

# Application for Compensation for Detriment caused by Defective Administration (CDDA)

The Scheme for Compensation for Detriment Caused by Defective Administration (the CDDA Scheme) enables government agencies such as the Australian Federal Police (the AFP) to compensate a person or organisation. The person or organisation must have experienced detriment caused by an agency’s ‘defective’ actions or inactions and have no other avenue of redress.

The purpose of the CDDA Scheme is to put a claimant back into the financial position they would have been in had the ‘defective administration’ not occurred. Payments made under the CDDA Scheme are discretionary.

A mistake made by the AFP or an official of the AFP does not automatically mean compensation is payable under the CDDA Scheme. Compensation is only payable if a loss is suffered as a direct result of the AFP’s defective administration and at the discretion of the authorised officer.

### **Defective administration**

Defective administration is:

* a specific and unreasonable lapse in complying with existing administrative procedures that would normally have applied to the claimant’s circumstances
* an unreasonable failure to institute appropriate administrative procedures to cover a claimant’s circumstances
* giving advice to (or for) a claimant that was, in all circumstances, incorrect or ambiguous, or
* an unreasonable failure to give to (or for) a claimant, the proper advice that was within the official’s power and knowledge to give (or was reasonably capable of being obtained by the official to give).

The Department of Finance is responsible for providing policy advice on the CDDA Scheme. Further information is available on the [Department of Finance’s website](https://www.finance.gov.au/individuals/act-grace-payments-waiver-debts-commonwealth-compensation-detriment-caused-defective-administration-cdda/scheme-compensation-detriment-caused-defective-administration-cdda-scheme).

### **Completing this form**

Any person or organisation can apply for compensation under the CDDA Scheme. There is no time limit by which a claim must be submitted. However, significant lapses in time between the alleged defective administration and the claim being made could make it difficult to gather evidence and verify facts.

### **Returning this form**

The completed form can be lodged either:

By mail:

General Counsel -Legal

Australian Federal Police

GPO Box 401

CANBERRA CITY ACT 2601 AUSTRALIA

By email: CDDA-Claims@afp.gov.au It is recommended that you keep a copy of your application and all attachments for your records. The AFP does not retain copies of documents. If you wish to keep original documents, you should only provide copies of documents to the AFP. The AFP does not accept physical evidence in support of claims.

### **Receipt of claim**

* Claims are normally processed in order of receipt.
* Your claim will be acknowledged within 7 days of receipt.
* You will be notified in writing once your claim has been allocated to a case officer for processing.

**Note**: Payments made to you under the CDDA Scheme may form part of your taxable income. It is your responsibility to declare all such income. You should contact your local Taxation Office or seek independent financial advice to determine the effect of any payment on your tax obligations.

### **Important information about privacy**

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in the AFP’s Privacy Policy. The AFP’s Privacy Policy is available from the AFP’s website [**www.afp.gov.au/privacy**](http://www.afp.gov.au/privacy). Ensure that you read and understand the AFP’s Privacy Policy before completing this form.

### **Consent to communicate electronically**

The AFP may use a range of means to communicate with you. However, electronic means such as email will only be used if you indicate your agreement to receiving communication in this way.

To process your claim, the AFP may need to communicate with you about sensitive information. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with.

If you agree to the AFP communicating with you by electronic means, the details you provide will only be used by the AFP for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to use for another purpose. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the AFP over the internet or by other electronic means.

**Note**: Electronic communication is the fastest means of communication available and the AFP prefers to communicate electronically because this results in faster processing.

*Please keep this information page for your reference*

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# Application for discretionary compensation

Please open this form using Adobe Acrobat Reader.

Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

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## Part A – Claimant’s details

Compensation for Detriment caused by Defective Administration (CDDA) claims are registered in the name of the person (or organisation) who experienced the alleged defective administration (**the claimant**). We understand this may not always be the same person who suffered the alleged financial detriment.

1. This claim is for:

an individual **Go to Question 4**

a business

### Business details

1. Business trading name

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Australian Business Number (ABN)

1. Details of business executive making a claim on behalf of business Preferred title: Mr Mrs Miss Ms Other

Family name

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Given names

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Position within the business

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####  Go to Question 6

Individual’s details

1. Name of individual

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Preferred title: | Mr | Mrs | Miss | Ms | Other |  |
| Family name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Given names |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Day | Month | Year |  |  |  |
| Date of birth |  |  |

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### Additional details

1. Current business/residential address

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| Postcode |

1. Address for correspondence

*(If the same as business/residential address, write ‘AS ABOVE’)*

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| Postcode |

1. Contact telephone numbers

Office hours (Area code )

After hours (Area code )

1. Do you agree to the AFP communicating with you by email?

No

Yes Give details

Email address

## Part B – Authorised recipient

An authorised recipient is someone appointed by you to act on your behalf in relation to your claim under the CDDA Scheme. They can communicate with the AFP, make statements and provide evidence on your behalf.

In the event that compensation is found to be payable, the authorised recipient cannot accept payment on your behalf. Only the claimant or their legal representative can sign the settlement document.

If you decide to appoint an authorised recipient, you must provide the AFP with your written authority.

It is not necessary to appoint an authorised recipient – you may choose to deal with the AFP directly.

1. Are you appointing an authorised recipient to act on your behalf in relation to this claim?

#### No Go to Part C

Yes Your written authority is required before the AFP can communicate with the person you choose as your authorised recipient.

#### Authorisation

I, (the claimant)

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|  |

consent to the Australian Federal Police communicating with my authorised recipient whose details appear at Question 12.

-

#### Signature of claimant

Day Month Year

Date

#### Authorised recipient’s details

The AFP will provide all future written and electronic communications regarding this CDDA claim to the authorised recipient whose details are listed below.

Preferred title: Mr Mrs Miss Ms Other Family name

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Given names

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Postal address

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|  |
| Postcode |

Telephone numbers Office hours

(Area code )

(Area code )

After hours

Can the AFP communicate with your authorised recipient by email?

No

Yes Give details

Email address

1. **Authorised recipient’s acknowledgement** – *To be completed by the authorised recipient*

I acknowledge that I have been appointed to act on behalf of the claimant in relation to this claim.

-

#### Signature of authorised recipient

Date

Day Month Year

## Part C – Compensation claim details

#### Background to the claim

Provide specific details of how the AFP’s actions or inactions were defective. Describe the facts, listed in date order as appropriate, which give rise to your claim against the AFP.

It would assist the AFP if you provide names, dates, and places where these dealings took place.

*Attach all available supporting documents.*

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*If you need more space, attach a separate page with details.*

#### Actions taken to resolve the matter in question

Provide details of actions you have taken to resolve the matter in question (e.g. contacting the AFP, contacting the Commonwealth Ombudsman, contacting the courts or tribunals).

Include details of the status/outcome for each action.

*Attach all available supporting documents.*

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#### Detriment

Provide details of the detriment being claimed. Detriment is the amount of quantifiable financial loss that you can demonstrate you have suffered. In order for your claim to be successful, you must be able to demonstrate that the detriment was suffered as a direct result of the alleged defective administration.

All detriment claimed must be substantiated.

**Note**: Compensation under the CDDA Scheme is **not payable** solely for grief or anxiety, hurt, humiliation, embarrassment, disappointment, stress or frustration that is unrelated to personal injury which is being compensated under the CDDA Scheme, no matter how intense the emotion may be.

*Attach all available supporting documents (e.g. receipts).*

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| --- | --- | --- | --- |
| Description of claimed item | Currency | Amount | Receipt/evidence attached? |
|  |  |  | No Yes |
|  |  |  | No Yes |
|  |  |  | No Yes |
|  |  |  | No Yes |
|  |  |  | No Yes |
|  |  |  | No Yes |
|  |  |  | No Yes |

Total amount being claimed

1. CDDA is considered a remedy of last resort used only where there is no other viable remedy available. Provide details of actions you have taken to seek redress of the claimed loss. For example, have you applied for a refund or credit of any of the above claimed loss.

## Part D – Declaration

1. **WARNING**: Giving false or misleading information or documents is a serious offence.

I declare that:

* + the information I have supplied in this application is complete, correct and up-to-date in every detail.
	+ all relevant information has been included in this application.
	+ I have read the information contained in the AFP’s Privacy Policy.
	+ I understand the AFP may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in the AFP’s Privacy Policy.

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#### Signature of claimant

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Date

Day Month Year

*If you need more space, attach a separate page with details.*

We strongly advise that you keep a copy of your application and all attachments for your records.