英文版

犯罪被害補償金請領書
Application for Payment of Crime Victim Compensation

年度補審字第　　號
Case No. [　　]-Bu-Shen-Zi[　　]

金額 Amount	□遺屬補償金 □Compensation to family members of deceased victim: NT$_____ □重傷補償金 □Compensation to seriously injured victim: NT$_____ □性侵害補償金 □Compensation to victim of sexual assaults: NT$_____ □暫時補償金 □Provisional Compensation of NT$_____
支付方式 Payment Method	□請撥入下列帳戶： 金融機構_____銀行（庫、郵局、信用合作社、農、漁會信用部）_____分行（支庫、支局、分社） 戶名：_____帳號：_____□Please remit the amount to the following account: Name of Financial Institution or Post Office: _____ Branch: _____ Account Name: _____ Account No.: _____ □請開立支票，本人願意攜帶國民身分證及印章或委託代理人攜帶委託書及其身分證件前往領取。 □Please issue a check. I will bring my ID card and personal chop and claim the check in person or authorize an agent to bring a power of attorney and his/her ID card to claim the check.
附　　件 Attachments	一、補償金決定書影本。 1. Copy of the decision awarding on payment of compensation; 二、上揭金融機構存款存簿封面影本。 2. Copy of the bankbook cover of the above account.

此　　致
臺灣　　地方法院檢察署犯罪被害人補償審議委員會
To: Crime Victim Compensation Review Committee, Prosecutors' Office of [　　] District Court

請　領　人：Applicant: _____（簽章）(signature)

戶　籍　地：Permanent Address:_____

通　訊　地：Mailing Address:_____

國民身分證統一編號：ROC ID Card No._____
（外國人者請填居留證號碼或護照號碼/or Alien Residence Certificate No. or Passport No.）

中　　華　　民　　國　　年　　月　　日
Date: [-] [-], [-]

Notes: Please refer to the guidelines for filling in this application in the reverse side.

Notes: 1. Please mark one of the options in the "Amount" column.

2. Please mark one of the options in the "Payment Method" column.
3. Copy of the bankbook cover of the above account is not required if the "Payment Method" chosen is to receive a check.
4. The payer of the compensation is the Prosecutors' Office of the applicable District Court which the Crime Victim Compensation Review Committee processing the claim is subordinate.
5. If there are multiple applicants for payment of compensation, each applicant shall fill in an application respectively.