**LINCOLNSHIRE POLICE**

**Application for Payment of Compensation**

*This form is designated for applicants to request payment of any compensation awarded by the courts to any employee of Lincolnshire Police for crimes against them on duty or when placing themselves on duty. This includes compensation awarded for physical assault, sexual assault, hate crimes, threats to kill or criminal damage to personal property. Applications outside of this will not be accepted. Please refer to the SOP and Policy for further guidance*

**This application can only be used when the request for payment is made on receipt of the court award of compensation. Please do not supply the Court with your personal bank details.**

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| --- | --- | --- |
| Name of Applicant: |  |  |
| Force Number: |  | Date of Application: |  |  |
| Compensation Awarded: |  | Date Awarded: |  |  |
| Niche/ Case File Reference: |  |  |
|  |  |
| Offence:  |  |
|  |
| **Agreement** |  |
| I (**insert name in here**) acknowledge that if this application is agreed I will receive the full amount of compensation applied for from Lincolnshire Police. I am then not entitled to still receive payments from the courts and these will be directed to Lincolnshire Police.I agree that any outstanding loan amounts may be deducted from final wages if I leave, transfer, or retire from Lincolnshire Police within 3 months of the award. |
| Signature of Applicant: |  | Date: |  |  |
|  |  |

**Please attached a copy of the compensation award to this form. Please send the completed form to: The Finance Department, HQ or email** **payroll@lincs.pnn.police.uk**

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| --- |
| **For Finance use only** |
| Application: [ ]  Accepted [ ]  Refused | If Refused, reason for refusal: |
|  |
| Approved by: |  |  |
| Date: |  | Payment Date: |  |  |
| Have arrangements been made to notify the court of new payment schedule: [ ]  Yes [ ]  No |