

犯罪被害補償金覆議申請書
Appeal for Reconsideration of Crime Victim Compensation

案號： 年度 補審 字第 號 股別：
 Case No. []-Bu-Shen-Zi[] Section in Charge:

	姓名 Name	性別 Gender	出生年月日 Date of Birth	國民身分證統一編號 (外國人者請填居留證 號碼或護照號碼) ROC ID Card No. (or Alien Residence Certificate No. or Passport No.)	職業 Occupation
申請人 Applicant					
	地址及聯絡電話 Address and Telephone No.				備考 Remark
	戶籍地： Permanent Address: 電話： Telephone No.				
通訊地： Mailing Address: 電話： Telephone No.					
代理人 Agent	姓名 Name	性別 Gender	出生年月日 Date of Birth	國民身分證統一編號 (外國人者請填居留證 號碼或護照號碼) ROC ID Card No. (or Alien Residence Certificate No. or Passport No.)	職業 Occupation

	<p style="text-align: center;">地址及聯絡電話 Address and Telephone No.</p>	<p style="text-align: center;">備考 Remark</p>
	<p>戶籍地： Permanent Address:</p> <p>電話： Telephone No.</p> <hr/> <p>通訊地： Mailing Address:</p> <p>電話： Telephone No.</p>	
<p>對於原決定不服 之程度及應如何 撤銷或變更之聲 明 Extent of Appeal and the Demand How Original Decision Should be Reversed or Amended</p>		
<p>申請覆議之事實 及理由 Facts and Grounds for Reconsideration</p>		
<p>檢附文件 Attachments</p>		

此 致			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">臺灣 臺灣高等法院 (</td> <td style="width: 33%; text-align: center;">地方法院檢察署犯罪被害人補償審議委員會 分院) 檢察署犯罪被害人補償覆審委員會</td> <td style="width: 33%; text-align: right;">轉陳</td> </tr> </table>	臺灣 臺灣高等法院 (地方法院檢察署犯罪被害人補償審議委員會 分院) 檢察署犯罪被害人補償覆審委員會	轉陳
臺灣 臺灣高等法院 (地方法院檢察署犯罪被害人補償審議委員會 分院) 檢察署犯罪被害人補償覆審委員會	轉陳	
To:			
Crime Victim Compensation Review Committee, Prosecutors' Office of [] District Court for forwarding to			
Crime Victim Compensation Reconsideration Committee, Prosecutors' Office of the Taiwan High Court ([] Branch).			
申請人：_____ (簽章)			
Applicant: _____ (signature)			
代理人：_____ (簽章)			
Agent: _____ (signature)			
中 華 民 國 年 月 日			
Date: [-] [-], [-]			

Guidelines for Filing in the Application for Reconsideration of Crime Victim Compensation

1. Where there is more than one family member of a deceased victim who is entitled to claim the compensation and the members intent to jointly appeal for reconsideration, each member should file in the Application for Reconsideration respectively.
2. Please leave the "Agent" column blank if no agent is authorized. If the applicant authorizes an agent to file a reconsideration on behalf of him/her, a power of attorney should be issued by the applicant.
3. Please state specifically the extent of the objection to the original decision and the matters or items in the original decision should be reversed or amended in the "Extent of Appeal and the Demand How Original Decision Should be Reversed or Amended" column.
4. If the space in the "Facts and Grounds for Reconsideration" column is insufficient, the applicant may state the facts and grounds in separate papers attached to the Application.