

Texas Crime Victims' Compensation Program Quick Reference Chart

Office of the Attorney General (MC011) ■ Crime Victim Services Division ■ PO Box 12198 ■ Austin TX 78711-2198 ■ 800-983-9933 ■ Revised 5.14.09

AVAILABLE BENEFIT	LEGAL AUTHORITY	WHO MAY RECEIVE THE BENEFIT?	LIMITS	REQUIREMENTS
Funeral & Burial Expenses Burial	<ul style="list-style-type: none"> Tex. Code of Crim. Proc. Chapter 56 Subchapter B, Art. 56.32(a)(9)(D) 1 Texas Admin. Code, Chapter 61, §61.405(c) 	<ul style="list-style-type: none"> Claimant who contracts for the funeral Claimant who voluntarily makes payment or lends monies for payments 	<ul style="list-style-type: none"> 1/1/80-6/29/86 = \$2500 6/30/86-8/31/94 = \$3000 9/1/94-present = \$4500 	<ul style="list-style-type: none"> Copy of itemized funeral purchase agreement Proof of payment (if payments were made) Death Certificate if necessary Burial/life insurance policy prior to 9/1/97 - if applicable Only claimant on paid receipts reimbursed
Funeral & Burial Expenses Transportation - transfer fees from one funeral home to another	<ul style="list-style-type: none"> §61.405(c) 	<ul style="list-style-type: none"> Claimant requesting transportation of deceased from place of death to funeral home Claimant requesting transportation of deceased from city where death occurred to another city, county or state to funeral service location 	<ul style="list-style-type: none"> 50 miles or greater one way 11-14-07 - present = excluded from \$4500 	<ul style="list-style-type: none"> All of the above requirements for Burial Burial Transmit Permit Issued Apostille when transferring body out of country Any receipts or contracts from other providers of service as necessary
Funeral & Burial Expenses Bereavement Leave	<ul style="list-style-type: none"> Art.56.32(a)(2)(D)(ii) Art. 56.42(c) Art. 56.42(e) Art. 56.32 (a)(9)(I) Art. 56.32(a)(6), (7) §61.402 §61.404 	<ul style="list-style-type: none"> Immediate family or household member of the victim at the time of the crime, for a deceased victim who died as a result of criminally injurious conduct committed on or after September 1, 2003. 	<ul style="list-style-type: none"> 10 days of lost wages for bereavement leave up to a maximum of \$1,000. 	<ul style="list-style-type: none"> Employer verification on CVC form Income tax return, and schedules, if self-employed Social security # or Tax I.D. Death certificate if requested by OAG
Medical Expenses	<ul style="list-style-type: none"> Art. 56.32(a)(9)(A) §§61.501, 61.502 §61.411(b) 	<ul style="list-style-type: none"> Victim requiring medically indicated service which results from crime Claimant who legally or voluntarily pays expenses 	<ul style="list-style-type: none"> Actual cost (up to maximum award amount) subject to Medical Fee Guideline limits Dental subject to fair and reasonable guidelines effective May 8, 2005. 	<ul style="list-style-type: none"> Itemized bills from medical provider (submitted within 6 mos. of service or cost incurred effective, May 8, 2005) Receipts for paid bills Explanation of Benefits (EOB) from the audited bill Full disclosure of available insurance or other health care assistance (Medicare, Medicaid, Health or Auto Insurance, etc.) HCFA 1500/UB 92/standard health insurance form
Counseling	<ul style="list-style-type: none"> Art. 56.32(a)(9)(A) Art. 56.32(a)(6), (7) §§61.503 and 61.504 	<ul style="list-style-type: none"> Victim Immediate family member, or household member of the victim at the time of the crime 	<ul style="list-style-type: none"> \$3000 per family member or household member of the victim Must be in counseling while receiving psychiatric meds effective May 8, 2005. 	<ul style="list-style-type: none"> Pre-approval after first three (3) sessions Licensed counselor (per CVC mental health care instructions) Full disclosure of available insurance or other health care assistance (Medicare, Medicaid, Health or Auto Insurance, etc.)
Lost Wages	<ul style="list-style-type: none"> Art. 56.32(a)(9)(B) §61.402 	<ul style="list-style-type: none"> Victim (if employed at the time of the crime) Claimant (if crime-related travel) 	<ul style="list-style-type: none"> 1/1/80-8/31/89 = \$150 wk 9/1/89-8/31/95 = \$200 wk 9/1/95-1/31/98 = \$400 wk 2/1/98-present = \$500 wk 	<ul style="list-style-type: none"> Employer Verification (EV) per CVC form Tax return and schedules (if self-employed) Social Security # or Tax I.D. Medical report from doctor or therapist indicating inability to work is crime-related, per CVC M.R. form Statement of SSI/TWCC disability benefits
Loss of Support	<ul style="list-style-type: none"> Article 56.32(a)(9)(E) §61.403 	<ul style="list-style-type: none"> Claimant who is a dependent of the victim Victim with a dependent 	<ul style="list-style-type: none"> 50% offender's income in cases of family violence between 6/19/99-12/14/02 100% offender's income for crimes on or after 12/15/02 Dependents of surviving victim limited to 90 days Prior to 9/1/97, only available if victim died Dependents of deceased victim until dependent(s) no longer qualifies for benefit by age, emancipation or marriage Limit \$500 per week for crimes 2-1-98 - present 	<ul style="list-style-type: none"> Proof dependent of the victim Employer verification Tax return and schedules/pay stub (if self-employed) SS#, Tax I.D. of victim or suspect Social Security benefits, if appropriate Any other documents deemed acceptable by CVC

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Minor Child or Dependent care	<ul style="list-style-type: none"> Article 56.32(a)(9)(C) §61.405(b) 	<ul style="list-style-type: none"> Victim or claimant requiring child or dependent care as a result of the crime 	<ul style="list-style-type: none"> Must be new expense \$100 per week, per child or dependent (up to maximum award amount) Limited to 90 days for dependents of surviving victims as of 5/8/05 Limited to children age 14 or younger 	<ul style="list-style-type: none"> Licensed care provider Copy of itemized bills/receipts/license/fee schedule Employer verification (if lost wages for special home care) Medical provider verification (if need for care arises from medical disability) Proof of need - for employment, school attendance
Crime Scene Clean-up	<ul style="list-style-type: none"> Article 56.32(a)(9)(F) §61.405(d) 	<ul style="list-style-type: none"> Victim or claimant who incurs clean-up expense 	<ul style="list-style-type: none"> \$750 Crimes on or after 9/1/95 	<ul style="list-style-type: none"> Bill or receipt for service from professional cleaning company, or itemized cost of supplies, with explanation of services rendered Home owner's insurance
Replacement of Property Seized as Evidence	<ul style="list-style-type: none"> Article 56.32(a)(9)(G) §61.405(e) 	<ul style="list-style-type: none"> Victim or claimant whose property is seized/made unusable as evidence for investigation or prosecution 	<ul style="list-style-type: none"> \$750 Crimes on or after 9/1/95 	<ul style="list-style-type: none"> Verification of property seized (law enforcement or prosecutorial property inventory) Verifiable replacement value of property seized
Rent and Relocation	<ul style="list-style-type: none"> Article 56.42(d) §§61.601, 61.602 	<ul style="list-style-type: none"> Victim of family violence or a victim of sexual assault who is assaulted in the victim's residence 	<ul style="list-style-type: none"> 6/19/99 to present for victims of domestic/family violence/one time only per offender 9/1/01 to present for a victim of sexual assault who is assaulted in the victim's residence/one time only per incident \$2000 max for deposits/moving 3 months of rent, not to exceed \$1800 	<ul style="list-style-type: none"> Relocation expense worksheet Copy of signed lease agreement or letter of intent Receipts related to moving Relocation affidavit Other sources of rental payments (i.e. housing authority payments)
Attorney's Fees	<ul style="list-style-type: none"> Article 56.43 	<ul style="list-style-type: none"> Victim or claimant who retains an attorney to help with CVC claim 	<ul style="list-style-type: none"> 25% total claim or \$300 (whichever is less) If appeal: 25% of amount obtained 	<ul style="list-style-type: none"> Letter of representation by attorney Itemized bill or receipt for services rendered
Travel Expenses Medical Appointments/ Criminal Proceedings/ Funeral	<ul style="list-style-type: none"> Article 56.32(a)(9)(B) Art. 56.32(a)(9)(D) Art. 56.32(a)(2)(D)(ii) Art. 56.32(a)(6), (7) §61.404 	<ul style="list-style-type: none"> Victim or claimant who must travel over twenty (20) miles one-way for medical treatment/counseling, participation in law enforcement investigation, prosecution, judicial or post-conviction/post adjudication proceedings. Attendance by immediate family/household member of the victim at the time of the crime, for travel to funeral/memorial of a victim who died as a result of criminally injurious conduct committed on or after Sept. 1, 2003. 	<ul style="list-style-type: none"> Actual cost of commercial transportation for travel over twenty (20) miles one-way/mileage for personal vehicle at state rate; food/lodging for travel over sixty (60) miles one-way (up to maximum award) Limited to travel to one funeral or memorial per family or household member Crimes on or after 9/1/97 Travel to funeral for crimes committed on or after 9/1/03 	<ul style="list-style-type: none"> For medical appointments/criminal proceedings, completed CVC travel reimbursement form (must include signature of treating medical provider or requesting law enforcement/criminal justice official) Receipts for commercial transportation and lodging For funeral or memorial services, signature of funeral home representative or person officiating at the memorial Travel to counseling appointments while victim or claimant is eligible to receive counseling benefits from CVC
Travel Expenses Travel to Execution	<ul style="list-style-type: none"> Article 56.32(a)(9)(I) §61.402 §61.404 	<ul style="list-style-type: none"> Claimant who travels to and from a place of execution to witness an execution occurring on or after June 21, 2003. 	<ul style="list-style-type: none"> Actual cost of commercial transportation for travel/ mileage for personal vehicle at state rate; one night food/lodging Wages lost to travel for witnessing execution, not to exceed 3 days 	<ul style="list-style-type: none"> Completed CVC travel reimbursement form (must include signature of representative from the Tex. Dept. of Crim. Justice, district attorney, or other law enforcement agency) Receipts for commercial transportation and lodging Proof of lost income (see "Lost Wages" above)
Catastrophic Injury Home Improvement/ Auto access	<ul style="list-style-type: none"> Article 56.42(b)(1) §61.101(a)(1), §61.407 	<ul style="list-style-type: none"> Victim who sustains total and permanent disability as a result of crime 	<ul style="list-style-type: none"> Actual cost (up to maximum award amount) 9/1/95-8/31/97 = \$25,000 9/1/97-8/31/01 = \$50,000 9/1/01 to present = \$75,000 	<ul style="list-style-type: none"> Medical provider verification of disability Bills/receipts for cost of home improvements for disabled victim 2-3 bids prior to approval Proof of home ownership
Catastrophic Injury Job Training/ Voc.Rehab	<ul style="list-style-type: none"> Article 56.42(b)(2) Article 56.42(b)(6) §61.101(a)(1), §61.407 	<ul style="list-style-type: none"> Victim who sustains total and permanent disability as a result of crime 	<ul style="list-style-type: none"> Actual cost (up to maximum award amount) 9/1/95-8/31/97 = \$25,000 9/1/97-8/31/01 = \$50,000 9/1/01 to present = \$75,000 	<ul style="list-style-type: none"> Medical provider verification of disability Bills/receipts for associated costs

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Catastrophic Injury Training for Special Appliances	<ul style="list-style-type: none"> Article 56.42(b)(3) §61.101(a)(1), §61.407 	<ul style="list-style-type: none"> Victim who sustains total and permanent disability as a result of crime and will not improve throughout lifetime 	<ul style="list-style-type: none"> Actual cost (up to maximum award amount) 9/1/95-8/31/97 = \$25,000 9/1/97-8/31/01 = \$50,000 9/1/01 to present = \$75,000 	<ul style="list-style-type: none"> Medical provider verification of disability and required special appliance(s) Bills/receipts for cost for specialized training and appliance(s)
Catastrophic Injury Home Health Care/ Durable Med. Equip./ Med. Expenses Rehab Tech Long term med. Exp.	<ul style="list-style-type: none"> Article 56.42(b)(4) Article 56.42(b)(5) Article 56.42(b)(7) §61.101(a)(1), §61.407 	<ul style="list-style-type: none"> Victim who sustains total and permanent disability as a result of crime 	<ul style="list-style-type: none"> Actual cost (up to maximum award amount) 9/1/95-8/31/97 = \$25,000 9/1/97-8/31/01 = \$50,000 9/1/01 to present = \$75,000 	<ul style="list-style-type: none"> Medical provider verification of disability and need for services Bills/receipts for associated costs Home healthcare by licensed agency
Catastrophic Injury Lost Wages	<ul style="list-style-type: none"> Article 56.42(9)(B), 56.42(b) §61.101(a)(1), §61.407 §61.402 	<ul style="list-style-type: none"> Victim who sustains total and permanent disability as a result of crime (who was employed at the time of the crime) 	<ul style="list-style-type: none"> \$500 per week (up to maximum award amount) Actual cost (up to maximum award amount) 9/1/95-8/31/97 = \$25,000 9/1/97-8/31/01 = \$50,000 9/1/01 to present = \$75,000 	<ul style="list-style-type: none"> Medical provider verification of disability/crime-related injury Employer verification Income tax return, and schedules (if self-employed) SSI disability information
Disabled Peace Officers	<ul style="list-style-type: none"> Art. 56.542 Art. 56.542(l) §61.701-705 	<ul style="list-style-type: none"> Peace officers who become totally and permanently disabled on or after Sept. 1, 1989: 	<ul style="list-style-type: none"> Maximum of \$200,000 	<ul style="list-style-type: none"> Governmental entity deemed officer total and permanently disabled and unable to perform duties as a peace officer