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| <p>加害人基本資料、被害發生之狀況及報案情形 Basic information about the crime actor, the situation of the victimization, and the crime report</p> | <p>加害人姓名 Name of the crime actor : _____ 國籍 Nationality : _____ <input type="checkbox"/>男 Male <input type="checkbox"/>女 Female <input type="checkbox"/>詳_____所載(如報案證明、犯罪調查報告書、偵查報告書、起訴書、判決書、新聞報導資料等) Please refer to _____ for details (such as Crime Report Certificate, Criminal Investigation Report, Investigation Report, Bill of Indictment, the Written Judgment, news reports information, etc.) <input type="checkbox"/>其他，請說明 Others, please specify :</p> |
| <p>檢 附 文 件 Required documents</p> | <p><input type="checkbox"/>本申請書 This application <input type="checkbox"/>被害人死亡證明(或可證明被害人死亡之相關文件) Crime Victim's death certificate (or relevant documents that can prove the Crime victim's death) <input type="checkbox"/>新式戶口名簿或戶籍謄本等(可證明被害人於臺灣地區設有戶籍，且未遷出國外登記之文件) New format of Household Certificate or Household Registration Transcript, etc. (documents that can prove that the Crime victim has Household Registration in Taiwan and does not have Moving-out Registration) <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 can prove the identities of survivors and their Inheritance Priority Order) <input type="checkbox"/>案件發生之證明文件(如報案證明、犯罪調查報告書、偵查報告書或起訴書、判決書、新聞報導資料等) Supporting documents that can prove the occurrence of the case (such as Crime Report Certificate, Criminal Investigation Report, Investigation Report, Bill of Indictment, the Written Judgment, news reports information, etc.)</p> <hr/> <p><input type="checkbox"/>其他(依情況提供)，如 Other documents (depending on situations) : <input type="checkbox"/>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 (An application is filed by an entrusted proxy in accordance with the provisions of Article 55, Paragraph 1 of the Act) <input type="checkbox"/>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 <input type="checkbox"/>未成年人，其法定代理人資料及證明 For minors, the identity information and proof of their Statutory Representative(s)</p> |

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，依各地檢署之程序通知請領。
- ※申請人於請領後，尚有其他未具名之同一順序申請人時，願負責分與之。
- ※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 a decision is made on the application, the compensation is to be received by the **applicant(s)**.
 2. After 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

To

Crime Victim Compensation Review Committee, Prosecutor's Office of _____ District Court, Taiwan (FuJien)

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

中 華 民 國 年 月 日

(MM) (DD) (YYYY)

註：本申請書之填寫須知，附錄於後。

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

附表、境外補償金其他申請人資料表

Attached form "Information Sheet of Other Applicants for Overseas 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) | | |

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
 祖父母 Grandparents
 孫子女 Grandchildren
 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.) : _____ |

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|------------|-----------|----------------------------|-------------------|------------------------------------------------------------------------------------------------------------|
| 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) | | |

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
 祖父母 Grandparents
 孫子女 Grandchildren
 兄弟姐妹 Siblings

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| 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.) : _____ |

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|------------|-----------|----------------------------|-------------------|------------------------------------------------------------------------------------------------------------|
| 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) | | |

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
 祖父母 Grandparents
 孫子女 Grandchildren
 兄弟姐妹 Siblings

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|-----------------------------------------------------------------------------------------|------------------|-----------------------------------|
| 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.) : _____ |

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|------------|-----------|----------------------------|-------------------|------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 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) | | | | | | | | | |

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
 祖父母 Grandparents
 孫子女 Grandchildren
 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) | | | | | | | | | |

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
 祖父母 Grandparents
 孫子女 Grandchildren
 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) (Where the space is insufficient in the field, please add extra space yourself)

Guidelines for filling out the Overseas Compensation Application Form

- I. Please fill in all of the “Applicant” columns.
- II. Survivors who may apply for Overseas 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 two or more persons 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 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.
- III. When multiple survivors are eligible to apply for overseas 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 Overseas Compensation.”
- IV. If there is no proxy, then the field “Proxy” doesn’t have to be filled out.
- V. The total amount of Overseas Compensation is NT\$200,000 (Article 57, Paragraph 1, Subparagraph 4 of the Act)
- VI. Those who can apply for Overseas Compensation must be the citizens of Republic of China victimized outside its territory by the intentional conduct of any other person who die after December 9, 2011, their family members may apply for Overseas Compensation conditional upon the following: (Article 54 of the Act)
 - (I) The victim’s family registration was in the Taiwan area and the registration was not removed out of his or her moving abroad.
 - (II) The victim has neither illegally left the country nor is wanted for any criminal procedure.
 - (III) The intentional conduct is subject to criminal punishment in accordance with the laws of Republic of China by the time such a conduct occurs.
- VII. If there are two or more persons who are qualified and in the same priority stated in the preceding Paragraph: (Article 53, Paragraphs 2 to 4 of the Act). 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 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.
- VIII. In the field “Qualifications, facts, and reasons”, contents can be recorded in the form of attachments, or in the field “Others,” explanations can be made including the following content:

The time and place of the victimization and death, the name of the deceased, gender, date of birth, national ID card number, occupation, workplace, residence, and other information related to the situation of the victimization and the report of the crime.
- IX. VIII. In any of the following situations, a family member of a deceased victim shall not be entitled to claim payment of the overseas 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.
- X. In the field “Checklist” showing the required documents, please prepare all the listed documents one by one to reduce the situations of supplements and corrections and speed up the review process.
- XI. Summary of relevant regulations of the Act:
- (I) 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)
- (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 Overseas Compensation under the Act shall file a written application with the Review Committee at the jurisdiction where the criminal act at issue was committed. (Provisions of Article 62, Paragraph 1 of the Act)
- XII. 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:

