



Colorado Crime Victim Compensation Program

Claim Submission Guide

Starting a New Claim

After you have registered with Crime Victim Compensation, you will need to submit your claim through the online portal. Upon logging in, you will see a screen with three purple buttons.

Step 1: Fill Out Your Profile

Step 2: Start A New Claim Application


Step 3: Review Claim Application(s)

This guide will explain how to utilize these buttons and steps to successfully submit your claim.

Step 1: Filling out your Profile

The first thing you will need to do is complete your user profile. This will facilitate the processing of your claim.

1. Click the Purple Button



This should bring you to a new page where you can enter your Personal Contact Information.

2. Enter your Information

None of the fields are required to be filled out. Please enter whatever information you deem necessary. We will use this information to contact you with any further questions.

Profile Information			
First Name	Last Name	Email Address	Home Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Work Phone Number	Care of (if applicable) ⓘ	Street Address Line 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 2	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 digits of Social Security Number ⓘ	Race		
<input type="text"/>	<input type="text"/>		

3. Saving Your Profile

Once you have completed the Profile information fields, look to the bottom right hand corner of the form and you will see a button labeled “Update Profile”. If you click that button the website will save your profile information. If you wish to start over, you can click the “Cancel” button and you will be redirected to the page with the purple buttons. You can start the process again from there.

<input type="button" value="Cancel"/>	<input type="button" value="Update Profile"/>
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Step 2 Filling out your Claim Application

This is the most important step in the process.

1. Click the Purple Button

Step 2: Start A New Claim Application

This will direct you to the page where you will fill out your application.

2. General information Section

a. District Where Crime Occurred ⓘ

Please Select An Organization ▼

Please select a district where the crime occurred. If you are not sure, select the one you think is best. A staff member from that district will review your claim and make sure your claim is processed by the correct district.

b. What is your preferred language for communication?

▼

This field is not required. If you need language assistance, please let us know by selecting your preferred language of contact.

3. Review Program Details and Eligibility Requirements

If you believe that you qualify after reading through these two sections, please continue on to the Victim Information section of the application.

4. Victim Information Section

Are you the Victim?

a. ▼

If you are the victim and requesting services for yourself, select "Yes". If you are filling this out for someone else who is a minor or unable to fill it out for themselves, select "No". Selecting "No" will open up another section called "Claimant Information" where you can enter your information. This section will be explained later in the guide.

Who is victim?


- 1) Adult Primary Victim applying for themselves-**YES** for 4a
- 2) Parent/Guardian receiving counseling for themselves-**YES** for 4a
- 3) Funeral/Burial--Use deceased person's name in victim section-**NO** for 4a
- 4) Minor child (Primary or secondary)-**NO** for 4a

Victim

- b.

If you select “Yes” for “Are you the victim?”, a new dropdown field will display called “Victim”. You can select your user profile from the dropdown list and your information will automatically be filled into the form.

c. Demographic Fields

Are you the Victim? <input type="text" value="Yes"/>	Victim <input type="text" value="Please Select a Profile"/>	Victim First Name <input type="text"/>	Victim Middle Name or Initial <input type="text"/>
Victim Last Name <input type="text"/>	Victim Suffix <input type="text"/>		
Victim Date of Birth * <input type="text"/>			
Victim Primary Number <input type="text"/>	Victim Alternate Number <input type="text"/>	Victim Safe Message Number <input type="text"/>	Contact Instructions <input type="text"/>
Victim Email Address <input type="text"/>	Care of (if applicable)  <input type="text"/>	Victim Mailing Address Line 1 <input type="text"/>	Victim Mailing Address Line 2 (e.g., apt number, suite number etc) <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Race * <input type="text"/>
Gender Identity * <input type="text" value="Please Select a Gender Identity"/>	Is the Victim Disabled? <input type="text"/>		

Save and Continue

This section is for the victim’s contact information. If we do not need to contact the victim directly, then none of their address/phone number/email information is needed.

d. Required Fields

These are the required fields in this section. You must fill in these fields to submit your application.

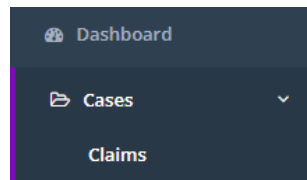
Victim Date of Birth *

Race *

Gender Identity *

5. Save and Continue Button

- a. If you are pressed for time or need to gather more information and come back to your application, you can use the **Save and Continue** button in the form and the system will retain the information you have entered in that section. Clicking the **Save and Continue** button **WILL NOT** submit your claim. The only way to submit your claim is by clicking **Create Claim** or **Update Claim** at the very bottom of the Application form.
- b. If you saved your application by clicking **Save and Continue**, you can go back in to update it. There are two ways to update your claim.
 - i. Method 1
 1. Upon logging in, click the **Step 3: Review Claim Application(s)** button.
 - ii. Method 2
 1. On the side menu, click Cases and then Claims



- iii. Both of these will redirect you to an index page that will list all claims you currently have.

Colorado Crime Victim Compensation

Claims
Advanced search

Claims

Show results per page

Claim Number	Victim First Name	Victim Last Name	Victim Date of Birth	Crime	Assigned To	Claim Status

- iv. On the right end of each listed claim, you will see an **Edit** button. Find the claim you want to work on and click the “Edit” button next to that claim. The system will take you back to the “Edit” page of your claim and you can continue working on it from there.

6. Claimant Information Section

If you answered “Yes” for “Are You the Victim?”, this section will not be visible for you. Skip to section 6 of the guide. This is the section for people filing on behalf of someone else.

- a. **Claimant Contact Information is the same as the Victim Information.**

Check this box if your contact information is the same as the contact information entered for the victim. The system will copy the address/phone number/email address from the Victim Information section. You will still need to enter your name and your relationship to the victim.

Claimant

- b.

Similar to the “Victim” field, this field will have a dropdown where you can select your profile. This will fill in the form automatically. This will complete this section for you. You will, however, need to fill in the “Relationship to Victim” field before moving on.

- c. **Demographic Fields**

Fill in these fields as you deem necessary. Just make sure there is enough information for the Crime Victim Compensation program to successfully contact you.

Claimant <input type="text" value="Please Select a Profile"/>	Claimant First Name <input type="text"/>	Claimant Middle Name or Initial <input type="text"/>	Claimant Last Name <input type="text"/>
Claimant Suffix <input type="text"/>			
Relationship to Victim <input type="text"/>	Claimant DOB <input type="text"/>	Claimant Email Address <input type="text"/>	Claimant Mailing Address Line 1 <input type="text"/>
Claimant Mailing Address Line 2 (e.g., apt number, suite number etc) <input type="text"/>	Claimant City <input type="text"/>	Claimant State <input type="text" value=""/>	Claimant Zip Code <input type="text"/>
Claimant Primary Number <input type="text"/>	Claimant Alternate Number <input type="text"/>	Claimant Safe Message Number <input type="text"/>	Claimant Contact Instructions <input type="text"/>

7. Additional Parent/Guardian Information Section

If the victim is a juvenile and you wish to add another parent's/guardian's information to this claim for correspondence purposes, enter their information here. Otherwise, you may leave this section blank.

Additional Parent/Guardian Information ▼

Is the Victim a Juvenile? <input type="text" value="No"/>	Parent Name <input type="text"/>	Parent Phone Number <input type="text"/>	Parent Email <input type="text"/>
Parent Address <input style="width: 100%;" type="text"/>			

8. Crime Information Section

This section is where you enter any information related to the crime.

a. Crime* Field

This required field is a drop down list where you can select the crime committed.

Crime * ?

× Assault
× Other-Non Domestic Violence

Arson

Assault

Burglary

If you are unsure of the crime, choose either "Other-Non Domestic Violence" or "Other-Domestic Violence"

If you choose "Other-Non Domestic Violence" another field will pop up where you can enter a short description of the crime.

Crime - Other

Note: This box is for any crimes not in the list. Be sure to check the list thoroughly before typing a crime in this box. Also you can click in the "Crime*" field box and type and the form will bring up anything related to what you typed in.

Crime * ?

stal

stal

Stalking

b. Other Required Fields

- i. **Date of Crime *** 

Please make your best guess if the exact date is unknown. Additionally, if crime occurred across multiple dates, please select the date closest to the most recent offense.

- ii. **Date Crime was Reported ***


This is the date that you reported the incident to the police.








- iii. **Police Report Number *** 

If you do not know the police number, just type Unknown or N/A in the field.

c. Remaining Fields in this section

The Remaining fields in this section are not required to submit your claim, but any information you can give will be very helpful in the processing of your claim.

Crime Information 

<p>Crime * </p> <input style="width: 90%;" type="text"/> <input type="checkbox"/> Select All (Uncheck to clear all)	<p>Date of Crime * </p> <input style="width: 90%;" type="text"/>	<p>Was crime committed within the United States?</p> <input style="width: 90%;" type="text"/> 	
<p>Date Crime was Reported *</p> <input style="width: 90%;" type="text"/>	<p>Police Dept or Law Enforcement Agency That the Crime Was Reported To</p> <input style="width: 90%;" type="text"/>	<p>Police Report Number * </p> <input style="width: 90%;" type="text"/>	<p>Law Enforcement Officer Handling Case</p> <input style="width: 90%;" type="text"/>
<p>Suspect's Relationship to Victim</p> <input style="width: 90%;" type="text"/>	<p>Court Case Number</p> <input style="width: 90%;" type="text"/>	<p>Did The Crime Occur at Work?</p> <input style="width: 90%;" type="text"/> 	<p>Who Committed the Crime? </p> <input style="width: 90%;" type="text"/> <p>Did Crime Involve a Motor Vehicle?</p> <input style="width: 90%;" type="text"/> 

9. Crime Related Services Requested Section

This section is where you will input any areas in which you are needing assistance from the Colorado Crime Victim Compensation program.

Crime Related Services Requested

- Lost Wages**
- Mental Health Counseling**
- Loss of Support to Dependents - Death of Victim**
- Medical Services**
- Funeral/Burial**
- Property Damage**
- Victim Safety**

Select any and all boxes that may apply to your situation. Once you check one of the boxes, more fields will become visible for you to fill in. Please fill these out to the best of your ability.

Crime Related Services Requested

<input checked="" type="checkbox"/> Lost Wages	Date Range <input type="text"/>	<input type="checkbox"/> Need to add additional dates for lost wages.	Employer Contact <input type="text"/>
<input checked="" type="checkbox"/> Mental Health Counseling	Therapist's Name <input type="text"/>	Therapist's Phone Number <input type="text"/>	Therapist's Email Address <input type="text"/>
<input type="checkbox"/> Loss of Support to Dependents - Death of Victim			
<input checked="" type="checkbox"/> Medical Services	General Medical Bills <input type="text"/>	Dental <input type="text"/>	Medically Necessary Devices <input type="text"/>
<input type="checkbox"/> Funeral/Burial			
<input type="checkbox"/> Property Damage			
<input type="checkbox"/> Victim Safety			

10. Insurance Information Section

If you requested any crime related services, please enter information on any insurance policies that you hold.

Sources of Insurance:

Health Insurance

Workers Compensation Insurance

Disability Insurance

Automobile Insurance

Homeowner or Renter's Insurance

Military Coverage Insurance

Other Insurance

This section is similar to the previous section, if you select “Yes” or “Pending” for any of the drop down menus, more fields will appear in the form for you to input additional information. If you are unsure, you may leave the fields blank.

Disability Insurance

The following Disability Insurance information is not required to complete this application.

Name of Disability Insurance Company

Policy No. for Disability Insurance

Phone No for Disability Insurance

Automobile Insurance

The following Automobile Insurance information is not required to complete this application.

Name of Automobile Insurance Company

Policy No. for Automobile Insurance

Phone No for Automobile Insurance

11. Civil Lawsuit Information Section

Please notify us if you plan to take any civil action. This is a required step.

Civil Lawsuit Information

Are you planning to sue the person(s) or business/agency responsible for this injury? *

NOTE: 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.

If you select “Yes”, fields will open up to add information regarding the attorney handling your case. We will need to get in contact with them if you plan to take civil action.

Civil Lawsuit Information

Are you planning to sue the person(s) or business/agency responsible for this injury? * <div style="border: 1px solid #ccc; width: 100%; height: 20px; margin-bottom: 5px;">Yes</div>	Attorney's Name <div style="border: 1px solid #ccc; width: 100%; height: 20px; margin-bottom: 5px;"></div>	Attorney's Mailing Address <div style="border: 1px solid #ccc; width: 100%; height: 40px; margin-bottom: 5px;"></div>	Attorney's Phone Number <div style="border: 1px solid #ccc; width: 100%; height: 20px; margin-bottom: 5px;"></div>
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NOTE: 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.

12. Authorization Field Sets

Please read through each one and authorize by checking the box provided

Cooperation

Repayment

Subrogation

Release of Information

Alternative Application Process

Release of Funds

Right to Reconsideration

Claimant Responsibility

13. Final Authorization Section

This is the last step before submitting your application.


- a. Type your full name here: **Printed Name ***
- b. You will sign your name in this box.

Signature of Victim or Claimant **Sign**



Click the purple “Sign” button and the following box will appear.

Signature ×



Use **Clear** **Use Phone** **✕ Cancel**

Use your mouse to sign in the box (holding down the left mouse button).

After you sign in the box, click “Use” and your signature will appear in the form.

You can also sign with a smartphone if desired. Simply click “Use Phone” in the box above and the system will prompt you to enter your phone number.

After entering your 10-digit phone number, click **Send SMS Link** and the system will send you a text with a link that looks like this.

[From: Colorado Crime Victim Compensation] Per your request, please complete your signature by clicking this link: <https://covictimcomp.org/yaistjqz>

Follow the link and you will see a similar signature box like the one above on your phone’s screen. Click **Use** then go back to the screen where you were filling out the form. The system will automatically insert your signature into the form.

If you are satisfied with the form you have filled out, scroll to the bottom and click **Create Claim** in the bottom right corner. This will create and submit your claim to the district you selected.

Step 3: Review Claim Application(s)

To review any claims you have submitted, Click the purple button on your dashboard

Step 3: Review Claim Application(s)

You will not be able to change anything you have submitted but if you see a discrepancy, please reach out to us.

If you have any questions or concerns, please contact the Victim Compensation Program in the district where the crime occurred.