



Redress Scheme for victims of child sexual abuse perpetrated by members of the clergy and church representatives acting under the authority of the Diocese of Dromore

Scheme Claim Form

**The completed Scheme Claim Form and any associated documentation
should be sent by email to**

dromore.redress@clydeco.com

If it is not possible to submit documentation via the above email address please submit by hard copy
to

Clyde & Co
FAO Declan Davis
51 Adelaide Street
Belfast
County Antrim
BT2 8FE

Applicant's Name (including all former names)	
Date of Birth	
National Insurance Number	
<p>ID – Please provide the original or solicitor's certified copy of two of the following documents:</p> <ul style="list-style-type: none"> (a) Passport (b) Driving Licence (c) Birth Certificate (d) Marriage Certificate (e) A recent electricity, gas or other utilities bill (f) Any other vouching document vouching identity e.g. Deed Poll 	
Address	
Name of legal representative (if appointed)	
A summary of the allegations including the nature of the Abuse and the alleged perpetrators of the Abuse. Such summary to also as far as possible identify dates (or months or years if exact dates unknown) when the Abuse occurred along with locations for the Abuse	
Connection of the accused to the Diocese (if known)	
Details of any notification of Abuse to the police or any other third parties along with copy statements where available	
Details of any criminal trials of alleged abusers which the Applicant has been involved in and whether as a complainant or witness. If a complainant confirmation of the any	

convictions directly relating to abuse of the Applicant	
Brief details of any other abuse suffered by the Applicant which are unconnected to the Diocese	
Details of any psychiatric/psychological damage suffered	
A brief history of the applicant's life since the abuse including details of education, employment, periods of unemployment including periods of ill health or any time spent in prison	
Please confirm details of and as relevant provide copies of any supporting documents.	

I believe that the facts stated in this Scheme Claim Form are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I confirm that any financial redress and costs agreed to be paid in connection with my application shall be paid to

- a. Me; or
- b. My legal representative who shall account as may be appropriate to me
(Please delete which does not apply)

A receipt issued by my legal representative to the Diocese shall be an adequate and sufficient discharge of any liability of the Diocese

Signed

Dated