

## TRAVEL/APPOINTMENT VERIFICATION INFORMATION FORM

**This form should be completed when the victim/claimant is requesting reimbursement for travel expenses or lost wages incurred to attend crime related medical/counseling appointments, police investigation appointments, criminal proceedings, post-conviction or post-adjudication proceedings (executions) or a victim's funeral.**

### **TRAVEL EXPENSES**

1. Traveling distance **must be more than 20 miles one way**. If travel exceeds 60 miles one way, lodging and food reimbursement may be claimed. Receipts are required for lodging.
2. Please provide a complete start address and destination address. This includes the street number and name, city, state and zip code. P.O. Boxes are not acceptable. The destination address must include the name of the facility.
3. The medical provider/counselor, criminal justice official, funeral service officiant/director or victim assistance coordinator must indicate the purpose of the appointment/travel (see form).
4. The medical provider/counselor, criminal justice official, funeral service officiant/director or victim assistance coordinator **must sign and print** the form to verify your appointment/travel and provide a telephone number. If signatures are not available we will need copies of bills verifying the date of the appointment or a letter from the provider of service verifying the appointment/travel dates. The criminal justice official/victim assistance coordinator may also submit a letter verifying your appointment/travel.

### **LOST WAGES:**

1. The medical provider/counselor, criminal justice official, funeral service officiant/director or victim assistance coordinator **must sign and print** the form to verify your attendance at the appointment/funeral and provide a telephone number. If signatures are not available we will need copies of bills verifying the date of the appointment/funeral or a letter from the provider of service verifying the appointment dates. The criminal justice official/victim assistance coordinator may also submit a letter verifying your appointment.
2. The medical provider/counselor, criminal justice official, or victim assistance coordinator must indicate the purpose of the appointment (see form).
3. The victim or claimant's employer will be contacted to verify employment, income, and days missed from work. Please provide the employer's name, address, phone number, and the name of the contact person on Travel/Appointment Verification Form. If you are self-employed, we will require your most recent tax return. Contact IRS @ 1-800-829-1040 to obtain a computer printout.

**If any of this information is not included on the form, the form will be returned to you to complete.** If you have any questions regarding these benefits or this form, please contact our office at 1-800-983-9933 or (512)-936-1200.

**NOTE: A victim or claimant who is subpoenaed as a "non-resident witness" whose expenses are reimbursable under the Texas Code of Criminal Procedure Article 35.27 shall not be eligible for travel, lodging and meal reimbursement under our program. These expenses are eligible for reimbursement through the District Attorney's office.**

**STATE OF TEXAS  
OFFICE OF THE ATTORNEY GENERAL  
CRIME VICTIM SERVICES DIVISION  
TRAVEL / APPOINTMENT VERIFICATION FORM**

This information is required to calculate mileage and verify the appointment you attended.

1) Victim/Claimant:	Social Security Number:	Patient's Name ( <u>attendee at appointment</u> ):	Claim Number:
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Were you subpoenaed for trial on any of the listed dates?    yes \_\_\_\_ no \_\_\_\_  
If so, provide a copy of your subpoena.

\*\* The last 2 columns on the right **MUST** be completed/verified by the appropriate individual listed in the last column.

2) WHAT ARE YOU CLAIMING?  (Check all that apply)	<u>DATE(S)</u> of appointment <b>(number of hours there)</b> or bereavement	Please indicate the complete <b>START ADDRESS</b> (physical address/ city/ state/ zip code of residence)	Please indicate the complete <b>DESTINATION ADDRESS</b> (name and <b>physical</b> address/city/ state/ zip code of facility)	<b>**Indicate the type of appointment</b> (diagnosis code, criminal case/cause # and purpose of appointment, execution, funeral)	<b>** SIGNATURE &amp; printed name*</b> , phone number of Provider/Counselor, Law enforcement/Criminal Justice Official, Victim Assistance Coordinator that is verifying the appointment <u>or a copy of bills to verify appointments.</u>
<input type="checkbox"/> Travel					
<input type="checkbox"/> Lost wages					
<input type="checkbox"/> Lost Wages for bereavement					
<input type="checkbox"/> Travel					
<input type="checkbox"/> Lost wages					
<input type="checkbox"/> Travel					
<input type="checkbox"/> Lost wages					
<input type="checkbox"/> Travel					
<input type="checkbox"/> Lost Wages					

3. If travel is over 60 miles you may be eligible for lodging and food reimbursement at state rates. Receipts are required for lodging. If commercial travel (airplane, bus, train, taxi) was used, submit a copy of your receipt.

4. If you are claiming lost wages for the attendance of crime related doctor's/counseling appointments, funeral or criminal justice proceedings, we will contact your employer to verify your income and the dates/hours you were unable to work. If self employed, we will require your most recent tax return. Contact IRS @ 1-800-829-1040 to obtain a computer printout.

**PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR EMPLOYER**

Employer name:	Employer Phone #:	
Employer address/ city/state/zip code:	Employer Fax #	

5) <u>Victim / Claimant Signature</u> :	<u>Date</u> :
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