

**BEFORE THE DISTRICT LEGAL SERVICES AUTHORITY, CUTTACK**

**V.C.A.NO. \_\_\_\_\_/2023**

1. Name, age and address of the Applicant:
2. Name of the Father/Husband/wife/guardian/of the Applicant:
3. Name, age and address of the victim:
4. Name of Father /Husband /Wife/Guardian of the Victim:
5. Name, age and address of the offender (if known):
6. F.I.R/PS.Case/Court Case Number:
7. Name of the Court where the case is pending:
8. Brief facts of the case; and injury/loss/damage caused to the victim:
9. Date of application:
10. Amount of compensation claimed:  
*(a) Compensation, if any, received from other source (indicate the source):*  
*(b) Financial Assistance /Support Services if any already provided:*
11. Any other information;
12. Documents, if any, filed: (Mention list)

Signature of the applicant/victim  
Phone No.

**VERIFICATION**

Identified by

Advocate

Signature of the applicant/victim  
Phone No.