

## Authorising a person to enquire or act on your behalf

### Your details

Name  
Address  
Date of birth (dd/mm/yyyy) Phone  
Reference No.  
Postcode

I authorise:

to act on my behalf, to make enquiries and to receive written communication in relation to this application.

In providing this authorisation I consent to:

- Victims Services exchanging information about this application with the authorised person
- Victims Services exchanging personal information about me for the purpose of this application
- The authorised person making decisions in relation to the processing of this application
- The authorised person receiving payments on my behalf.

*(If you do not consent to any of the above please cross out and initial)*

Your signature Date (dd/mm/yyyy)

### Important

- Only one person can be authorised on this form.
- It is your responsibility to ensure that the person you have given authority to makes enquiries on your behalf and is aware of what you are allowing them to enquire about, and any limitation you may place on this authority.
- Authorising a person to enquire or act on your behalf does not take away your right to contact Victims Services if you need to.
- The authorised person will not be permitted to request that any application be withdrawn without the written consent of the applicant.

### Details of authorised person

Title Surname/Family name  
Given names  
Address Postcode  
Date of birth (dd/mm/yyyy)  
Phone Email

*I have read and understand and accept the responsibilities for which I am authorised.*

Signature of authorised person Date (dd/mm/yyyy)

### Completed form to be returned to:

Victims Services, Locked Bag 5118  
Parramatta NSW 2124  
Or you can fax to: (02) 8688 9632  
Or you can email to: [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au)  
For further information, please call: 1800 633 063

Office use only