

vCJD Trust

Main Application for Compensation

* THIS FORM SHOULD ONLY BE COMPLETED IF THE VICTIM WAS DIAGNOSED AS SUFFERING FROM VCJD ON OR BEFORE 30 MARCH 2010. IF THE DATE OF DIAGNOSIS IS AFTER THAT DATE, PLEASE CONTACT FIELDFISHER FOR THE CORRECT FORMS. *

INTRODUCTION

In October 2000 the Secretary of State for Health announced that the Government was setting up a No-Fault Compensation Scheme for the victims of variant Creutzfeldt-Jakob Disease and their families.

After detailed discussions as to the nature and form of the Compensation Scheme between Government lawyers and those representing the families of those already diagnosed as suffering from variant CJD (“**vCJD**”), two Interim Trusts were set up during 2001 from which certain payments were made. The current Trust, known as the vCJD Main Trust, was established in March 2002 as a body independent of Government, to administer the scheme set up by the Secretary of State and funded by Government. A revision to the Scheme was agreed on 12 February 2010 to apply to Victims diagnosed on or after 31 March 2010.

COMPLETING THE APPLICATION FORM

Completion of this Application is required to provide the Trustees with sufficient information to enable them to calculate the full amount of compensation which is due in each case to victims and their families.

The Trustees have appointed Fieldfisher to advise them and to assist in the administration of the Trust.

If you require assistance in completing this Application Form, Jonathan Zimmern or Jamie Green of Fieldfisher will be more than happy to help. They can be contacted on 0207 861 4000. Alternatively you may choose to use your own solicitor, although this is not normally necessary. If however you decide to do so, the Trustees can, in appropriate circumstances, agree to meet the costs involved, at least in part. Fieldfisher can provide guidance in this regard.

The Application Form is divided into the following separate sections:

- A. The **Details of Applicant** and interim payments.
- B. **Details of the person suffering** from vCJD (referred to in the rest of this Application as “the Victim”) and his or her family;
- C. Information in relation to **expenditure** incurred for the benefit of the Victim;
- D. Information in respect of the experience and involvement of **other family** members;
- E. Information in relation to **discretionary payments** during the Victim’s illness;
- F. Information in relation to any **dependants** of the Victim;
- G. Information on **any costs** that have been incurred in putting forward a claim and on any extra premiums payable for a mortgage or life insurance.
- H. Information relating to **additional care** claim.
- I. Conclusion
- J. Enclosures.

You should try to complete all the information requested in this Application before sending it in. Where there is insufficient room for your answer to any question, please continue on a separate sheet. A separate shorter Application Form for Interim Payment should be completed where the Victim is still alive or if there is urgent need for funds.

If the Victim was first diagnosed as suffering from vCJD before 26th October 2000, some additional amounts may be payable.

SECTION A – Details of Applicant and Previous Interim Payments

1. Full name of Victim: _____

2. Details of person completing this Application:

Full Name : _____

Address: _____

Relationship to Victim: _____

Telephone: _____

Fax: _____

Email: _____

3. Has any payment been received from either of the Interim Trusts in respect of this Victim? Yes/No

If yes, please provide the following details:

Date: _____

Amount: _____

Recipient: _____

4. Have you already applied for an interim payment? Yes/No

If not, do you want to be sent an Application Form for Interim Payment? Yes/No

SECTION B – Personal Details of the Victim

***Explanatory Note:** In a case where the diagnosis of vCJD has been confirmed, the Trustees will pay to or for the benefit of the Victim and his/her family £120,000. If the diagnosis of vCJD was made before 26th October 2000 an additional £5,000 will be paid to recognise the particular difficulties suffered by victims and their families before the Care Package was announced in October 2000. If there is an immediate need for financial assistance, particularly for a living victim, you should request us to send you an Application Form for Interim Payment. The Trustees recognise that there could be exceptional circumstances where an expense needs to be met from compensation before the main Application has been completed. You should contact FieldFisher in this regard.*

***Where the Victim is still living:** If he/she is still able to manage his or her own affairs, payments can be made direct to them. Where victims are not able to manage their own affairs, it will usually be necessary to set up a trust for their benefit with the assistance of the Court of Protection in order to enable early payment. Fieldfisher can arrange for an independent Solicitor to deal with this on your behalf or you should obtain advice from your own solicitor in this regard.*

Copies of all of the Application Forms and Guidance Notes can be obtained from the Trustees' website, www.vcjdtrust.co.uk.

In certain cases, particularly where the Victim has been the breadwinner for one or more dependants, it may be possible to make payment direct to his/her spouse or partner.

In deciding how much of the £120,000 (or £125,000 if the diagnosis was before 26th October 2000) should be paid during the course of the Victim's life, the Trustees will have regard to personal circumstances, including any dependants, and the likely future demands on those funds. Payments can either be made from time to time as required or by one or more substantial lump sums, depending on the circumstances.

***Where the Victim has died:** The whole of any amount left unpaid from the £120,000 can be paid to the Executors or Personal Administrators as soon as Probate has been granted or Letters of Administration taken out (as appropriate). However, in exceptional cases, it may be more appropriate and beneficial to make the payment direct to the Victim's dependants or immediate family, or to a trust set up for their benefit. You are again advised to obtain advice from an independent solicitor in this regard.*

Before instructing solicitors and incurring legal fees, you should consult the Trustees through Fieldfisher who will be able to give you guidance as to the type and level of fees which are likely to be paid by the Trustees in an individual case.

If it is not suitable to make payment into the estate because of the Inheritance Tax implications, please let us know, and we can refer the matter back to the Trustees. You may need to obtain advice from a solicitor in this respect, the costs of which would not be within the terms of the Trust Deed and would therefore not be paid by the Trustees. You should also be aware that the receipt of the Basic Sum may affect your own Inheritance Tax position depending on the total value of your estate at the time of death. You may require independent tax advice in this respect.

5. Full Name of Victim: _____

6. Date of Birth of Victim: _____

7. Date of Death of Victim: _____

8. Address: _____

9. Marital Status: _____

If separated, what was the date of separation:

If divorced, what was the date of divorce:

10. Next of kin:

Names: _____

Relationships: _____

Dates of Birth: _____

11. When did you first become aware that vCJD was suspected as the diagnosis?

Approximate date: _____

How did you become aware of this: _____

Have you enclosed documentary evidence of this, such as a doctor's letter?

Yes/No

12. (i) Has notification has been received from the CJD Surveillance Unit that the diagnosis of vCJD is probable or has been confirmed? Yes/No

If so, please provide a copy of the letter.

- (ii) has confirmation that the Victim was present in the UK for periods totalling not less than 5 years between 1982 and 1996 been received from the CJD Surveillance Unit? Yes/No

If so, please provide a copy of the letter.

NB. If you do not have confirmation from the CJD Surveillance Unit in relation to (i) and/or (ii), please complete the Form of Authority at the end of this Application so that the Trustees may approach the CJD Surveillance Unit on your behalf.

13. **If the Victim is still living:**

- (a) is he/she still able to manage their own affairs? Yes/No

If so, please provide a letter from his/her GP which confirms this.

- (b) has the Court of Protection become involved in dealing with the Victim's affairs? Yes/No

- (c) has a trust been set up for their benefit? Yes/No

If so, please give details: - including the names of trustees and, where appropriate, their relationship to the victim.

- (d) is a copy of the trust document enclosed? Yes/No

If not, please provide a certified copy as soon as possible.

14. **If the Victim has died:**

- (a) did the Victim leave a Will? Yes/No
- (b) has Probate or Letters of Administration been granted? Yes/No
- (c) is a certified copy of the Will and/or Grant of Probate or Letters of Administration enclosed? Yes/No

If not, please provide one as soon as possible.

- (d) give full names and addresses of all Executors/Personal Representatives:

- (e) if solicitors or a Bank are dealing with his/her estate, please provide their name and reference:

15. **If the victim left a will,**

- (a) give details of all those who will be entitled to recover under the Victim's will (you do not need to complete this at this stage if you are enclosing a copy of the Victim's will)

Name : _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name: _____

Relationship to Victim : _____

- (b) Do you want the compensation (or balance of it) to be paid in accordance with that will? Yes/No

If you do not, and there are other reasons why you consider that it would be preferable for the monies to be paid in an alternative way, please let us have your proposals below.

16. **If the Victim did not leave a will, so that there is intestacy,**

- (a) give details of all those who would be entitled to inherit the estate (if you know this),

Name : _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name : _____

Relationship to Victim: _____

(b) do you want the compensation (or balance of it) to be paid in accordance with the law of intestacy? Yes/No

(c) *if you do not*, and the family or some of its members believe that it would be unfair or inappropriate that it should be paid in this way, or there are other reasons why you consider that it would be preferable for the monies to be paid in an alternative way, please let us have your proposals below.

NB. If you want to override the Victim's will or the operation of the intestacy rules, the Trustees will request evidence in the form of statements from all those whose interests are likely to be affected.

17. Are you aware of anyone else other than those disclosed under paragraphs 12 and 13 above who may wish to claim compensation because of their relationship to the Victim, or because of care which they provided to him/her or otherwise?: Yes/No

If so, please provide details:

Name : _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

Name: _____

Relationship to Victim: _____

18. At the date of his/her death did the Victim have any dependant children under the age of 21 (or any children over the age of 21 still dependant on the Victim). *If so*, please give full names and date of birth of each dependant:

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

19. Potential Qualifiers under the Scheme:

Please give names and details of all the victim's family members (including parents, children, step-children, spouses, co-habitees, brothers, sisters etc) on a separate piece of paper.

This should be a full list and should include details of those relatives listed below. If an obvious relative, such as a parent, has died please state this, giving the approximate date of death.

- (a) Victim's Spouse/Partner
- (b) Victim's Children/their spouses or partners
- (c) Victim's Grandchildren
- (d) Victim's parents, step-parents or people treated as a parent
- (e) Victim's parents-in-law
- (f) Victim's Maternal and Paternal Grandparents:
- (g) Victim's siblings and their spouses/partners
- (h) Victim's niece/nephews and their spouses/partners
- (i) Victim's uncles/aunts and their spouses/partners

- (j) Victim's Cousins and their spouses/partners
- (k) Any other relatives, either by blood or marriage
- (l) Anyone who provided care to the victim who is not listed above.

This section must be completed with the following information for each relative:

Name : _____

Relationship: _____

Date of birth: _____

Address: _____

Telephone Numer: _____

Relationship to Victim: _____

Has he/she been consulted when completing this form and his/her claim included
Yes/No.

SECTION C – Information In Relation To Expenditure Incurred For The Benefit Of The Victim

Explanatory Note: The Trustees can pay reasonable funeral expenses for the Victim’s funeral, provided that they have satisfactory evidence of expenditure. They can also pay for any items of a capital or one off nature which have been purchased in order to improve the comfort and living conditions of the Victim during their illness from vCJD, subject to certain limits. The Trustees will not normally be able to pay for expenditure of this type which in total exceeds £10,000. If for any reason you consider that in the case of this Victim it is or was appropriate to incur major expenditure, then you should attach a note explaining briefly your reasons. Where the expenditure has not yet been incurred you are advised to consult the Trustees through Fieldfisher before committing to major items of expenditure and they will do their best to inform you of whether it is likely to be something which the Trustees will approve and pay for.

Funeral Expenses

20. Total amount claimed in respect of funeral expenses: _____

21. Please itemise this expenditure below. If possible, please provide supporting invoices or other evidence and if you are enclosing such material in respect of any item, please tick the appropriate column:

Item	date	amount	invoice enclosed <i>(tick if enclosed)</i>	other supporting evidence enclosed <i>(tick if enclosed)</i>

Capital Expenditure (Personal or Real Property)

22. Is a claim being made for capital expenditure? Yes/No

23. *If so, please complete the following box:*

Item	date	amount	invoice enclosed <i>(tick if enclosed)</i>	other supporting evidence enclosed <i>(tick if enclosed)</i>

24. Is any further capital expenditure planned or likely? Yes/No.

25. *If so, please give short details of any planned expenditure with amounts and reasons:*

Item	Amount and anticipated date of expenditure (if known)	Reason

SECTION D – Information In Respect Of The Experience And Involvement Of Other Family Members

***Explanatory Note:** A basic sum of £5,000 (or £10,000 if the diagnosis was made before 26th October 2000) is payable to the family of each Victim in respect of their experience of having a close family member suffering from and dying from vCJD. In addition, where one or more members of the family or close friends (such as a boyfriend/girlfriend) have been actively involved in caring for the Victim during his illness from vCJD, a further £5,000 is payable to the family to be divided between those individuals concerned. If care was provided by members of the family or close friends before the date of a Care Package for the Victim or before 31 March 2001, whichever is the earlier, you will need to complete the Separate Claim Form for Care, a copy of which can be obtained from Fieldfisher whose details are on page 2, or downloaded from the vCJD Trusts website at www.vcjdtrust.co.uk.*

Where a family member has suffered mental health problems as a result of a close relation having contracted vCJD, which go beyond the distress and worry normally suffered as a result of a relative being in such a situation, and these problems fall within the definition of a psychiatric condition, a sum of £5,000 may be paid by the Trustees to that individual.

Experience of the Family

26. Which relatives have suffered as a result of the experience of having a loved one suffer from to vCJD:

Name	Relationship	Apportionment

Contact details for the above should be include..

Care

27. Were any members of the family or close friends (such as boyfriend/girlfriend) involved to a significant degree in caring for the Victim during his/her illness from vCJD?
Yes/No.

28. Please identify the family member(s) and close friends most actively involved in such care and, if appropriate, set out any suggestions for apportioning the sum of £5,000 between them.

Name	Relationship	Apportionment

29. If the answer to question 23 was no, please identify the family members or close friends with the closest regular contact with the Victim during the period of his/her suffering from vCJD:

Name	Relationship	Suggested Apportionment

Psychiatric Injury

- 30. Is it believed that any of the Victim’s family has suffered from an identifiable psychiatric condition as a result of the experience of the Victim contracting vCJD? Yes/No.

- 31. *If so*, please provide the following information and attach any supporting documentation and fill in and enclose the Consent Form 1 which is attached to this Application:

Name: _____

Relationship: _____

Nature of Condition: _____

Duration _____

GP: _____

Psychiatrist: _____

Documentary evidence enclosed: Yes/No.

Consent form enclosed: Yes/No.

Name: _____

Relationship: _____

Nature of Condition: _____

Duration _____

GP: _____

Psychiatrist: _____

Documentary evidence enclosed: Yes/No.

Consent form enclosed: Yes/No.

SECTION E – Information in relation to discretionary payments

Explanatory note: You only need to consider this section if you wish to put forward a claim for one or more of the following payment:

(1) *Identifiable Psychiatric Injury causing Particular Emotional or Financial Hardship*

Where a family member or close friend has suffered from a psychiatric condition and you believe this has **additionally** given rise to **particular** financial or emotional hardship, you may be entitled to a further sum.

(2) *Carer's Loss of Earnings causing Particular Hardship*

Where a family member or close friend has cared for a Victim during their suffering from vCJD and as a result has suffered loss of earnings that has caused **particular** hardship, the Trustees may make a further payment.

(3) *Victim's Loss of Earnings causing Particular Hardship*

Where a Victim has suffered loss of earnings in their last illness which has caused **particular** hardship to himself or to any dependants, the Trustees may make a further payment.

Further information in relation to the above claims can be obtained from Fieldfisher, the Trustees' website at www.vcjdtrust.co.uk or from your own solicitor.

32. Is there likely to be an application under (1), (2) or (3) above? Yes/No.

If so, please provide the following information for each applicant:

Name : _____

Relationship: _____

Name : _____

Relationship: _____

Name : _____

Relationship: _____

If you might wish to submit any of the loss of earnings claims above, please complete Consent Form 3 at the end of this Application so that the Trustees can approach the Victim's ex-employer, tax office or accountant on his/her behalf.

SECTION F – Information in relation to any dependants of the Victim

Explanatory Note: This Section need only be completed where the Victim has or had a dependant spouse or partner and/or children or other dependants (for example an elderly parent living in the Victim’s household). Otherwise you can move on to Section G on page 22. “Dependency” means being in receipt of a substantial contribution from the Victim in money or money’s worth. Children over the age of 21 when the victim died will not normally be regarded as dependants.

The Trustees have power to make payments out of the Trust to compensate for some of the losses suffered by dependants of those suffering from vCJD who will no longer be able to rely on the Victim’s earnings.

The Trustees have a detailed set of guidelines for assessing the amount of compensation to be paid which is contained in the Trust Deed itself.

In order to carry out their assessment the Trustees need certain basic information from you as to the individual dependants of the Victim and also about the earnings and earning capacity of the Victim and his or her partner.

General

33. Approximately when did the victim first start suffering to a significant degree symptoms which were subsequently attributed to vCJD.

Date: _____

Spouse or Partner

34. Please give full names and address of any dependant *spouse or partner*:

Name: _____

Address: _____

35. Please identify the approximate period of time during which such person lived with the Victim as his or her spouse or partner:

From _____ to _____

36. Was such spouse or partner living in the same household as the Victim as his or her spouse or partner:-
- (a) Within the 2 years before the Victim's death? Yes/No.
 - (b) Within the 6 months before the diagnosis of vCJD was first suspected? Yes/No.
37. Was that spouse or partner being maintained either wholly or partially by the Victim before the Victim first suffered symptoms of vCJD and/or at any time thereafter? Yes/No.

Children

38. Please list all other persons treated by the Victim as his or her *child* and who was being maintained by the Victim in whole or in part at any period since the earlier of:-
- six months before the diagnosis of vCJD was first suspected, and
 - 2 years before the Victim's death.
- (a) Name: _____
 - (b) Relationship (ie child, step-child, child of partner etc): _____
 - (c) Date of Birth: _____
 - (d) Current Occupation: _____
 - (e) School/university/technical college: _____
 - (f) Date of expected completion of full time education: _____
 - (g) Was dependency expected to last beyond the dependant's 21st birthday? Yes/No.

- (a) Name: _____
- (b) Relationship (ie child, step-child, child of partner etc): _____
- (c) Date of Birth: _____

- (d) Current Occupation: _____
- (e) School/university/technical college: _____
- (f) Date of expected completion of full time education: _____
- (g) Was dependency expected to last beyond the dependant's 21st birthday?
Yes/No.

- (h) Name: _____
- (i) Relationship (ie child, step-child, child of partner etc): _____
- (j) Date of Birth: _____
- (k) Current Occupation: _____
- (l) School/university/technical college: _____
- (m) Date of expected completion of full time education: _____
- (n) Was dependency expected to last beyond the dependant's 21st birthday?
Yes/No.

39. If in the case of any children listed above the dependency was expected to last beyond that child's 21st birthday, please set out below the brief reasons:

40. Please list any dependants of the Victim other than spouse or partner, and children listed above:

Name: _____

(a) Relationship: _____

(b) Date of Birth: _____

(c) Current Occupation: _____

(d) Nature circumstances of dependency: _____

(e) _____

(f) _____

Victim's Earnings

41. Was the Victim, at the time that he/she first suffered symptoms from vCJD:

(a) employed: Yes/No

(b) self-employed: Yes/No

(c) a student: Yes/No

(d) unemployed: Yes/No

42. If the Victim was employed at that date:

(i) what was the nature of that employment: _____

(ii) give name and address of employer:

Name: _____

Address: _____

43. What were the Victim's net earnings for the three years immediately preceding the date of onset of symptoms: (please enclose evidence, preferably tax forms, P60s) and what was the normal retirement age for that job (if known).

44. If self-employed:

(i) what was the Victim's occupation: _____

(ii) how long had the Victim been involved in that occupation: _____

(iii) what was the Victim's business name and address:

(iv) please set out the Victim's profits from that business and tax and National Insurance contributions for the three years immediately preceding the date of an on set of symptoms, and please provide documentary evidence, preferably audited accounts and including personal tax returns and assessments:

45. If the Victim was a student please identify the school or university and course being followed with dates of expected completion:

-
46. If the Victim was unemployed please provide details of any academic professional or technical qualifications and any jobs held in the previous three years, together with name and address of employer and approximate earnings.

47. Was the Victim occupied during the relevant three year period in caring for children and the family:

(a) full-time: Yes/No

(b) part-time: Yes/No

(please provide details)

48. Is a letter from the Victim's ex-employer, or other documentary evidence that confirms the loss of earnings enclosed? Yes/No

If not, please complete Consent Form 3 at the end of this Application so that the Trustees can approach the Victim's ex-employer, tax office or accountant on his/her behalf.

Spouse/Partner's Earnings

49. Was the spouse/partner of the Victim, at the time that the Victim first suffered symptoms from vCJD:

(a) employed: Yes/No

(b) self-employed: Yes/No

(c) a student: Yes/No

(d) unemployed: Yes/No

50. If the spouse/partner was employed at that date:

(i) what was the nature of that employment: _____

(ii) give name and address of employer:

Name: _____

Address: _____

51. What were the spouse/partner's net earnings for the three years immediately preceding the date of onset of the Victim's symptoms: (please enclose evidence, preferably tax forms, P60s) and what was the normal retirement age for that job (if known).

52. If self-employed:

(i) what was the occupation of the spouse/partner:

(ii) how long had the spouse/partner been involved in that occupation:

(iii) what was the business name and address of the spouse/partner:

- (iv) please set out the spouse/partner's profits from that business and tax and National Insurance contributions for the three years immediately preceding the date of onset of the Victim's symptoms, and please provide documentary evidence, preferably audited accounts and including personal tax returns and assessments:

- 53. If the spouse/partner was a student please identify the school or university and course being followed with dates of expected completion:

- 54. If the spouse/partner was unemployed please provide details of any academic professional or technical qualifications and any jobs held in the previous three years, together with name and address of employer and approximate earnings.

- 55. Was the spouse/partner occupied during the relevant three year period in caring for children and the family:

- (a) full-time: Yes/No
- (b) part-time: Yes/No

(please provide details)

56. Are you enclosing documentary evidence in respect of the spouse/partner's earnings? Yes/No.
57. Is a letter from the spouse/partner's ex-employer, or other documentary evidence that confirms the loss of earnings enclosed? Yes/No.

If not, please complete Consent Form 4 at the end of this Application so that the Trustees can approach the spouse/partner's ex-employer, tax office or accountant on his/her behalf.

Discretionary Payments

Explanatory Note: Where the earnings of a Victim in the last three years before the onset of symptoms were very significantly less than his/her anticipated earning potential, the Trustees may be able to pay out a larger sum than normal if the loss of the Victim's earnings is likely to cause particular hardship to his or her dependants.

58. Is a claim being put forward for a larger payment for loss of earnings? Yes/No.
59. *If so, state briefly the nature of the case to be put forward, particularly as to the earning potential and hardship involved, (further details will be sought as required so it is only necessary to put a brief summary in at this stage):*

SECTION G – Professional Costs and problems with Mortgages and Life Insurance

Explanatory Note: Where a Victim or his or her family incur either legal or other medical or professional costs in obtaining help in assembling the information to put forward a claim to the Trustees, the Trustees may be able to repay all or some of those costs. This will be particularly relevant in cases where the Trustees ask for further information which requires professional input. However, before incurring substantial legal or other professional fees, you are advised to consult the Trustees through Fieldfisher who will be able to give you guidance as to the type and level of fees which are likely to be paid by the Trustees in an individual case.

If in any case immediate relatives of the Victim have difficulty in obtaining a mortgage or mortgage protection life insurance policy because of their relationship with a Victim of vCJD, the Trustees may be able to provide financial assistance towards any additional premium payable.

60. Have any professional costs been incurred in respect of this claim on behalf of the Victim or his family? Yes/No.

61. If so, please state the full name and address of the professional adviser and the nature of their involvement:

62. Please set out the details of any bills rendered or costs incurred with such professionals:

Item	date	Amount	invoice enclosed	other supporting evidence enclosed

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63. Do you expect to incur further costs with any such professionals? If so, please set out brief details together with an estimate of the expected amount of such costs. Where possible, you should enclose a letter from the professional concerned giving an estimate of the future proposed costs and explaining what they are for and why they are considered necessary.

64. Has any member of the Victim’s family had any difficulty in obtaining a mortgage or life insurance policy because of their relationship with the Victim: Yes/No.

65. If yes, please provide brief details.

66. Does the Victim have any debts or is he/she bankrupt. Yes/No.

If yes, please provide brief details.

Question 66 has been asked so that funds can be released in the most beneficial manner for the Victim.

SECTION I - Separate Claim Form For Care

If care was provided to the Victim before a “Care Package” was implemented for the Victim or the 31st March 2001, whichever is earlier, you may be entitled to additional compensation and should complete a Separate Claim Form for Care (which can be requested from Fieldfisher if not enclosed).

SECTION J – Conclusion

This is a very detailed Application and in preparing it we have tried to make clear all the information that the Trustees need to calculate a family’s entitlement to be paid compensation out of the Trust for the death of a loved one from vCJD.

If you have Solicitors acting for you, please confirm which other family members (if any) they are acting for:

There may be some circumstances or details which have not been included and which you feel are relevant. If that is the case, please complete section I above. You should then send your Application to Fieldfisher at Riverbank House, 2 Swan Lane, London EC4R 3TT (for the attention of Jonathan Zimmern) or telephone them at 0207-861 4000 (asking for Jonathan Zimmern or Jamie Green).

When you have completed the Application and are satisfied that it is correct please sign and insert date below.

I confirm that I believe that all the information which I have supplied on this Application is true, and that I have included names of all those entitled to claim so far as I am aware.

Signature: _____

Date: _____

SECTION K - Enclosures

Please tick those documents which you are enclosing with this application on the following page:

- Letter from CJD Surveillance Unit (10)
- Alternatively, Authority for CJD Surveillance Unit (10)
- Letter from the Victim's GP confirming that the Victim can manage his/her own affairs (11(a))
- Certified copy of any Trust Deed (11 (d))
- Certified copy of the Victim's Will (12 (c))
- Certified copy of the Grant of Probate (12 (c))
- Certified copy of the Letters of Administration (12 (c))
- Documentary evidence that the diagnosis was made before 26th October 2000 (15)
- Invoices/Receipts or other documentary evidence of funeral expenses (17)
- Invoices/Receipts or other documentary evidence of items purchased or property alterations for the Victim's benefit (17)
- Letter from the family member's GP/psychiatrist that he/she has suffered an identifiable psychiatric condition (26)
- Alternatively, Consent Form 1 (26)
- Letter from employer/ex-employer confirming carers' loss of earnings (28)
- Alternatively, Consent Form 2 (28)
- Letter from ex-employer confirming the Victim's loss of earnings (33)

- Alternatively, Consent Form 3 (33)

If claim for Dependency – for the victim and/or spouse/partner (41/42 and 48/49):

- P60s for 3 years preceding the victim's onset of symptoms.
- Audited accounts
- Personal Tax Returns
- Tax assessments/calculations
- Invoices/Receipts or other documentary evidence of professional advisory expenses (58)
- Letter from solicitor who is acting for you (59)

CONSENT FORM 1- Medical Information (see Para 26)

Re: _____

(Person believed to be suffering from psychiatric condition)

Address: _____

Date of Birth: _____

I confirm my authority for you to release information and documents to Messrs Fieldfisher in respect of the above-mentioned patient's medical and psychiatric condition.

Signed:

Name:

Date:

(if this form is not being signed by the person whose medical records are to be disclosed, please state the capacity in which you are providing this authority (ie parent)

To: Dr _____ To: Dr _____

Address: _____ Address: _____

To: Dr _____ To: Dr _____

Address: _____ Address: _____

CONSENT FORM 2 – Carer’s Loss of Earnings (see Para 28)

Re: _____

(Name of Carer)

Address: _____

Date of Birth: _____

I confirm my authority for you to release information and documents to Messrs Fieldfisher in respect of my earnings.

Signed:

Name:

Date:

CONSENT FORM 3 – Victim’s Loss of Earnings (see Para 33)

Re: _____

(Name of Victim)

Address: _____

Relationship to Victim: spouse/partner/mother/father/child:

Date of Birth of Victim: _____

I confirm my authority for you to release information and documents to Messrs Fieldfisher in respect of the above-mentioned’s earnings.

Signed:

Name:

Date:

CONSENT FORM 4 – Partner’s/Spouses Earnings (see para 58)

Re: _____

(Name of spouse/partner)

Address: _____

Date of Birth: _____

I confirm my authority for you to release information and documents to Fieldfisher in respect of my Partner/Spouse’s earnings.

Signed:

Name:

Date:

CONSENT FORM 5 – Qualifiers loss of earnings (see para 28)

Re: _____

(Name of applicant)

Address: _____

Date of Birth: _____

I confirm my authority for you to release information and documents to Messrs Fieldfisher in respect of my earnings.

Signed:

Name:

Date:

AUTHORITY (see Para 10)

CJD Surveillance Unit
Western General Hospital
EDINBURGH

Name: _____

Address: _____

Relationship to Patient: spouse/partner/mother/father/child/

Name of Patient: _____

Date of Birth: _____

Date of Death : _____

I confirm my authority for you to release information and documents to Messrs Fieldfisher on behalf of the Trustees of the vCJD Main Trust.

For the avoidance of doubt I also confirm my consent to the CJD Surveillance Unit making direct disclosure to the Department of Health in order to confirm the diagnosis of vCJD.

Signed:

Name

Date:

CONSENT FORM 5 – Loss of Earnings

Re: _____

(Name of Applicant)

Address: _____

Date of Birth: _____

I confirm my authority for you to release information to Messrs Fieldfisher in respect of my earnings.

Signed:

Name:

Date: