CRIME VICTIM COMPENSATION APPLICATION

Weld County District Attorney's Office **Michael J. Rourke -District Attorney**

Post Office Box 1167 • 915 Tenth Street • Greeley, CO 80632 • (970) 356-4010 • Fax (970) 336-7224

The Victim Compensation program operates pursuant to C.R.S. §24-4.1-101 et seq.

Eligibility Requirements:

1. The crime must be one in which the victim sustains mental or bodily injury, dies, or suffers property damage to locks, windows or doors to residential property as a result of a compensable crime.
2. The victim must cooperate with law enforcement officials (e.g. district attorney, police, sheriff).
3. The law enforcement agency was notified within 72 hours after the crime occurred.
4. The injury or death of the victim was not the result of the victim's own wrongdoing or substantial provocation.
5. The victimization occurred on or after July 1, 1982, in Weld County or in another state or country where there is no victim compensation program and the victim is a resident of Weld County. NOTE: For contact information on programs in other judicial districts, please contact our office.
6. The application for compensation must be submitted within one year from the date of the crime; six months for residential property damage claims.

NOTE: The Victim Compensation Board MAY waive some of these requirements for good cause or in the interest of justice.

General Information:

1. There does not have to be an arrest made for a victim to be eligible for compensation.
2. Compensation may be made for medical expenses, mental health counseling, dentures, eyeglasses, hearing aids, or other prosthetic or medical devices, loss of earnings, outpatient care, homemaker or home health services, funeral expenses, and loss of support to dependents.
3. Compensation for property damage may be awarded for the cost of replacement or repair to exterior doors, locks or windows that are damaged during the commission of a crime.
4. By law, you must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid and Medicare.
5. Please attach all **itemized** bills and receipts. You may apply even if you have not received any bills as of this date.
6. Your claim will be investigated and presented to the Victim Compensation Board. This process may take up to 60 days.
7. Total recovery may not exceed the statutory limit of $30,000. Compensation for some categories is limited by Board policy. Please call (970) 356-4010 for specific limit information.
8. Should your claim be denied, you have a right to request reconsideration of the Board's decision and have the right to submit new or additional information related to the reason(s) for the Board's denial or reduction of your claim. You may arrange for reconsideration by contacting the Victim Compensation program within 30 days from the date on which you receive notice of the denial or reduction of your claim. If you request reconsideration of the Board's decision, further information concerning the reconsideration process will be mailed to you. In the event the denial is upheld by the Board, you have a right to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.
9. If crime related bills have been turned over to a collection agency, please contact the Victim Compensation program at the number above.
10. Any materials received, made, or kept by the Victim Compensation Program, or a District Attorney, concerning an application for Victim's Compensation made under the Colorado Revised Statute 24-4.1-100.1 are confidential.
11. Should a subpoena for your Claim file or material within the Claim file be issued by the Court pursuant to C.R.S. 24.1-302.5(1)(d)(VII), you have the right to be notified by the District Attorney's Office.

CRIME VICTIM COMPENSATION APPLICATION INSTRUCTIONS

Pursuant to statute 24-4.1-105(2)(a), the applicant must provide the Compensation Program with any information requested by the program as needed to process the application. Incomplete applications will be returned or delayed until all information is received. Individuals who are hearing impaired, visually impaired or have limited English proficiency may contact the CVC program at (970) 356-4010 for assistance with the application.

SECTION 1 –VICTIM INFORMATION: The *primary victim* is the person who was *injured or killed.* A s*econdary victim* is someone with a close, familial type relationship with the victim or someone who is a witness to the crime. A separate application is required for each family member applying (except for mental health of secondary victims). The Social Security number is used only to verify bills and lost income submitted for payment.

SECTION 2- CLAIMANT INFORMATION: This is the person who will be contacted regarding this claim. It may be the same person as the primary victim or it may be a legal guardian or family member of the primary victim. *This section must be completed if victim is a minor or deceased.

SECTION 3 - CIVIL LAWSUIT: By signing the application, you agree to repay any funds you receive in a civil lawsuit for expenses paid by the Compensation Program.

SECTION 4 – CRIME INFORMATION: Completing this entire section, to the best of your knowledge, helps us make sure that we have the correct report to go with your application. You *DO NOT* need to provide a copy of this report.

SECTION 5 – INSURANCE AND OTHER COLLATERAL SOURCE INFORMATION: By federal and state statute, Crime Victim Compensation is the payer of last resort. If you have any other resources available for payment for the bills you are submitting, you must disclose this information. Incomplete applications will be returned to you. You may be required to submit a separate subrogation form for automobile cases.

SECTION 6 – REQUEST FOR SERVICES: This section has eight subsections: Mark the services you are requesting assistance with or that you anticipate needing assistance. Write not applicable (N/A), if you are not requesting assistance for that subsection.

- **Medical:** All itemized bills submitted must be **directly** related to the crime and are ultimately your responsibility. Crime related bills or estimates should be forwarded to the Compensation Program as you receive them. If you are requesting reimbursement, please submit receipts or other proof of payment with the itemized bill.
- **Personal Medical Items:** This refers to any medically necessary device that was stolen or damaged as a result of the criminal incident. This includes hearing aids, glasses, dentures, etc. Send itemized bills or estimates.
- **Funeral Expenses**: Please let us know if you have already paid for funeral expenses or if the bills remain outstanding. Submit all bills or receipts that you wish to be considered for payment or reimbursement. The person who paid for the funeral is the person eligible to receive reimbursement if the claim is approved.
- **Lost Wages**: You may request loss of earnings *only* if you missed work because of physical or emotional injuries related to the crime *and* you did not take paid leave provided by your employer. A Lost Wages Form will be mailed to you. If you are self-employed, you will be asked to submit a copy of your last year's tax return. A doctor's note may be requested for more than one week of lost wages. Loss of income due to the investigation, medical/counseling appointments and court hearings is not eligible. Money stolen during a crime is not an eligible expense.
- **Loss of Support to Dependents**: If the primary victim has died as a result of a crime, persons who were wholly or partially dependent upon the primary victim's income may request funds for loss of support. Also, if certain criteria are met, loss of support can be awarded in other cases. Please contact us for more information.
- **Residential Property/Immediate Safety**: The Board cannot repair or replace property with the exception of exterior residential doors, locks and windows. The Board may be able to assist with other immediate safety needs or crime scene clean-up. Please contact our office for further information.
- **Emergency Request**: Emergency awards within 72 working hours may be requested for urgent situations requiring immediate action. NOTE: Mental Health Counseling may NOT be reviewed as an emergency. Contact the Program Coordinator for more information regarding emergency assistance and eligibility.
- **Mental Health Counseling**: For Primary and Secondary victims or witnesses to a crime **in the same household**. The Board will only approve therapy with *state licensed therapists* or a treatment provider under the direct supervision of one who is so licensed.

S**ECTION 7 – RELEASE OF INFORMATION AND VICTIM RIGHTS AND RESPONSIBILITIES**: Your signature and the date are necessary to complete the application and to authorize the Compensation Program to verify bills on your behalf. Incomplete applications may be returned to you and will delay payment.

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SECTION 1 - VICTIM INFORMATION Please complete every question. Write N/A if the question is not applicable.

Victim's Name (First, Middle, Last) _____ Social Security Number _____

Mailing Address _____ City/State/Zip _____

Home Telephone _____ Work Telephone _____ Cell/Other Telephone _____

E-Mail Address _____ Date of Birth _____ Sex: ☐ Male ☐ Female

The following information is used for statistical purposes only. It is needed to comply with federal regulations.

Disabled:
☐No
☐Physical
☐Mental

Race:
☐ Caucasian
☐ African American
☐ Hispanic/Spanish
☐ Native American
☐ Asian Pacific
☐ Other: _____

Who Referred You to the Victim Compensation Program?
☐ Law Enforcement
☐ District Attorney's Office
☐ Human Services
☐ Hospital/Doctor
☐ Therapist
☐ Other: _____

SECTION 2 - CLAIMANT INFORMATION Please complete only if the victim is a minor, deceased or incapacitated.

Claimant's Name (First, Middle, Last) _____ Relationship to Victim _____

Mailing Address _____ City/State/Zip _____

Home Telephone _____ Other Telephone _____

Date of Birth _____ E-mail _____

SECTION 3-CIVIL LAWSUIT-The Crime Victim Compensation Board **must be** notified of any civil action and be provided with written evidence of the amount and terms of settlement.

Are you planning to sue the person(s) or business/agency responsible for this injury? ☐Yes ☐No
If yes, please provide the following:

Your Civil Attorney's Name: _____

Mailing Address _____ Telephone _____

SECTION 4 - CRIME INFORMATION - All applicants **must** complete this section.

Type of Crime:

☐ Domestic Violence	☐ Drunk Driver/Vehicular Assault	☐ Child Physical Abuse
☐ Assault	☐ Burglary/Criminal Mischief	☐ Child Sexual Assault - Family Member
☐ Sexual Assault – Adult	☐ Murder/Homicide	☐ Child Sexual Assault - Non Family Member
☐ Robbery	☐ Kidnapping	☐ Other _____

Date of crime:	Law enforcement agency crime was reported to:
Law enforcement report number:	Law enforcement officer handling case:
Name of suspect:	Suspect's relationship to victim:
Did the crime occur at work? ☐Yes ☐No	County where crime occurred:
Has the suspect been charged in court? ☐Yes ☐No	Court case number, if available:

SECTION 5 – INSURANCE INFORMATION - This section **must** be completed for the claim to be processed.

Do you have health insurance coverage? ☐ Yes ☐ No
Do you know of any automobile insurance that may cover this claim? ☐ Yes ☐ No
Do you have any homeowner's/renter's insurance that may cover this claim? ☐ Yes ☐ No

IF YES TO ANY OF THESE, PLEASE READ AND COMPLETE THE FOLLOWING:

- **All bills must be submitted through appropriate insurance first.**
- **Copies of all bills with corresponding insurance statements (EOB) MUST be submitted in order to receive Crime Victim Compensation.**

If yes, please check the following:

_____ Private Insurance
_____ Group Insurance
_____ Medicaid
_____ Medicare
_____ CHP
_____ Colorado Indigent Care Program (CICP)
_____ Worker's Compensation
_____ Automobile Insurance
_____ Homeowner's/Renters Insurance
_____ Other

If yes, please complete:

Policy Holder _____
Company Name _____
Policy Number _____
Phone Number _____
Amount of Deductible _____
Other Applicable Insurance _____
_____

INCLUDE COPIES OF ITEMIZED BILLS WITH THIS APPLICATION. PLEASE FORWARD ADDITIONAL CRIME RELATED BILLS AS YOU RECEIVE THEM. All DOCUMENTATION MAY BE RETURNED TO: **CRIME VICTIM COMPENSATION, PO BOX 1167, GREELEY, CO 80632 OR BY FAX TO (970) 336-7224.** For more information, please contact our office at (970) 356-4010, ext 4746.

SECTION 6 – BENEFITS Please check each type of claim for which you are requesting funds, and provide the information requested within the block or mark the type of claim as not applicable (N/A).

____ **MEDICAL/DENTAL SERVICES:** Submit copies of itemized medical bills and insurance statements.

____ **PERSONAL MEDICAL ITEMS:** Submit copies of itemized bills, if available.
(Limited to medically necessary devices damaged or destroyed during the crime.)

Eyeglasses/Contact Lenses: ☐yes ☐no **Dentures:** ☐yes ☐no

Hearing Aid: ☐yes ☐no **Prosthetic Device:** ☐yes ☐no **Other:** _____

____ **FUNERAL/BURIAL EXPENSES:** Submit copies of itemized expenses, if available.

Name of person who paid for funeral expenses (if applicable): _____

____ **LOST WAGES: A Lost Wages Form will be mailed to you if this box is checked.** Lost wages over one week require a doctor's note verifying time off. If you are self-employed, a copy of last year's tax return must be provided. Was the victim able to use any of the following types of leave due to physical or emotional injury caused by the crime?

Sick Leave: ☐yes ☐no **Vacation Leave:** ☐yes ☐no **Personal Leave:** ☐yes ☐no

NOTE: Requests for lost wages require the submission of a social security number which will be verified. Other documentation may be requested as needed.

____ **LOSS OF SUPPORT TO DEPENDENTS:** Relatives who were wholly or partially dependent upon the victim's income at the time of death may be eligible for compensation. Also, in certain cases (e.g. Domestic Violence or Child Sexual Assault), a primary victim may qualify for loss of support if certain criteria are met. Please call for more information.

____ **RESIDENTIAL PROPERTY/IMMEDIATE SAFETY:** Please check the appropriate box for the repair or replacement of residential entry/exit doors, locks and windows.

☐ Doors ☐ Locks ☐ Windows ☐ Rekeying ☐Other: _____

____ **EMERGENCY AWARDS:** The Victim Compensation funds **MAY** assist victims if they are determined to require emergency assistance (an urgent situation requiring immediate action) as a direct result of the crime. Such awards may not exceed $2,000.

SECTION 6 – BENEFITS CONTINUED

_____ **MENTAL HEALTH COUNSELING – Primary Victim:** Submit copies of itemized bills, if applicable. If already in therapy, please provide the following:

Therapist's Name: _____ Telephone Number: _____

_____ **MENTAL HEALTH COUNSELING – Secondary Victims** (Family members living the same household)

Name of Family Member(s)	Relationship to Victim	Date of Birth

SECTION 7 – RELEASE OF INFORMATION AND VICTIM'S RIGHTS AND RESPONSIBILITIES-

Please read carefully and initial each section. Sign and date the bottom of this section.

____ **Certification of Application:** The information contained in this application for a Crime Victim Compensation award is true and correct to the best of my knowledge**.** I understand that the filing of false information may result in a denial of my claim and is punishable by law**.**

____ **Cooperation:** I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc.) may result in the denial of my claim.

____ **Alternative Application Process**: If you feel the Victim Compensation Board in your judicial district is unable to fairly review your claim due to a personal or professional relationship with two or more board members, it will be sent to another district for review. If your claim is approved, bills will be paid from this office. I understand that this may delay the processing of my claim.

____ **Repayment of Crime Victim Compensation Award:** I understand that the Crime Victim Compensation program will be repaid if payments are received from the offender (restitution or civil action), insurance, or any other government or private agency as compensation for this injury or death after receipt of payment from the Victim Compensation Fund. Furthermore, I understand that restitution will be sought from the offender(s) through the criminal or juvenile delinquency case.

____ **Subrogation Agreement:** I understand that the acceptance of a Victim Compensation Award by an applicant shall subrogate the state to the extent of such award to any cause or right of action accruing to the applicant.

____ **Release of Information Authorization:** I hereby authorize the release of all information from my employer, physician, hospital, Department of Human Services, medical and/or mental health service provider(s) and/or creditor(s) for the purposes of verifying the claims I have submitted, or to establish the validity of a restitution claim. I further understand that any information provided may be subject to disclosure under the law.

____ **Release of Funds:** I hereby authorize release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the service provider(s) applicable to my claim**.** I understand that any award is subject to the availability of funds and the discretion of the Board.

____ **Right to Reconsideration:** As an applicant, you are advised that if your Crime Victim Compensation claim is denied you have the right to request a reconsideration hearing before the Crime Victim Compensation Board. You will be entitled to present evidence and witnesses. At said hearing, the burden of proof is upon you as the applicant to show that the claim is reasonable and compensable under the terms of the Colorado Crime Victim Compensation Act. In the event the denial is upheld by the Board at the reconsideration hearing, the applicant has the ability to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.

Printed Name

Signature of Victim or Claimant

***If victim is under 18, parent or guardian must sign.

Date