Text consolidated by Valsts valodas centrs (State Language Centre) with amending regulation of:

5 December 2023 [shall come into force on 1 January 2024].

If a whole or part of a paragraph has been amended, the date of the amending regulation appears in square brackets at the end of the paragraph. If a whole paragraph or sub-paragraph has been deleted, the date of the deletion appears in square brackets beside the deleted paragraph or sub-paragraph.

Republic of Latvia

Cabinet

Regulation No. 218

Adopted 23 April 2013

**Regulations Regarding the Sample Form of the Request for State Compensation**

*Issued pursuant to*

*Section 8, Paragraph one of the law On State Compensation to Victims*

1. The Regulation prescribes the sample form of the request for State compensation (Annex) to be submitted to the Court Administration by a natural person who has been recognised as a victim in accordance with the procedures laid down in the Criminal Procedure Law for the receipt of State compensation.

[*5 December 2023*]

2. Such requests for State compensation shall be considered as valid for deciding on the issue of granting the State compensation which have been prepared and submitted before 2 May 2013 but have not been examined by the Legal Aid Administration until the abovementioned date.

2.1 Such requests for State compensation shall be considered as valid for deciding on the issue of granting the State compensation which have been prepared using the sample form of the request for State compensation in the wording of this Regulation of 23 April 2013 and submitted before 1 January 2024 but which have not been examined by the Legal Aid Administration until the abovementioned date.

[*5 December 2023*]

3. Cabinet Regulation No. 620 of 9 August 2011, Regulations Regarding the Sample Form of the Request for State Compensation (*Latvijas Vēstnesis*, 2011, No. 125), is repealed.

4. The Regulation shall come into force on 2 May 2013.

Prime Minister V. Dombrovskis

Minister for Justice J. Bordāns

**Annex**

Cabinet Regulation No. 218

23 April 2013

[*5 December 2023*]

To the Court Administration

**Request for State Compensation**

*(request shall be filled in electronically or in block capitals)*

**1. The person recognised as a victim in criminal proceedings**

|  |  |
| --- | --- |
| 1.1. the given name, surname |  |

|  |  |
| --- | --- |
| 1.2. the personal identity number | – |

|  |  |  |
| --- | --- | --- |
| If the person does not have a personal identity number, the date of birth shall be indicated | .   .     . |  |
|  | (dd.mm.yyyy) |  |

|  |  |
| --- | --- |
| 1.3. data of the passport or identity card |  |
|  | (series, number, date of issue, issuing authority) |
|  | |

|  |  |
| --- | --- |
| 1.4. nationality |  |

|  |  |
| --- | --- |
| 1.5. address of the place of residence |  |
|  | |

|  |  |
| --- | --- |
| 1.6. contact details |  |
|  | (telephone number, e-mail) |

**2. Representative of the victim**

Note. This paragraph needs to be filled in if the victim is exercising the right to State compensation with the intermediation of a representative.

|  |  |
| --- | --- |
| 2.1. given name, surname |  |

|  |  |
| --- | --- |
| 2.2. personal identity number | – |

|  |  |  |
| --- | --- | --- |
| If the person does not have a personal identity number, the date of birth shall be indicated | .   .     . |  |
|  | (dd.mm.yyyy) |  |

|  |  |
| --- | --- |
| 2.3. address of the place of residence |  |
|  | |

|  |  |
| --- | --- |
| 2.4. contact details |  |
|  | (telephone number, e-mail) |

Mark whether you are:

 legal representative (guardian, trustee)

 authorised person (append the power of attorney)

 other

|  |  |
| --- | --- |
| Justification for the representation |  |
|  | |
|  | |

**3. Information on the person who has died as a result of a criminal offence**

Note. This paragraph needs to be filled in if one or several persons have died as a result of a criminal offence.

|  |  |
| --- | --- |
| 3.1. given name, surname |  |

|  |  |
| --- | --- |
| personal identity number | – |

|  |  |  |
| --- | --- | --- |
| If the person does not have a personal identity number, the date of birth shall be indicated | .   .     . |  |
|  | (dd.mm.yyyy) |  |

|  |  |
| --- | --- |
| 3.2. |  |
|  | |

Note. Needs to be filled in if several persons have died as a result of a criminal offence (the information referred to in sub-paragraph 3.1 of this request shall be indicated).

**4. Information on the criminal proceedings in which the person has been recognised as a victim**

4.1. criminal proceedings No.           

4.2. the person directing the proceedings (the official or the court which is leading the criminal proceedings at the particular moment) or the institution in which the final ruling was given if the criminal proceedings have been completed, or the investigator, prosecutor, or court which took the decision to terminate the criminal proceedings if the criminal proceedings have been terminated

|  |
| --- |
|  |
|  |

**5. The date on which the person has been recognised as a victim in criminal proceedings**

|  |  |
| --- | --- |
| .   .     . |  |
| (dd.mm.yyyy) |  |

Note. The request for State compensation shall be submitted within one year after the day when the person has been recognised as a victim or has become aware of the facts that give such person the right to be recognised as such.

**6. Justifying reasons if the deadline for the submission of the request for State compensation has been missed**

Note. This paragraph needs to be filled in if the deadline for the submission of the request for State compensation has been missed. A document certifying that the abovementioned deadline has been missed due to justifying reasons shall be appended to the request for State compensation.

|  |
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**7. Compensation already received for the damage caused by the criminal offence**

Note. This paragraph needs to be filled in also if a repeated request for State compensation is being submitted. If damage has not been compensated, it shall be indicated “not compensated”. If damage has been compensated, the amount of the total amount of the compensation paid and the given name, surname, and personal identity number of the person who compensated for the damage shall be indicated. A document certifying the making of the payment (if any) shall be appended to the request for State compensation.

|  |
| --- |
|  |
|  |

**8. Current account indicated by the victim to which State compensation should be transferred**

|  |  |
| --- | --- |
| 8.1. name of the settlement agent |  |

8.2. code             

8.3. account number                     

8.4. given name, surname, and personal identity number of the representative or authorised person of the victim or another person on whose behalf the current account has been opened

|  |
| --- |
|  |

Note. This paragraph needs to be filled in if the State compensation is to be transferred to the current account of the legal representative, authorised person, or another person.

**9. Information on changes in the initial request for State compensation**

Note. Needs to be filled in if a repeated request for State compensation for damage caused by a criminal offence is being submitted. The changes necessary in the initial request for State compensation shall be indicated.

|  |
| --- |
|  |
|  |

**10. The following documents are appended to the request for State compensation**

Note. The documents appended (for example, a statement of the person directing the proceedings, the final ruling of the person directing the proceedings which has entered into effect, a power of attorney, etc.) shall be indicated.

|  |
| --- |
|  |
|  |

I certify that the information provided is true and complete, and I also undertake to notify the Court Administration of changes in the information indicated in the request for State compensation within seven days after I have become aware of such changes.

I am informed that the Court Administration will recover the disbursed State compensation in the cases and in accordance with the procedures laid down in the law On State Compensation to Victims if false information has been intentionally provided for the receipt of State compensation.

I am informed that the Court Administration will recover the disbursed State compensation in the cases and in accordance with the procedures laid down in the law On State Compensation to Victims from the person who committed the criminal offence.

I agree that the Court Administration will process personal data in conformity with the requirements of the laws and regulations governing personal data protection.

I agree to receive the decision electronically1:

 in the form of an electronic document to the official electronic address or the electronic mail address indicated in sub-paragraph 1.6 of this request;

 in the form of an electronic document to the official electronic address or the electronic mail address indicated in sub-paragraph 2.4 of this request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date2 |  |  | Signature2 |  |

Notes.

1 The decision will be prepared in accordance with the laws and regulations regarding the drawing up of electronic documents and signed with a secure electronic signature.

2 The details of the document “date” and “signature” shall not be completed if the electronic document has been prepared in accordance with the laws and regulations regarding the drawing up of electronic documents and signed with a secure electronic signature.