

Date App. Rec'd. \_\_\_\_\_  
Date all Supporting Documentation Rec'd. \_\_\_\_\_  
ITVERP Claim Number: \_\_\_\_\_  
\_\_\_\_\_  
asdf

For Official Use Only



## International Terrorism Victim Expense Reimbursement Program Application

Please type or print clearly. Attach additional paper, if necessary.

### A. Application Type

Check only one. (**Reminder: All applications must include an original signature and original receipts.**)

- Itemized Application  
 Interim Emergency Payment Application  
 Supplemental Application (If a Supplemental Application, provide Original Claim Number: \_\_\_\_\_)

### B. Victim Information

**To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.**

Please provide the following personal information on the **victim**:

**Victim's** Full Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/EIN/Other Identification Number (if applicable): \_\_\_\_\_

Gender:  Male  Female Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person (if known): \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person's E-mail (optional): \_\_\_\_\_

Victim's known children, dependents, or recipients of support (continue on Supplemental Sheet, under Section B-1):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you know of anyone else who may be eligible for expense reimbursement under this program who is not party to this application?  Yes  No

If Yes, please list all (additional information may be listed on the Supplemental Sheet in Section B-2):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

## B. Victim Information (Continued)

Check all that apply

### Victim Eligibility:

- United States Citizen/National  
 United States Government Officer  
 United States Government Employee:  
     Foreign Service National  
     Foreign Service Officer  
     Civil Servant  
 Other: \_\_\_\_\_

**Is the Victim:**  Deceased  Minor  Incapacitated  Incompetent  
(If the victim is deceased, a minor, incapacitated, or incompetent, please go directly to Section C. If the victim is *none* of these, please *skip Section C* and go directly to Section D.)

## C. Claimant Information

Please provide the following information on the Claimant.

(This section should be completed *only* if filing on behalf of a victim. If the victim and the claimant are the same person, applicant may proceed directly to Section D.)

**Claimant's** Full Name (First, Middle, Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN/EIN/Other Identification Number (if applicable): \_\_\_\_\_  
Gender:  Male  Female Country of Citizenship: \_\_\_\_\_

Relationship to Victim: ( ) Spouse ( ) Child ( ) Parent ( ) Sibling ( ) Representative  
( ) Other: \_\_\_\_\_

## D. Crime Information

Please provide the following information about the act of international terrorism:

Date of crime: \_\_\_\_\_  
Location of crime (include City and Country): \_\_\_\_\_  
Description of crime: \_\_\_\_\_

Injuries to victim as a result of the crime:  Physical  Emotional  Property  
Describe injuries: \_\_\_\_\_

Lead investigative agency (if known): \_\_\_\_\_

## E. Expenses

**To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.**

Please check all applicable expenses or losses for which you are seeking reimbursement or payment from OVC. You may include associated travel expenses for any of the following categories.

\_\_\_ Medical Expenses (including Dental and Rehabilitation Costs) \$ \_\_\_\_\_  
\_\_\_ Mental Health Care Services \$ \_\_\_\_\_  
\_\_\_ Property Loss, Repair, and Replacement \$ \_\_\_\_\_  
\_\_\_ Funeral and Burial Expenses \$ \_\_\_\_\_  
\_\_\_ Misc. Expenses (e.g., temp. lodging, local transportation, telephone costs, emerg. travel) \$ \_\_\_\_\_  
Total Amount Requested \$ \_\_\_\_\_

Do you anticipate incurring additional cost(s) related to this act of international terrorism which may result in a claim for additional reimbursement or payment? \_\_\_ Yes \_\_\_ No

## F. Collateral Sources (Other Sources of Financial Help)

**To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.**

Do you currently have any other source(s) of financial help or aid that may cover any of your expenses?  
\_\_\_ Yes \_\_\_ No

If Yes, please acknowledge all of the potential sources of reimbursement or payment applied for or received in relation to this crime:

___ Medical/Health Insurance	___ Disability Insurance
___ Medicare/Medicaid	___ Vocational Rehabilitation Benefits
___ Property/Auto Insurance	___ Homeowners/Renters Insurance
___ Military/Veterans' Benefits	___ Restitution
___ Funeral/Burial Insurance	___ Payments/Compensation by Local, State, State VOCA, Federal, and/or Foreign Governments
___ Other (please list): _____	
_____	

Have you previously received any funds from, or have any of your expenses been paid by, the U.S. Department of Justice (such as the Office for Victims of Crime or the FBI) or its Contractor?  
\_\_\_ Yes \_\_\_ No If Yes, how much? \$ \_\_\_\_\_ For what? \_\_\_\_\_

Please provide additional information on all of the above sources checked or received/identified (continue on Supplemental Sheet, Section F):

Source: \_\_\_\_\_ Policy No. (if applicable): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name of Individual Reimbursed: \_\_\_\_\_ SSN: \_\_\_\_\_

Status of Application:

\_\_\_ Application Pending

\_\_\_ Application Approved; Amount \$ \_\_\_\_\_

\_\_\_ Application Denied. If declined, please indicate reason: \_\_\_\_\_

**F. Collateral Sources (Other Sources of Financial Help) (Continued)**

Any unsatisfied judgment against a foreign government will be considered a collateral source, and your ITVERP reimbursement will be reduced accordingly, unless you agree to **NOT** sue the United States government for satisfaction of that judgment by signing and dating the following:

I waive any right I may have to sue the United States government for satisfaction and enforcement of my unsatisfied judgment against the foreign government for the act of terrorism for which I am claiming reimbursement from ITVERP.

\_\_\_\_\_  
Name Date

**G. Service Provider Information**

**To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.**

Please supply the following information on individuals or agencies that provided services related to the act of international terrorism to the victim (continue on Supplemental Sheet, Section G).

Name of service provider: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Type of service provided: \_\_\_\_\_  
Cost of service(s) rendered \$ \_\_\_\_\_ Diagnosis or Condition: \_\_\_\_\_  
Are services ongoing?  Yes  No  
If services are ongoing, how long will they continue? \_\_\_\_\_  
Were you billed for the cost of the services?  Yes  No  
Were the costs paid in full?  Yes  No If Yes, full amount paid \$ \_\_\_\_\_  
Were the costs paid in part?  Yes  No If Yes, partial amount paid \$ \_\_\_\_\_  
By whom were either the full or partial payments made? \_\_\_\_\_

\_\_\_\_\_  
Name/Telephone/Fax/E-mail (optional)/Claim Number (if applicable)

**H. Authorization, Consents and Certifications**

*This release must be signed and dated for the ITVERP to consider your application for expense reimbursement.*

I agree to contact and repay the ITVERP if I receive any payments from the persons or governments responsible for the act of international terrorism, a civil lawsuit, an insurance policy, or any other government or private agency to cover expenses for which I have already received payment from this program.

I hereby authorize any hospital, physician, funeral director, municipal authority, employer or union, insurance company, social service bureau, Social Security office, or any other person, firm, agency, or organization to furnish to the Office for Victims of Crime, ITVERP, or its representatives, any information requested, including medical records, diagnostic assessments, and mental health evaluations, needed to complete my claim for expense reimbursement. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby certify, subject to the penalty of fine or imprisonment or both, that I have provided all names and addresses of all other individuals who may be eligible to receive expense reimbursement in relation to the victim in this case, and I further certify that I have notified these individuals in writing, either by certified mail or hand delivery, that I have filed a claim for

expense reimbursement in relation to the victim.

I hereby certify, subject to the penalty of fine or imprisonment or both, that I am neither directly nor indirectly responsible for the terrorist act or mass violence for which I am seeking expense reimbursement.

I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in the application for terrorism victim expense reimbursement is true and correct to the best of my knowledge.

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Applicant's Signature

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Date

---

Representative's Signature (or signature of individual who assisted in the preparation of this application)

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Date

[Last Updated: 08/24/06 baw]

**U. S. Department of Justice**  
Office of Justice Programs  
*Office for Victims of Crime*

**Supplemental Sheet**  
**Section B-1: Victim Information**  
*(All Applicants)*

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known child(ren), dependent(s), or recipient(s) of victim's support:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\***Section B-2**\*\*\*\*\*

Do you know of anyone else who may be eligible for expense reimbursement under this program who is not party to this application? \_\_\_ Yes \_\_\_ No If Yes, please list:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**U. S. Department of Justice**  
Office of Justice Programs  
*Office for Victims of Crime*

**Supplemental Sheet**  
**Section F: Collateral Sources**  
*(All Applicants)*

Please acknowledge any of the following sources of reimbursement or payment applied for or received in relation to this crime:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical/Health Insurance   | <input type="checkbox"/> Disability Insurance               |
| <input type="checkbox"/> Medicare/Medicaid  | <input type="checkbox"/> Vocational Rehabilitation Benefits |
| <input type="checkbox"/> Property Insurance   | <input type="checkbox"/> Homeowners/Renters Insurance       |
| <input type="checkbox"/> Military/Veterans' Benefits  | <input type="checkbox"/> Restitution                        |
| <input type="checkbox"/> Payments/Compensation by Local, State, State VOCA, Federal, and/or Foreign Governments |   |
| <input type="checkbox"/> Other (please list): _____   |   |

Have you previously received any funds from the Office for Victims of Crime or its Contractor?

Yes       No      If Yes, how much? \$ \_\_\_\_\_      For what? \_\_\_\_\_

Please provide additional information on all of the above sources checked or received/identified:

Source: \_\_\_\_\_ Policy No. (if applicable): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name of Individual Reimbursed: \_\_\_\_\_ SSN: \_\_\_\_\_

Status of Application:

Application Pending

Application Approved; Amount \_\_\_\_\_

Application Denied. If declined, please indicate reason: \_\_\_\_\_

\*\*\*\*\*

Please acknowledge any of the following sources of reimbursement or payment applied for or received in relation to this crime:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical/Health Insurance   | <input type="checkbox"/> Disability Insurance               |
| <input type="checkbox"/> Medicare/Medicaid  | <input type="checkbox"/> Vocational Rehabilitation Benefits |
| <input type="checkbox"/> Property Insurance   | <input type="checkbox"/> Homeowners/Renters Insurance       |
| <input type="checkbox"/> Military/Veterans' Benefits  | <input type="checkbox"/> Restitution                        |
| <input type="checkbox"/> Payments/Compensation by Local, State, State VOCA, Federal, and/or Foreign Governments |   |
| <input type="checkbox"/> Other (please list): _____   |   |

Have you previously received any funds from the Office for Victims of Crime or its Contractor?

Yes       No      If Yes, how much? \$ \_\_\_\_\_      For what? \_\_\_\_\_

Please provide additional information on all of the above sources checked or received/identified:

Source: \_\_\_\_\_ Policy No. (if applicable): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Name of Individual Reimbursed: \_\_\_\_\_ SSN: \_\_\_\_\_

Status of Application:

Application Pending

Application Approved; Amount \_\_\_\_\_

Application Denied. If declined, please indicate reason: \_\_\_\_\_

\_\_\_\_\_

**U. S. Department of Justice**  
Office of Justice Programs  
*Office for Victims of Crime*

**Supplemental Sheet**  
**Section G: Service Provider Information**  
*(Itemized and Supplemental Applicants Only)*

Please supply the following information on person(s) and/or organizations that provided services related to the act of international terrorism to the victim. Please include all documentation of services received and related costs.

Name of service provider: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Type of assistance provided: \_\_\_\_\_  
Cost of service(s) rendered \$ \_\_\_\_\_ Diagnosis or Condition: \_\_\_\_\_  
Are services ongoing?  Yes  No If Yes, how long will services continue? \_\_\_\_\_  
Were you billed for the cost of the services?  Yes  No  
Were the costs paid in full?  Yes  No If Yes, full amount paid \$ \_\_\_\_\_  
Were the costs paid in part?  Yes  No If Yes, partial amount paid \$ \_\_\_\_\_  
By whom were either the full or partial payments made? \_\_\_\_\_

\_\_\_\_\_  
Name/Telephone/Fax/E-mail (optional)/Claim Number (if applicable)

\*\*\*\*\*

Name of service provider: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Type of assistance provided: \_\_\_\_\_  
Cost of service(s) rendered \$ \_\_\_\_\_ Diagnosis or Condition: \_\_\_\_\_  
Are services ongoing?  Yes  No If Yes, how long will services continue? \_\_\_\_\_  
Were you billed for the cost of the services?  Yes  No  
Were the costs paid in full?  Yes  No If Yes, full amount paid \$ \_\_\_\_\_  
Were the costs paid in part?  Yes  No If Yes, partial amount paid \$ \_\_\_\_\_  
By whom were either the full or partial payments made? \_\_\_\_\_

\_\_\_\_\_  
Name/Telephone/Fax/E-mail (optional)/Claim Number (if applicable)

\*\*\*\*\*

Name of service provider: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Type of assistance provided: \_\_\_\_\_  
Cost of service(s) rendered \$ \_\_\_\_\_ Diagnosis or Condition: \_\_\_\_\_  
Are services ongoing?  Yes  No If Yes, how long will services continue? \_\_\_\_\_  
Were you billed for the cost of the services?  Yes  No  
Were the costs paid in full?  Yes  No If Yes, full amount paid \$ \_\_\_\_\_  
Were the costs paid in part?  Yes  No If Yes, partial amount paid \$ \_\_\_\_\_  
By whom were either the full or partial payments made? \_\_\_\_\_

\_\_\_\_\_  
Name/Telephone/Fax/E-mail (optional)/Claim Number (if applicable)

**U. S. Department of Justice**  
 Office of Justice Programs  
*Office for Victims of Crime*

International Terrorism Victim Expense Reimbursement Program  
**ACH FORM – REQUIRED FOR PAYMENT**

<b>TO BE COMPLETED BY THE OFFICE FOR VICTIMS OF CRIME</b>	
<b>DATE:</b>	<b>CLAIM/INVOICE #:</b>
<b>VICTIM NAME:</b>	<b>CLAIMANT NAME:</b>
<b>VICTIM ID:</b>	<b>CLAIMANT ID/VENDOR #:</b>
<b>AMOUNT TO BE PAID:</b>	

<b>TO BE COMPLETED BY CLAIMANT</b>	
Payee name:	
Relationship to Victim:	
<b>Contact information</b>	
Mailing Address:	
Phone:	
Fax:	
Email:	
Other:	
<b>For Check Payments</b>	
Mailing address: <i>(if different from above)</i>	
Preferred method of delivery:	<input type="checkbox"/> USPS
	<input type="checkbox"/> Courier
	<input type="checkbox"/> Nearest embassy: _____
	<input type="checkbox"/> Other: _____
<b>For EFT Payments (preferred):</b>	
Payee/Vendor Name:	
Full Bank Name:	
Bank Routing Number:	
Account Number:	

## INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM

### Categories of Expenses and Limits

This list provides the expenses covered under ITVERP and the limits for the expenses listed in the five categories below. Please note that, depending upon your circumstances, not all of the items listed below may apply to you. Keep in mind that if you do not have receipts of documents that you would like to have considered for reimbursement, you may submit an itemized list of expenses certifying and attesting that original receipts are unavailable and that the items and amounts listed are true and correct to the best of your knowledge. Please be advised that all submitted documents must be certified copies; and that all documents may be subject to verification by the Office for Victims of Crime (OVC) prior to acceptance. OVC may require additional documents and may contact you regarding your application.

<i>ITEMIZED EXPENSES</i>	<i>SUBCATEGORIES &amp; CONDITIONS</i>	<i>EXPENSE LIMITS</i>
<b>Medical Expenses (including Dental and Rehabilitation Costs)</b>	Victim's medical care, including treatment, cure, and mitigation, of disease or injury; and replacement of medical devices, including, but not limited to, eyeglasses or other corrective lenses, dental services, prosthetic devices, prescription medication, and other services rendered in accordance with a method of healing recognized by the jurisdiction in which the medical care is administered. Victim's cost for physiotherapy; occupational therapy; counseling; upgrading of job skills or training for a different career; workplace, vehicle, and home modifications.	Up to \$50,000.
<b>Mental Health</b>	Victim's (and, when victim is a minor, incompetent, incapacitated, or deceased, certain family members') mental health counseling costs.	Up to 12 months, up to \$5,000.
<b>Property Loss, Repair, Replacement</b>	Includes crime scene cleanup, and replacement of personal property (not including medical devices) that is lost, destroyed, or held as evidence.	Up to \$10,000 to cover repair or replacement, whichever is less.
<b>Funeral and Burial</b>	Includes the cost of disposition of remains, preparation of the body and body tissue, refrigeration, transportation of remains, cremation, procurement of a final resting place, urns, markers, flowers and ornamentation, costs related to memorial services, and other reasonably associated activities.	Up to \$25,000.
<b>Miscellaneous</b>	Temporary lodging up to 30 days, local transportation, telephone costs, etc. Emergency travel: two family members' transportation costs to country where incident occurred to recover remains, care for victim, care for victim's dependents, accompany victim to receive medical care abroad, accompany victim back to U.S., and attend to victim's affairs in host country.	Up to \$15,000.

If you have any questions, please contact:

Office for Victims of Crime  
ITVERP Resource Center  
810 Seventh Street, N.W.  
Washington, D.C. 20531  
1-800-363-0441  
[ITVERP@usdoj.gov](mailto:ITVERP@usdoj.gov)

## INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM Application Checklist

This checklist is provided to help you gather all the necessary materials for an ITVERP application. Depending upon your circumstance, not all of the items listed may apply to you. Keep in mind that all submitted documents must be certified copies, and all documents may be subject to verification by the Office for Victims of Crime (OVC) prior to acceptance. Temporary copies, original documents, and uncertified photocopies of documents will not be accepted. Keep in mind that OVC may require additional documents and may contact you regarding your application. Please submit this completed checklist along with your application.

<input type="checkbox"/> Yes	Is your application fully completed and legible?		
<input type="checkbox"/> Yes	Did you remember to sign your application (original signature) and date it?		
<input type="checkbox"/> Yes	Did you include original receipts OR if original receipts are not available, did you provide an itemized list of expenses certifying and attesting that original receipts are unavailable and that the items and amounts listed are true and correct to the best of your knowledge?		
<input type="checkbox"/> Yes	<p>Did you include proof of the victim's identity, which shows the victim's full legal name and date of birth? Keep in mind that nicknames will not be accepted. Two documents must be submitted for proof of victim identity, one of which should be a document from the <u>primary</u> list of documents:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Passport (Unexpired)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Military Identification Card</li> <li><input type="checkbox"/> Government-issued Driver's License</li> <li><input type="checkbox"/> Government-issued Photo Identification Card</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul> </td> </tr> </table>	<p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Passport (Unexpired)</li> </ul>	<p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Military Identification Card</li> <li><input type="checkbox"/> Government-issued Driver's License</li> <li><input type="checkbox"/> Government-issued Photo Identification Card</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul>
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<input type="checkbox"/> Yes	<p>Did you include proof of the victim's citizenship status, which shows the victim's full legal name and date of birth? Keep in mind that nicknames will not be accepted. Two documents must be submitted for proof of victim citizenship status, one of which should be a document from the <u>primary</u> list of documents:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Passport (Unexpired)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Military Identification Card</li> <li><input type="checkbox"/> Government-issued Driver's License</li> <li><input type="checkbox"/> Government-issued Photo Identification Card</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul> </td> </tr> </table>	<p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Passport (Unexpired)</li> </ul>	<p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Military Identification Card</li> <li><input type="checkbox"/> Government-issued Driver's License</li> <li><input type="checkbox"/> Government-issued Photo Identification Card</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul>
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<input type="checkbox"/> Yes	<p>Did you include proof of the victim's employment status, which shows the victim's full legal name? Keep in mind that nicknames will not be accepted. Two documents must be submitted for proof of victim citizenship status, one of which should be a document from the <u>primary</u> list of documents:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment Agreement</li> <li><input type="checkbox"/> Employment Authorization Card</li> <li><input type="checkbox"/> Employment Identification Card (Unexpired)</li> <li><input type="checkbox"/> Embassy Identification Card (Unexpired)</li> <li><input type="checkbox"/> Pay Stubs</li> <li><input type="checkbox"/> U.S. Military Papers (Current)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written Proof of Contractor Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of U.S. National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul> </td> </tr> </table>	<p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment Agreement</li> <li><input type="checkbox"/> Employment Authorization Card</li> <li><input type="checkbox"/> Employment Identification Card (Unexpired)</li> <li><input type="checkbox"/> Embassy Identification Card (Unexpired)</li> <li><input type="checkbox"/> Pay Stubs</li> <li><input type="checkbox"/> U.S. Military Papers (Current)</li> </ul>	<p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written Proof of Contractor Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of U.S. National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul>
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<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<p>Did you include proof of the claimant's or victim's representative identity, which shows the claimant's or victim representative's full legal name and date of birth? Keep in mind that nicknames will not be accepted. Two documents must be submitted for proof of claimant's or victim representative's identity, one of which should be a document from the <u>primary</u> list of documents:</p>		

	<p>Primary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Passport (Unexpired)</li> </ul> <p>Secondary Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Military Identification Card</li> <li><input type="checkbox"/> Government-issued Driver's License</li> <li><input type="checkbox"/> Government-issued Photo Identification Card</li> <li><input type="checkbox"/> Written Proof of U.S. Government Employee Status</li> <li><input type="checkbox"/> Written Proof of U.S. Government Officer Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service National Status</li> <li><input type="checkbox"/> Written Proof of Foreign Service Officer Status</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> N/A</li> </ul>	<p>Did you include primary proof of the claimant's or victim representative's relationship to the victim that shows <i>both</i> the claimant's or victim representative's full legal name and date of birth, as well as the victim's full legal name and date of birth? Keep in mind that nicknames will not be accepted. Two documents must be submitted for proof of the claimant's or victim representative's relationship to the victim. The claimant or victim representative must present two documents from the following list of documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage Certificate</li> <li><input type="checkbox"/> Divorce or Annulment Papers</li> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Adoption Papers</li> <li><input type="checkbox"/> Proof of Dependency (Example: Court Guardianship Papers)</li> <li><input type="checkbox"/> Public Record (e.g., legal documents, newspaper article, etc.) establishing relationship</li> <li><input type="checkbox"/> Sworn Statement (in writing with signature and date) attesting to relationship (e.g., siblings)</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> N/A</li> </ul>	<p>If victim is deceased or incapacitated, did you remember to include the following documents for reimbursement on behalf of the victim:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Official Insurance Reports for victim</li> <li><input type="checkbox"/> Medical Reports/Costs for victim</li> <li><input type="checkbox"/> Mental Health Reports/Costs for victim</li> <li><input type="checkbox"/> Rehabilitation Reports/Costs for victim</li> <li><input type="checkbox"/> Dental Reports/Costs for victim</li> <li><input type="checkbox"/> Property loss, repair or replacement for victim</li> <li><input type="checkbox"/> Death Certificate of victim</li> <li><input type="checkbox"/> Funeral or burial cost receipts for victim</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> </ul>	<p>Did you remember to complete and include the Automated Clearing House (ACH) Form allowing the OVC to make payments electronically into your account?</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> N/A</li> </ul>	<p>Did you remember to submit the following documents that may apply to you?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/Mental Health Reports</li> <li><input type="checkbox"/> Official Insurance Reports</li> <li><input type="checkbox"/> Death Certificate</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> </ul>	<p>If available, and as applicable to you as a claimant, please submit the following documents, if possible, which could be helpful to the ITVERP case managers and may help expedite the application for expense reimbursement? These documents are helpful in that they provide additional proof that the victim was present during an Act of International Terrorism:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement Incident Report (law enforcement documentation about the act)</li> <li><input type="checkbox"/> Official Government Documentation of Victimization (documentation from an Official Government Source such as: the Federal Bureau of Investigation; The Department of State; Embassy Report)</li> </ul>

If you have any questions, please contact:

Office for Victims of Crime  
ITVERP Resource Center  
810 Seventh Street, N.W.  
Washington, D.C. 20531  
1-800-363-0441  
[ITVERP@usdoj.gov](mailto:ITVERP@usdoj.gov)

### *ITVERP Application Instructions*

Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We attempt to create forms and instructions that are accurate, easily understood, and that impose the least possible burden on you to provide us with information. The estimated time to complete and file this application is 45 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office for Victims of Crime (OVC), U.S. Department of Justice, 810 7th Street, NW, Washington, D.C., 20531.

#### General Instructions:

Please type or print clearly on the application.

If you need more space on the application, please use the Supplemental Sheets or attach additional paper. Provide information for each category identified on the application from the section you are supplementing with additional paper.

Make certain you **read, sign, and date** the Authorization, Consents, and Certifications section (Section I) before sending your application, as no application for expense reimbursement will be processed without an **original claimant signature and date**.

If available, attach **original receipts** for those qualified expenses for which itemized expense reimbursement is being requested. If for some reason original receipts are unavailable, please submit photocopies of all documentation in lieu of original receipts, and attach a written affidavit attesting that the claimant/victim incurred expenses for which receipts are not available, and explain why original receipts are not available.

If your mailing address or other contact information changes, it is important that you notify ITVERP of such changes as soon as possible, or provide a permanent or alternative address. Eligible victims of international terrorism may be reimbursed for **expenses associated with their victimization**. The five major categories of expenses covered by the ITVERP are the following:

- › Medical Expenses (including Dental and Rehabilitation Costs)
- › Mental Health Services
- › Funeral and Burial Expenses
- › Property Loss, Repair, Replacement
- › Miscellaneous Expenses (e.g., temporary lodging, local transportation, telephone costs, emergency travel)

Should you have questions completing the application, or with regard to the five expense categories, please contact ITVERP at 202-307-5983 or visit the OVC Web site at [www.ojp.usdoj.gov/ovc](http://www.ojp.usdoj.gov/ovc).

Delivery Instructions for Your Application Packet: The preferred methods of delivery for your application, attachments, and receipts include either hand-delivery or private carrier (e.g., UPS, FedEx). Applicants may use the U.S. Postal Service (USPS), but the Federal Government experiences long processing delays with USPS mail, that will significantly delay the processing of your application. Further, because the program regulations require original documentation and an original signature on the application, application packets cannot be sent through the Internet or by facsimile. (The application, however, can be accessed via the Internet, downloaded, and printed for your use.) Deliver the original application, any attachments, and all receipts to the following address:

Office for Victims of Crime  
U.S. Department of Justice  
810 7th Street, NW.  
Washington, D.C. 20531

Specific Instructions for the Application:

### **Section A: Application Type (All Applicants)**

Make only **one selection** for the type of application you are filing. Most, if not all, applicants will be filing an itemized application, that allows applicants to itemize their expenses.

An interim emergency payment application may be made to assist claimants with **immediate** expenses if the Director determines that such payment is necessary to avoid or mitigate substantial hardship that may result from delaying expense reimbursement until complete and final consideration of an application. The claimant may apply for an interim emergency payment to cover immediate expenses such as medical expenses, funeral and burial expenses, short-term lodging, and emergency transportation. The amount of an interim emergency payment shall be determined on a case-by-case basis, and shall be deducted from the final award amount. **Please note:** Once an interim emergency payment application has been completed, received by ITVERP, and assigned an original claim number, and **if** the claimant is ever in need of future expense reimbursement, the claimant must then file a supplemental application (as described below), rather than an itemized application.

Some individuals may need to file a supplemental application if additional costs arise, or if original costs were initially excluded from the first application. If the claimant is filing a supplemental application, it is imperative that you provide the **original claim number** so that your supplemental application can be matched up to your initial application.

Please check the appropriate box identifying the type of application being submitted (i.e., itemized application, interim emergency payment application, or supplemental application).

## **Section B: Victim Information (All Applicants)**

Most of the information requested in this section is self-explanatory, but a few items may need further clarification.

SSN/EIN/Other Identification Number: This is asking either for the victim's Social Security number, Employee Identification Number, or other identification number (e.g., embassy employee identification number, national identification card number).

Victim Status: The victim may be a U.S. national or a U.S. government employee (or both). If the victim is a U.S. government employee, please indicate whether the victim is a foreign service national, foreign service officer, civil servant, contractor, or other specified type of U.S. government employee.

Claimant Eligibility: Claimant may include the victim, a spouse, child, parent, legal guardian, dependent, or other personal representative legally designated by one of the preceding to submit an application for expense reimbursement on behalf of an eligible victim. Applicant should mark only one of the choices.

## **Section C: Claimant Information**

This section should be completed only if you are filing this application on behalf of a victim. If the victim and the claimant are the same person, applicant may proceed directly to Section D. The information requested in this section is self-explanatory.

## **Section D: Crime Information (All Applicants)**

Please provide the requested information regarding the act of international terrorism. The requested information is self-explanatory. For purposes of clarification, a "lead investigative agency" is the law enforcement agency that has taken primary control over the investigation of the act of international terrorism. This may not always be a U.S.-based law enforcement agency. For example, the lead investigative agency of the terrorist attack on flight Pan Am 103 was the Dumfries and Galloway Constabulary of Scotland.

## **Section E: Expenses**

Check all applicable expenses for which you are seeking an interim emergency payment (in U.S. dollar amounts), including any associated travel expenses for the various categories. Also note the total reimbursement requested (also in U.S. dollar amounts).

Check whether you have any other sources of reimbursement that may cover your expenses, and, if you do, specify what those other sources of reimbursement are.

Finally, check whether you anticipate incurring additional costs related to this act of terrorism that will result in a claim for additional assistance from OVC.

## **Section F: Collateral Sources (All Applicants)**

In this section, please acknowledge **any and all** sources of financial support that have either been **applied for or received** in relation to this act of international terrorism.

Mark any and all applicable categories of financial support to which you have applied or from which you have already received funds.

If there is a financial source to which you have applied or received funds from, and it is not in the list, please mark "Other" and briefly note the source.

Indicate whether you have previously received any funds from the OVC or its Contractor. If so, please report the dollar amount and what the funds were for.

For each type of financial support to which you have applied or from which you have already received funds, please note the source, policy number (if applicable), name of company (if applicable) the company's complete telephone and fax numbers (including country codes and area codes), the e-mail address (optional), the name of the individual reimbursed, and the Social Security number (if applicable) of the individual reimbursed. If more than one individual, use the attached Supplemental Sheet (Section H) to provide information on all sources of coverage.

Mark the Status of Application. If the application for an insurance payment, benefit, or compensation has been approved, please note the actual dollar amount in U.S. Dollars (USD) paid out or received.

## **Section G: Service Provider Information (Itemized and Supplemental Applicants Only):**

Please provide information on the person(s) and organization(s) that provided services to the victim related to the act of international terrorism. If necessary, continue on a separate sheet of paper, and include all documentation of services received and related costs. The information requested in this section is self-explanatory.

## **Section H: Authorization, Consents, and Certifications (All Applicants)**

Claimant must carefully read, sign, and date this section. No application for expense reimbursement will be processed without an original claimant signature and date. In addition, if a representative completed the application, either in whole or in part, or any other individual assisted in the preparation of this application, that person must also read, sign, and date this section.

### Final Note:

All authorized payments will be made in USD, via electronic funds transfer or by check. Payments made by check will be mailed or delivered via courier service to the claimant's last known address, unless otherwise requested by the claimant and approved by the Director of OVC.