting documents for this case : <input type="checkbox"/> 受(處)理案件證明單 Proof of case acceptance (processing)、 <input type="checkbox"/> 起訴書 Bill of Indictment、 <input type="checkbox"/> 判決書 The Written Judgment、 <input type="checkbox"/> 新聞報導資料 News reports <input type="checkbox"/> 其他，請說明 Others. Please specify : <input type="checkbox"/> 身分證正反面影本、新式戶口名簿或戶籍謄本 Identity document: <input type="checkbox"/> Photocopy of the Alien Residence Certificate or Passport <input type="checkbox"/> Photocopy of the ID card (both sides) <input type="checkbox"/> Household Certificate (new format) <input type="checkbox"/> Household Registration Transcript <input type="checkbox"/> 繼承系統表(或其他可證明遺屬人數及優先順序之文件) Inheritance Priority Order List (or other documents that prove the identities of survivors and their Inheritance Priority Order) <input type="checkbox"/> 共同具領同意書(若僅 1 人提出申請，無須檢附) Joint-Application Agreement (not required if there is only one applicant)		
<p>● <b>重傷補償金 (Serious Injury Compensation) :</b></p> (本案符合 This case complies with the : <input type="checkbox"/> 刑法重傷 Serious Injury defined in the Criminal Code ; <input type="checkbox"/> 全民健康保險重大傷病之重傷標準/詳說明十二 Major Illness and Injury standard defined in the National Health Insurance Act (Description 12) <input type="checkbox"/> 本申請書 This application form 案件之證明文件 Supporting documents for this case : <input type="checkbox"/> 受(處)理案件證明單 Proof of case acceptance (processing)、 <input type="checkbox"/> 起訴書 Bill of Indictment、 <input type="checkbox"/> 判決書 The Written Judgment、 <input type="checkbox"/> 新聞報導資料 News reports <input type="checkbox"/> 其他，請說明 Others. Please specify : <input type="checkbox"/> 身分證正反面影本 Identity document: <input type="checkbox"/> Photocopy of the Alien Residence Certificate or Passport <input type="checkbox"/> Photocopy of the ID card (both sides) <input type="checkbox"/> 全民健康保險特約醫院或診所開具之診斷證明書 Diagnosis Certificate issued by a National Health Insurance contracted hospital or clinic 。 <input type="checkbox"/> 全民健康保險重大傷病核定函（符合重大傷病者始需檢附） Approval notice for Major Illness and Injury from National Health Insurance (Required only for those who meet the requirements for Major Illness and Injury) <input type="checkbox"/> 其他可證明申請人重傷程度之佐證文件。(無相關文件者毋庸檢附) Other supporting documents proving the level of Serious Injuries of the applicant (Not required if none is available) <input type="checkbox"/> 檢查報告及相關影像圖片。(經醫學檢查者，得檢附之) Medical Examination Report and related images or pictures (Required for those who have undergone medical examinations)		
● <b>性侵害補償金 (Sexual Assault Compensation) :</b>		

- 本申請書 This application form  
案件之證明文件 Supporting documents for this case :
- 受(處)理案件證明單 Proof of case acceptance (processing)、 性侵害通報表 Notification form for Sexual Assault、 起訴書 Bill of Indictment、 判決書 The Written Judgment
- 其他，請說明 Others. Please specify :
- 身分證正反面影本 Identity document:  
 Photocopy of the Alien Residence Certificate or Passport  Photocopy of the ID card (both sides)

其他文件 (依情況提供) Other documents (optional) :

- 委任書(依本法第 55 條第 1 項委任代理人代為申請者)  
Letter of Authorization (This application is filed by an entrusted proxy in accordance with the provisions of Article 55, Paragraph 1 of the Act.)
- 監護宣告或輔助宣告之裁定資料  
Civil Ruling documents of the Commencement of Guardianship or Commencement of Assistance
- 未成年人，其法定代理人資料及證明(身分資料及法定代理證明)  
For minors, the identity information and proof of their Statutory Representative(s)

給付方式：

1. 本補償決定作成後，由申請人受領。
  2. 補償決定作成及法定救濟期間經過後，依各地檢署審議會之程序通知請領。
- ※遺屬補償金之申請人於請領後，尚有其他未具名之同一順序申請人時，應負責分與之。  
※申請人因債務問題致帳戶有遭扣押之虞，可申請開立專戶，僅供存入補償金給付。

Payment methods:

1. Once the compensation decision is made on the application, the compensation is to be received by the **applicant(s)**.
  2. After the compensation decision has been made and the Statutory Period of Remedy has passed, notification for fund receiving is to be sent to the applicant(s) according to the procedures specified by the local Review Committee of the District Prosecutors Offices.
- ※ **After RECEIVING Survivor Compensation, the applicant(s) shall be responsible for sharing such Survivor Compensation fund with other unfilled applicants in the same priority order.**
- ※ **Applicants may apply to open a special account for depositing compensation payments if their accounts are in danger of being seized due to debt problems.**

※以上各欄位均據實填寫，若有調查需要，同意審議會可逕向衛生福利部中央健康保險署或有關機關(團體)調閱相關資料。

※您是否同意於審議會作成決定書後，將副本提供予犯保協會當地分會，俾提供您相關協助？  
 是  否

※Applicant(s) confirm(s) that all information above be filled out **in truthful matter**. And, should it become required for an investigation, applicant(s) agree for the Review Committee to access relevant information via the National Health Insurance Administration (NHIA), the Ministry of Health and Welfare (MOHW), or other relevant agencies (groups).

※Do you agree to provide a copy of decision of this application after a decision is made by the Review Committee to the district branch of the Association for Victims Support (AVS) to provide you with relevant assistance?

YES  NO

此致

臺灣(福建)

地方檢察署犯罪被害人補償審議會

This to

Taiwan (FuJien) Crime Victim Compensation Review Committee of \_\_\_\_\_ District Prosecutors Office.

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

申請人簽名或蓋章：\_\_\_\_\_

Applicant's signature or seal

代理人簽名或蓋章：\_\_\_\_\_

Proxy's signature or seal

(代為申請之機關(構)請蓋單位章)

(The institution (institute) applying on behalf of the applicant should affix the seal of the institution (institute))

中 華 民 國 年 月 日

\_\_\_\_\_(MM)\_\_\_\_\_(DD)\_\_\_\_\_(YYYY)

註：本申請書之填寫須知，附錄於後頁。

Notes: Please refer to the following pages for application filing guidelines.

**附表、遺屬補償金其他申請人資料表**

**Attached form "Information sheet of other applicant(s) for Survivor Compensation"**

姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)
		____(MM)____(DD)____(YYYY)		

A. 申請人與被害人之關係 (Relationship of the applicant(s) to the Crime victim)	<input type="checkbox"/> 父母 (Parents)	<input type="checkbox"/> 配偶 (Spouse)	<input type="checkbox"/> 子女 (Children)
	<input type="checkbox"/> 祖父 (Grandparents)	<input type="checkbox"/> 孫子女 (Grandchildren)	
	<input type="checkbox"/> 兄弟姐妹 (Siblings)		

地址 Address	職業 Occupation	電話 (Telephone No.) : ( )-_____
通訊地址 (Mailing address) : <input type="checkbox"/> 同第 1 頁申請人 (Same as that of the applicant)		行動電話 (Mobile Phone No.) : _____

姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)
		____(MM)____(DD)____(YYYY)		

A. 申請人與被害人之關係 (Relationship of the applicant(s) to the Crime victim)	<input type="checkbox"/> 父母 (Parents)	<input type="checkbox"/> 配偶 (Spouse)	<input type="checkbox"/> 子女 (Children)
	<input type="checkbox"/> 祖父 (Grandparents)	<input type="checkbox"/> 孫子女 (Grandchildren)	
	<input type="checkbox"/> 兄弟姐妹 (Siblings)		

地址 Address	職業 Occupation	電話 (Telephone No.) : ( )-_____
通訊地址 (Mailing address) : <input type="checkbox"/> 同第 1 頁申請人 (Same as that of the applicant)		行動電話 (Mobile Phone No.) : _____

姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)
		____(MM)____(DD)____(YYYY)		

A. 申請人與被害人之關係 (Relationship of the applicant(s) to the Crime victim)	<input type="checkbox"/> 父母 (Parents)	<input type="checkbox"/> 配偶 (Spouse)	<input type="checkbox"/> 子女 (Children)
	<input type="checkbox"/> 祖父 (Grandparents)	<input type="checkbox"/> 孫子女 (Grandchildren)	
	<input type="checkbox"/> 兄弟姐妹 (Siblings)		

地址 Address	職業 Occupation	電話 (Telephone No.) : ( )-_____
通訊地址 (Mailing address) : <input type="checkbox"/> 同第 1 頁申請人 (Same as that of the applicant)		行動電話 (Mobile Phone No.) : _____

姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)
		____(MM)____(DD)____(YYYY)		
A. 申請人與被害人之關係 (Relationship of the applicant(s) to the Crime victim)		<input type="checkbox"/> 父母 (Parents) <input type="checkbox"/> 配偶 (Spouse) <input type="checkbox"/> 子女 (Children) <input type="checkbox"/> 祖父 (Grandparents) <input type="checkbox"/> 孫子女 (Grandchildren) <input type="checkbox"/> 兄弟姐妹 (Siblings)		
地址 Address		職業 Occupation	電話 (Telephone No.) : ( )-_____	
通訊地址 (Mailing address) : <input type="checkbox"/> 同第 1 頁申請人 (Same as that of the applicant)			行動電話 (Mobile Phone No.) : _____	
姓名 Name	性別 Sex	出生日期 Date of Birth	國籍 Nationality	國民身分證統一編號 (居留證號碼或護照號碼) R.O.C. ID Card No. (or Alien Residence Certificate No. or Passport No.)
		____(MM)____(DD)____(YYYY)		
A. 申請人與被害人之關係 (Relationship of the applicant(s) to the Crime victim)		<input type="checkbox"/> 父母 (Parents) <input type="checkbox"/> 配偶 (Spouse) <input type="checkbox"/> 子女 (Children) <input type="checkbox"/> 祖父 (Grandparents) <input type="checkbox"/> 孫子女 (Grandchildren) <input type="checkbox"/> 兄弟姐妹 (Siblings)		
地址 Address		職業 Occupation	電話 (Telephone No.) : ( )-_____	
通訊地址 (Mailing address) : <input type="checkbox"/> 同第 1 頁申請人 (Same as that of the applicant)			行動電話 (Mobile Phone No.) : _____	

(欄位不足填寫 請自行延伸)

(Should there be insufficient space for all applicants, please extend the above table for extra applicants.)

## Guidelines for Filing the Application for Crime Victim Compensation

- I. Please fill in all of the "Applicant" columns.
- II. When there are multiple survivors who are eligible to apply for Survivor Compensation, they should jointly fill out one application form. Except for the applicant filled in on page 1, the rest of the applicants should fill out the Attached Form 1 "Information Sheet of Other Applicants for Survivor Compensation."
- III. Survivors who may apply for Survivor Compensation shall be determined in the following priority order (Article 53 of the Crime Victim Rights Protection Act [hereinafter referred to as the Act]):
  - (I) Parents, spouse, sons, and daughters.
  - (II) Grandparents.
  - (III) Grandsons and granddaughters.
  - (IV) Brothers and sisters.

If there are two or more persons who are qualified and in the same priority stated in the preceding Paragraph, they shall make a joint claim. If there is no joint claim or a third party makes a claim before the compensation decision is made, all applicants shall be notified to agree to have one of them make such claim. If no agreement is reached, the compensation for the survivors shall be distributed equally to each applicant according to the number of applicants.

After the **Survivor Compensation or Overseas Compensation** has been issued, if there are other unrecognized or undiscovered survivors in the same priority, the survivors who have received the compensation shall be responsible for distributing the compensation to such survivors.
- IV. If there is no proxy or no proxy (institution) is acting on behalf of the applicant, then the field "Proxy" doesn't have to be filled out. For applications not made by an institution (institute) on behalf of the applicant, fields "name of the institution (institute) applying on behalf of the applicant," "contact person" and "job title" don't have to be filled out.
- V. Survivor Compensation Amount of Survivor Compensation paid: NT\$1.8 million (the amount below is also shown in NT\$). (Article 57, Subparagraph 1 of the Act)
- VI. Payment levels and amounts of Serious Injury Compensation: (Article 57, Subparagraph 2 of the Act, and Article 27 of the Enforcement Rules for the Crime Victim Protection Act ("Enforcement Rules"))
  - (I) Level 1: NT\$1,600,000
  - (II) Level 2: NT\$1,500,000
  - (III) Level 3: NT\$1,400,000
  - (IV) Level 4: NT\$1,300,000
  - (V) Level 5: NT\$1,200,000
  - (VI) Level 6: NT\$1,100,000
  - (VII) Level 7: NT\$1,000,000
  - (VIII) Level 8: NT\$900,000
  - (IX) Level 9: NT\$800,000
- VII. Payment levels and amounts of Sexual Assault Compensation: (Article 57, Subparagraph 3 of the Act and Article 28 of the Enforcement Rules for the Crime Victim Protection Act)
  - (I) Level 1: NT\$300,000 to NT\$400,000
  - (II) Level 2: NT\$200,000 to NT\$300,000
  - (III) Level 3: NT\$100,000 to NT\$200,000
- VIII. In any of the following situations, a family member of a deceased victim shall not be entitled to claim payment of the Survivor Compensation: (Article 56 of the Act)
  - (I) He/she caused, intentionally or through negligence, the death of the victim.
  - (II) Before the death of the victim, he/she intentionally caused the death of another family member of the deceased victim, who has an entitlement of a higher or rank to claim Survivor Compensation or Overseas Compensation.
  - (III) After the death of the victim, he/she intentionally caused the death of another family member of the deceased victim, who has an entitlement of a higher or rank to claim Survivor Compensation or Overseas Compensation.
- IX. In the field "Checklist" showing the required documents, please try to prepare all the listed documents, to reduce the situations of supplements and corrections and speed up the review process.
- X. Supporting documents for the case: In the field "Checklist" showing the required documents, for "**Supporting documents for the case,**" please attach the ticked supporting documents, or in the field "Others", please specify the case number, such as Case No. XXX (year XX) Zhen-zi XXX, or XX District Court-(year XX)-X-zi No. XX. Alternatively, for cases having yet been investigated separately, information from a website or a news report in newspapers, etc. can be attached.
- XI. Summary of relevant regulations of the Act:
  - (I) No compensation shall be paid for all or part of the compensation may be reduced under any of the following circumstances: (Article 59 of the Act, Article 30 of the Enforcement Rules):
    1. The crime victims committed intentional or gross negligence for the situation he/she suffers. However, this does not apply to the case where the crime victims are those without capacity to make judicial acts.
    2. Based on the relationship between the

crime victims or their family members and the perpetrators of the crime and other circumstances, it is deemed to be inappropriate to pay such compensation.

(II) The compensation payable to crime victims under any of the following circumstances shall be returned in full, and the interest calculated from the date of receipt shall be paid: (Article 60 of the Act)

1. Under the circumstances stipulated in Article 56 that the application cannot be made.

2. Applying for compensation payable to crime victims through deception or other dishonest means.

(III) Any person claiming crime victim compensation under the Act shall file a written application with the Review Committee at the jurisdiction where the criminal act at issue was committed. (Article 62 of the Act)

(IV) The right to claim for crime victim compensation shall be extinguished if the claimant has not exercised such right within five (5) years since the time the claimant became aware of the criminal act at issue. The same rule shall be applied if ten (10) years have elapsed from the date when the criminal act was committed. However, any person who was a minor at the time of the crime may make the claim within five years upon reaching the age of majority.

If a person is seriously injured due to a criminal act, his/her right to claim will be extinguished if he/she does not exercise it within five (5) years from the time upon becoming aware of the serious injury. (Article 63 of the Act)

(V) The Act shall not apply to the people of mainland China and the residents of Hong Kong and Macau who suffer from criminal acts committed in the areas of mainland China, Hong Kong and Macau. (Article 99 of the Act)

(VI) Any criminals act or criminal results that occurred before January 7, 2023 when the Act became effective and the application has been made, wherein no decision for compensation has been reached yet shall be handled in accordance with the amended provisions. However, if the regulations before the enforcement of the amendment are preferable to the applicant, such regulations shall apply. (Article 100 of the Act, Article 44 of the Enforcement Rules)

XII. Standards of serious injuries are only

used for determining the situations in the attached documents. Whether the applicant meets the "serious injury" defined in the Criminal Code shall still be judged by the prosecutor investigating the case based on relevant evidence. Whether or not the applicant's qualification for Major Illness and Injury specified in the National Health Insurance Act is indeed caused by other people's criminal acts, shall also be judged by the Review Committee depending on the circumstances of the case and the relevant supporting evidence.

XIII. This form can be downloaded from the Global Information Website of the Ministry of Justice (link: <https://reurl.cc/AA6nqK>), or by scanning the QR Code:

