ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

TEXAS CRIME VICTIMS' COMPENSATION PROGRAM APPLICATION

- **Nota: Si tiene alguna pregunta sobre esta solicitud o si la desea en español, favor de llamar al Programa de Compensación para las Víctimas de Crímen al (512) 936-1200 o (800) 983-9933.**

- Please read the directions on this page before completing the application. Reading these instructions will help you complete each section correctly.

- Include all the documentation you can. If you have a copy of the police report, protective order with affidavit, hospital or doctor bills, health insurance card, or auto insurance declaration page (if the crime is auto-related), be sure to send them with the application.

- If you require additional space on any section of the application, please attach a separate sheet of paper and include all the required information.

- If you do not have this documentation, do not wait to mail the application. Send the application as soon as you have completed it. Collect all additional information so that you will have it when we contact you.

- Keep this page so that you will have our address and phone number. Mail your completed application to:

    Office of the Attorney General
    Crime Victims' Compensation Program (011)
    P.O. Box 12198
    Austin, Texas 78711-2198

- If your address or phone number changes, it is important that you let us know. The toll-free number for victims, claimants and service providers is (800) 983-9933. Austin callers should use (512) 936-1200. For security reasons, the Crime Victims' Compensation Program does not routinely communicate with victims via email. In some cases where security is not an issue, the CVC Program may use email to inform a victim or claimant of the status of the claim.

- If you need help completing this application, contact your local law enforcement agency's Crime Victim Liaison or your local District Attorney's Victim Assistance Coordinator. The Crime Victims' Compensation staff is also available to help by phone, or you may access our website at www.texasattorneygeneral.gov to find more information on the program.

GENERAL INFORMATION

What is the Crime Victims' Compensation (CVC) Program?

- The CVC Program may provide financial assistance to victims of violent crime for related expenses that cannot be reimbursed by insurance or other sources.

- The Program is administered by the Office of the Attorney General and is committed to assisting victims and claimants who qualify. The information provided is meant to be generally informative, and the statutory requirements of the Texas Crime Victims' Compensation Act (Texas Code of Criminal Procedure, Chapter 56) and the rules set forth in Title 1 of the Texas Administrative Code, Part 3, Chapter 61, govern the Program.

- Money in the Victims of Crime Compensation Fund comes from fees paid by those convicted of a crime.

What are the basic eligibility requirements for Crime Victims' Compensation Program benefits?

- The victim must be a resident of Texas, a United States resident who is victimized while in Texas, a Texas resident victimized in another state or country that does not have a crime victim compensation fund, or certain other individuals.
- The crime must be reported to the appropriate state or local public safety/law enforcement agency within a reasonable period of time.
- The victim or claimant must cooperate with law enforcement officials in the investigation and prosecution of the case.

Who may be eligible for Crime Victims' Compensation Program benefits?

- Victims of violent crime who suffer physical or mental harm as a direct result of the crime.
- A victim's dependents, family or household members who qualify as claimants under the law.
- Someone authorized by the victim to act on his or her behalf.

Who is not eligible for Crime Victims' Compensation Program benefits?

- The offender, an accomplice of the offender or any person engaged in illegal activity at the time of the crime.
- Anyone injured as a result of a motor vehicle accident, except under certain circumstances provided by law.
- Benefits may be denied or reduced if the victim's or claimant's own behavior contributed to the crime.
- Anyone incarcerated when the crime occurred.
- Any victim or claimant who knowingly or intentionally submits, or causes to be submitted, false or forged information to the Crime Victims' Compensation Program.

What expenses may be covered with Crime Victims' Compensation Program benefits?

- Reasonable and necessary medical and funeral expenses.
- Travel exceeding 20 miles one way for participation and attendance at funeral services, medical appointments and criminal justice appointment.
- Loss of earnings as a result of the disability of the victim.
- Loss of earnings for investigative, judicial or medical appointments.
- Loss of support to dependents of victim's, as a result of the victim's death or if the victim was supporting them at the time of the crime.
- Psychiatric care/counseling.
- Counseling for the victim and eligible claimants.
- Eyeglasses, hearing aids, dentures or prosthetic devices, if damaged during or needed as a result of the crime.
- Crime scene clean-up.
- Replacement of property seized as evidence or rendered unusable by the investigation.
- New expenses for child or adult dependent care as a result of the crime.
- One time rent and relocation expenses for victims of family violence or victims of sexual assault who were assaulted in their home.
- Reasonable attorney fees for assistance in filing the Crime Victims' Compensation Program application.

What expenses are not covered by Crime Victims' Compensation Program benefits?

- Damage, repair or loss to property or vehicle.
- Pain, suffering or emotional distress damages.
- Any expense which is not the direct result of the crime.

Who is the payor of last resort?

- All other available third party resources (for example, Medicare, Medicaid, personal health insurance, workers' compensation and settlements) must meet their legal obligations to pay crime-related expenses.
- The Crime Victims' Compensation Program must be notified before a civil lawsuit is filed in relation to the crime, if restitution is ordered by the criminal court, or if any party receives the proceeds of a settlement.
- CVC is considered the payor of last resort.

Payment for Cost of Medical Forensic Sexual Assault Examinations

- CVC does reimburse law enforcement agencies or DPS directly for the costs incurred for such exams. A victim of sexual assault is not required to submit a CVC application for reimbursement of the cost of a medical forensic sexual assault examination. CVC does not directly reimburse victims for the cost of medical forensic sexual assault examinations.
- If a victim of sexual assault reports the alleged crime to a law enforcement agency, the law enforcement agency may request a forensic sexual assault examination and pay all costs of the examination. If the victim of sexual assault has reported the assault to law enforcement and requires medical treatment the victim should submit this application to CVC for reimbursement of such costs.
- If a victim receives a forensic sexual assault examination, but chooses not to report the alleged crime to a law enforcement agency, the Texas Department of Public Safety will pay all costs of the examination. CVC may only pay for other crime-related expenses if a victim reports the crime to law enforcement.

Keep this page for your records.

TEXAS CRIME VICTIMS' COMPENSATION PROGRAM APPLICATION

CVC Official use only – VC# ___________________________ Application Received ___________________________

PLEASE COMPLETE ALL SECTIONS OR A DELAY MAY RESULT IN THE PROCESSING OF YOUR APPLICATION. Information about this claim is confidential and will not be released to another person unless that person is included as a claimant or as otherwise required by law.

What is the language preference of the victim and/or claimant? ❑ English ❑ Spanish ❑ Other______________

SECTION 1-VICTIM INFORMATION: The victim is the person who was injured or died as a result of the crime. If the victim is a minor or deceased, the claimant information in Section 3 MUST be completed. If there is more than one victim, each victim must submit a separate application.

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email Address			

Social Security Number: ❑No ❑Yes If yes: ____

Tax I. D. Number: ❑No ❑Yes If yes: ____

Gender ❑ Male ❑ Female	Date of Birth	If victim is deceased, date of death

SECTION 2-CRIME INFORMATION: You must complete this section or your application cannot be processed.

Please indicate the type of crimes. ❑ Adult Sexual Assault ❑ Aggravated Assault ❑ Assault (Non-family) ❑ Child Physical Abuse ❑ Child Sexual Assault ❑ DWI/Vehicular Crime ❑ Elder Abuse ❑ Family Violence ❑ Homicide ❑ Human Trafficking ❑ Kidnapping ❑ Robbery ❑ Stalking ❑ Other

Date of Crime	Law Enforcement Agency (e.g. police, sheriff) ❑ None	Police Report Number (if known)	
Location of crime: Street address	City	State/Zip	County

Alleged Suspect's Name (if known)	Relationship of the suspect to the victim (if any)
Has suspect been arrested? ❑ No ❑Yes ❑ Unknown	Have charges been filed? ❑ No ❑Yes ❑ Unknown

Cause Number (if known)

Brief Description of Crime

Brief Description of injuries (if any)

If this is a family violence crime, have you obtained a permanent protective order? ❑ No ❑ Yes

If this is a family violence crime, are there any prior incidents reported to law enforcement? ❑ No ❑ Yes

 Return this page to the Office of the Attorney General.

SECTION 3-CLAIMANT INFORMATION: The claimant is a person, other than the victim, who has out of pocket expenses as a direct result of the crime, is an immediate family member(s) of the victim who requires Psychiatric Care/Counseling as a result of the crime or is someone who has legal authority to act on behalf of the victim. CVC cannot discuss a claim with anyone who is not listed as a claimant. If there are additional claimants, please list them on a separate sheet of paper and include all the required information.

Claimant 1

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email Address			
Social Security Number: ❑No ❑Yes If yes:			
Tax I. D. Number: ❑No ❑Yes If yes:			
Gender ❑ Male ❑ Female	Date of Birth	Relationship to Victim	

Claimant 2

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email Address			
Social Security Number: ❑No ❑Yes If yes:			
Tax I. D. Number: ❑No ❑Yes If yes:			
Gender ❑ Male ❑ Female	Date of Birth	Relationship to Victim	

Claimant 3

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email Address			
Social Security Number: ❑No ❑Yes If yes:			
Tax I. D. Number: ❑No ❑Yes If yes:			
Gender ❑ Male ❑ Female	Date of Birth	Relationship to Victim	

Return this page to the Office of the Attorney General.

SECTION 4-MEDICAL: Reasonable and necessary health care for the victim as a direct result of the crime. Medical insurance and benefit plan MUST meet their legal obligation to pay crime-related expenses.

VICTIM TREATMENT INFORMATION

Did the victim require medical treatment at the time of the crime? ❑ No ❑ Yes

1. Name of first treating hospital/clinic/doctor:			
Address	City	State	Zip
Did victim require additional medical treatment upon release from the hospital or clinic or did the victim seek any other medical treatment? ❑ No ❑ Yes			
2. Name of health care provider who treated crime-related injuries:			
Address	City	State	Zip
Phone		Fax	
3. Name of health care provider who treated crime-related injuries:			
Address	City	State	Zip
Phone		Fax	

VICTIM DISABILITY INFORMATION

Was the victim a person with a disability? ❑ No ❑ Yes	If yes, date of disability
Was the disability ❑ Physical ❑ Mental ❑ Both?	If yes, describe
Does the victim have a new disability due to the crime? ❑ No ❑ Yes	If yes, describe

VICTIM INSURANCE

Did the victim have insurance or a benefit plan to cover medical expenses at the time of the crime? ❑ No ❑Yes

Does the victim have insurance or a benefit plan to cover medical expenses on the date of application? ❑ No ❑ Yes

Name of Medical Insurance Company/Benefit Plan	Has an application been filed with Medicaid or Medicare since the crime? ❑ No ❑Yes
If there are crime-related dental injuries, does the victim have dental insurance? ❑ No ❑Yes	If yes, name of victim's Dental Insurance Company
Did the crime involve an auto? ❑ No ❑Yes	If yes, name of Auto Insurance
Was the victim the driver of auto? ❑ No ❑Yes ❑Unknown If yes, does he/she have auto insurance?	Name of victim's Auto Insurance
Did the owner of the auto involved in the crime have auto insurance? ❑ No ❑Yes ❑Unknown	If yes, name of owner's Auto Insurance
Was the suspect the driver of auto? ❑ No ❑Yes ❑Unknown If yes, does he/she have auto insurance? ❑ No ❑Yes ❑Unknown	Name of suspect's Auto Insurance
Is there additional assistance available to victim from: ❑ Workers' Compensation ❑ Disability Insurance ❑ Social Security Assistance ❑ Veterans' Benefits ❑ Other ______________________	Has an insurance claim or any request for additional assistance related to this crime been filed? ❑ No ❑ Yes

SECTION 5-PSYCHIATRIC CARE/COUNSELING: Available to victim and/or certain claimants. *Please indicate who has received or will be receiving psychiatric care/counseling because of the crime.*

Name	Medical/Mental Health Insurance ❑ No ❑ Yes	If yes, name of Insurance Company
Name	Medical/Mental Health Insurance ❑ No ❑ Yes	If yes, name of Insurance Company
Name	Medical/Mental Health Insurance ❑ No ❑ Yes	If yes, name of Insurance Company

SECTION 6-LOSS OF EARNINGS: Includes reimbursement of earnings lost as a result of medical treatment or participation in, or attendance at, the investigation, prosecutorial and judicial processes. Your employer will be contacted by CVC.

Victim Employment Information

Is the victim seeking loss of earnings? ❑ No ❑ Yes		Was the victim employed on date of crime? ❑ No ❑ Yes	
Employer's Name	Phone	Fax	Victim's Occupation/Job Title
Address	City	State	Zip
Was the victim self-employed on the date of the crime? ❑ No ❑ Yes	Did the crime occur while the victim was on the job? ❑ No ❑ Yes	Last Date Worked	Date Returned to Work

Claimant Employment Information

Name of claimant seeking loss of earnings. If there are additional claimants, please list them on a seperate sheet of paper and include all required information.

Employer's Name	Phone	Fax	Claimant's Occupation/Job Title
Address	City	State	Zip

Is the claimant self-employed? ❑ No ❑ Yes

SECTION 7-LOSS OF SUPPORT: Available to dependents of the victim who have lost support as a result of the crime. All dependents must be listed as claimants in this application.

Name(s)

SECTION 8-RELOCATION: Available to a victim of family violence or a victim of sexual assault who is assaulted in the victim's residence. *Please indicate adult household members of the victim at the time of the crime.*

List the names of all adult household members:

SECTION 9-FUNERAL: Includes funeral and burial expenses incurred as a result of the crime. *Please attach a copy of the funeral and burial contract(s), (if available).*

Funeral Home Name	Phone

SECTION 10-CRIME-RELATED TRAVEL: Includes travel exceeding 20 miles one way for participation and attendance at funeral services, medical appointments including psychiatric care/counseling and criminal justice proceedings. This is applicable to victim or claimant(s). *Please list the victim or claimant(s) requesting travel.*

Name(s)

Return this page to the Office of the Attorney General.

SECTION 11-CRIME SCENE CLEAN-UP: Includes professional cleaning services for crime scene clean-up. Does not include repair or replacement of damaged property.*Submit itemized bill from professional cleaning compan, (if available).*

Do you plan to seek compensation from an insurance company? ❑ No ❑ Yes ❑ Unknown	If yes, what is the name of the Homeowners/Renters Insurance Company?

SECTION 12-MINOR CHILD OR DEPENDENT CARE: Available for child or dependent care that is a new expense as a result of the crime. Care must be provided by a licensed care provider.

Is child care or dependant care a new expense? ❑ No ❑ Yes

SECTION 13-REPLACEMENT OF PROPERTY SEIZED: Available for clothing, bedding, or property seized by law enforcement as evidence or rendered unusable by the criminal investigation. *This does NOT cover damaged or stolen property.*

Item	Item Value

SECTION 14-DEPARTMENT OF JUSTICE INFORMATION: The following voluntary information is used for statistical purposes only to comply with the federal regulations.

To which ethnic group does the victim belong? ❑ American Indian or Alaskan Native ❑ Black ❑ Hispanic ❑ White ❑ Asian or Pacific Islander ❑ Other ____________________

What is the victim's national origin (country of birth)? ____________________

Where did you find out about the Crime Victims' Compensation Program?
❑ Public Service Announcement ❑ CVC Staff ❑ Advocacy Group ❑ Victim Assistance Program ❑ Poster ❑ Brochure ❑ Hospital ❑ Law Enforcement ❑Internet ❑ Other ____________________

SECTION 15-ATTORNEY INFORMATION: This section refers to representation by an attorney who assisted the victim or claimant in filing for Crime Victims' Compensation or in pursuing a civil legal action for monetary damages. This DOES NOT include attorney representation for child custody, divorce, immigration proceedings or for criminal prosecution (District/County Attorney's Office.)

Has an attorney been hired or retained to: Help the victim or claimant complete this Crime Victims' Compensation application? ❑ No ❑ Yes If yes, please attach a letter of representation.

Has an attorney been hired or retained to: Represent the victim's or claimant's interests in pursuing civil legal action against the suspect/offender or in an insurance claim related to this crime? ❑ No ❑ Yes If yes, please attach a letter of representation.

Attorney First Name		Attorney Last Name	
Mailing address	City	State	Zip
Phone		Fax	

SECTION 16-LAWSUIT OR OTHER SETTLEMENT INFORMATION

Is the victim or claimant a party to a lawsuit or insurance or other type of settlement related to this crime?
❑ No ❑ Yes ❑ Unknown

Has the victim or claimant received insurance or any other type of third party settlement funds related to this crime?
❑ No ❑ Yes ❑ Unknown If yes, please attach a statement of the settlement disbursement.

SECTION 17-APPLICATION ASSISTANCE

Did someone help you complete this application? ❑ No ❑ Yes

Name	Title
Agency/Organization	
City	State/Zip
Phone	Email

Return this page to the Office of the Attorney General.

IMPORTANT AFFIDAVIT

This authorization is part of your application and <u>must be completed and signed</u> in order to process this application.
BY YOUR SIGNATURE BELOW YOU AGREE TO THE FOLLOWING TERMS.

Authorization for Release of Information. I hereby authorize any financial institution, social service agency, government agency, hospital, physician, mental health facility, counselor, psychologist, psychiatrist, employer, insurer or any other person with information relating to my financial, health or employment status to release information concerning this application for benefits to the employees of the Crime Victims' Compensation Program (CVC) of the Office of the Attorney General, as needed to process this application. This information includes, but is not limited to, criminal, medical, financial and employment information. A copy of this signed release will be considered the same as the original.

Subrogation Agreement. In accordance with Texas Code of Criminal Procedure, Articles 56.51 and 56.52, I agree to notify CVC in writing before I file a lawsuit against another party as a result of this crime. I further agree that I shall not settle or resolve any such action without prior written authorization from CVC. If I recover or anticipate recovery, of any money at any time, by judgment, settlement, restitution, collateral source or any other income as a result of the incident that gave rise to this application, I agree to notify CVC. I acknowledge that I may be responsible for repayment to CVC for any and all amounts that CVC has awarded to me.

Refund Agreement. In accordance with Texas Code of Criminal Procedure, Article 56.47 (c), I understand and agree that the Office of Attorney General may require a refund of an award if the award was obtained by fraud, or mistake or if newly discovered evidence shows the victim or claimant to be ineligible for the award under Texas Code of Criminal Procedure, Articles 56.41 or 56.45.

Authorization. I understand that the Office of the Attorney General or any agent or representative of the office, has the right to review, investigate and verify the information provided. **<u>I understand and agree that if false, misleading or intentionally incomplete information is provided, my application for compensation may be denied and I may be subject to criminal punishment under the Texas Penal Code and the civil and administrative penalties under Ch. 56 of the Texas Code of Criminal Procedure</u>.**

VICTIM	
Printed Name	Date
Signature	Date of Birth

CLAIMANT	
Printed Name	Date
Signature	Date of Birth

Return this page to the Office of the Attorney General.