



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

TEXAS CRIME VICTIMS' COMPENSATION APPLICATION FORM

- **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, be sure to *send them with the application*.
- **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 front page** so that you will have our address and phone number.
- **Mail your completed application to:**
 - Office of the Attorney General
 - Crime Victims' Compensation (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, family members and service providers is (800) 983-9933. Austin callers should use (512) 936-1200.
- **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 Web site at www.oag.state.tx.us for more information on the program.
- **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 Crimen al (512) 936-1200 o (800) 983-9933.**

GENERAL INFORMATION

What is the Crime Victims' Compensation Program?

- The 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 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 III, Chapter 61, govern the program.
- Money in the Compensation Fund comes from fees paid by those convicted of a crime.

Keep this page for your records.

REV 07/07

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

- The victim must be a resident of Texas, a United States resident who is victimized while in Texas, or a Texas resident victimized in another state or country that does not have a compensation fund.
- The victim must report the crime to law enforcement within a reasonable amount of time so as not to hinder the investigation or prosecution of the offense, unless there is a valid reason for not reporting in a timely manner.
- The victim must cooperate with law enforcement officials in the investigation and prosecution of the case.
- Benefits may be denied or reduced if the victim's or claimant's own behavior contributed to the crime.
- All other available funding sources or reimbursements, including Medicare and Medicaid, personal health insurance, civil suit recovery or settlement, and/or court-ordered restitution to the compensation program, must be used first.
- The Compensation Program must be notified when a civil lawsuit is filed in relation to the crime or if restitution is ordered.

Who may be eligible for Crime Victims' Compensation benefits?

- Victims of violent crime who suffer physical or emotional harm as a direct result of the crime
- Dependents of a victim and immediate family members
- People who legally or voluntarily assume financial responsibility for a victim's crime-related bills or expenses

Who is not eligible for Crime Victims' Compensation benefits?

- The offender, an accomplice or any other person to whom an award would unjustly enrich the offender or accomplice
- Anyone injured in a motor vehicle accident, unless the driver intentionally caused the injury, was driving while intoxicated, failed to stop and render aid, or caused the injury or death of the victim due to criminal negligence or manslaughter
- Anyone incarcerated in a penal institution when the crime occurred
- Any victim or claimant who provides false or forged information to the Crime Victims' Compensation Program

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

- Reasonable and necessary medical, hospital, counseling and funeral expenses
- Travel for medical, court and funeral if more than 20 miles one-way
- Lost wages for bereavement
- Loss of wages for a crime related disability, court or medical appointments
- Loss of support to dependents of homicide victims and family violence victims
- Counseling for victim and immediate family members of the victim
- Eyeglasses, hearing aids, dentures or prosthetic devices, if damaged or needed as a result of the crime
- Crime scene clean-up
- Replacement of property seized as evidence
- New expenses for child or adult dependent care
- One-time rent and relocation expenses for victims of family violence or victims who have been sexually assaulted in their residence
- Reasonable attorney fees for assistance in filing the application and obtaining benefits

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

- Property damage, repair or loss
- Pain, suffering, or emotional distress damages
- Any expense which is not the direct result of the crime

Tex. Gov't Code Ann. §559.003(a)

The Office of the Attorney General, Crime Victims' Compensation Program collects information about individuals who complete and file this document with the Office of the Attorney General. Upon request, you are entitled to the following: to be informed about the information collected; to receive and review the information; and to have the Office of the Attorney General correct information about you that is incorrect.

Keep this page for your records.

TEXAS CRIME VICTIMS' COMPENSATION APPLICATION FORM

CVC Office use only – VC# _____ Application rec'd _____

Please print clearly using black ink or type in the information. **PLEASE COMPLETE ALL SECTIONS.** In order to contact the Compensation Program and discuss a claim, a caller must be listed on the application as a victim or claimant. *Si desea hablar con alguien en español, marque esta cajita por favor.* **Español**

1. VICTIM INFORMATION – The victim is the person who was injured or killed as a result of the crime. If the victim is a minor, you must also fill out the claimant information section below. If there is more than one victim, each victim must submit a separate application.

Has the victim previously filed a Crime Victims' Compensation application? Yes No

Victim's Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Employer's Name _____ Employer's Address _____

Does the victim have a social security number? Yes No - If yes _____ - _____ - _____

Sex (check one) Male Female Date of Birth _____ / _____ / _____

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-related Travel
 Child or Dependent Care Crime Scene Clean-up Replacement of Property Seized as Evidence Medical Dental
 Other _____

2. CLAIMANT INFORMATION – The claimant is a person other than the victim who has expenses as a direct result of the crime, an immediate family member of the victim who requires counseling as a result of the crime, or who has legal authority to act on behalf of the victim.

Claimant's Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Employer's Name _____ Employer's Address _____

Does the Claimant have a social security number? Yes No - If yes _____ - _____ - _____

Sex (check one) Male Female Date of Birth _____ / _____ / _____

Relationship to Victim _____

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-related Travel
 Child or Dependent Care Crime Scene Clean-up Replacement of Property Seized as Evidence
 Other _____

See next page to enter more information. Note: If there are more than three (3) claimants, please list them on a separate sheet of paper.

Claimant's Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Employer's Name _____ Employer's Address _____
Does the Claimant have a social security number? Yes No - If yes _____ - _____ - _____
Sex (check one) Male Female - Date of Birth _____ / _____ / _____
Relationship to Victim _____

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-related Travel
 Child or Dependent Care Crime Scene Clean-up Replacement of Property Seized as Evidence
 Other _____

Claimant's Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Employer's Name _____ Employer's Address _____
Does the Claimant have a social security number? Yes No - If yes _____ - _____ - _____
Sex (check one) Male Female - Date of Birth _____ / _____ / _____
Relationship to Victim _____

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-related Travel
 Child or Dependent Care Crime Scene Clean-up Replacement of Property Seized as Evidence
 Other _____

3. CIVIL LAWSUIT & ATTORNEY INFORMATION

Have you filed a civil lawsuit in relation to this crime? Yes No (check one)

If "Yes," who are you suing? _____

Do you plan on filing a civil lawsuit in relation to this crime? Yes No (check one)

Have you hired or retained an attorney to file a lawsuit? Yes No (check one)

Have you hired or retained an attorney to assist you with this application? Yes No (check one)

If yes, who is your attorney? _____

What is your attorney's phone number? (_____) _____

What is your attorney's address? _____ City _____ State/Zip _____

Have you received a settlement from a lawsuit or insurance related to this crime? Yes No (check one)

Have you or do you plan to file bankruptcy since the date of the crime? Yes No (check one)

4. INFORMATION ABOUT THE CRIME

Complete this section with as many details as you have available. You must **complete** this section or your claim will not be processed.

On what date did the crime occur? _____

What is the Police Report Number (if known)? _____

What is the Child Protective Services Case Number (if known)? _____

What is the Prosecutor Case Number (if known)? _____

What was the location of the crime? Street Address _____

City _____ State/Zip _____ County _____

What is the name of the law enforcement agency that was notified? _____

Did the victim know the suspect? Yes No (check one)

If yes, how did the victim know the suspect? _____

What is the suspect's name? _____

What kind of crime occurred? Check all that best describe the type of crime.

- Adult Sexual Assault Child Sexual Assault Child Physical Abuse Assault (Non-Family) Robbery
- Aggravated Assault Family Violence DWI/Vehicular Crime Elder Abuse Homicide Stalking
- Kidnapping Other (please specify) _____

Did the crime happen on the job? Yes No (check one)

Describe the crime and injuries. _____

Have you filed charges against the suspect in this case? Yes No (check one)

If this is a family violence crime, are there any previous incidents? Yes No (check one)

Please provide the dates and law enforcement agencies: _____

Have you obtained a permanent protective order? Yes No (check one)

Court Number _____ Effective Date _____

5. DEPARTMENT OF JUSTICE INFORMATION

In order to comply with regulations from the United States Department of Justice, we must collect the following information about the victim of the crime. This information is for statistical purposes only. It will not be used in determining whether the victim is eligible for Crime Victims' Compensation benefits.

Was the victim disabled before the crime? Yes No (check one)

Is the disability Physical Mental

Did the victim become disabled due to the crime? Yes No (check one)

To which ethnic group does the victim belong? (check one) American Indian or Alaskan Native

Black Hispanic White Asian or Pacific Islander Other

What is their national origin (country of birth)? _____

Where did you find out about the Crime Victims' Compensation Program? Check all that apply.

Public Service Announcement CVC Staff Advocacy Group Victim Assistance Program

Poster Brochure Hospital Law Enforcement Internet Other _____

If someone helped you fill out this application, please provide his or her name and contact information:

Name _____

Agency/Organization _____

Phone (_____) _____

E-mail address _____

6. VICTIM EMPLOYMENT & MEDICAL INFORMATION

Was the victim employed on the date of the crime? Yes No (check one)

What was the name of the victim's employer on the date of the crime? _____

Employer's Complete Address _____ City _____ State/Zip _____

Phone (_____) _____ Fax (_____) _____

Was the victim self-employed or contract (day) labor on the date of the crime? Yes No (check one)

Occupation _____

Job Title _____

If the victim has injuries, please provide the name of the hospital and/or the name of the treating health care provider.

Name of Hospital _____

Address _____ City _____ State/Zip _____

Phone (_____) _____ Fax (_____) _____

Name of health care provider _____

Address _____ City _____ State/Zip _____

Phone (_____) _____ Fax (_____) _____

7. INSURANCE AND REIMBURSEMENT SOURCES

By law, **you must first use all existing sources of financial assistance or reimbursement** before receiving payments from the Crime Victims' Compensation Fund. Crime Victims' Compensation must first verify that you have applied to these sources and the amount you received, if any, before determining reimbursement.

Victim Insurance Information: The victim is the person listed in section number 1.

Does the victim have access to any of the following? Check all that apply. **If none, check here**

- Medicare Medicaid Health Insurance Burial Insurance Worker's Compensation Auto Insurance
- Home Insurance Renter's Insurance Disability Insurance Social Security Veteran's Benefits Dental Insurance
- Other _____

What is the Medicare Number? _____ What is the Medicaid Number? _____

What is the name of the Health Insurance Company? _____

Health Insurance Co. Street Address _____

City _____ State/Zip _____

Group Policy Number _____

What is the name of the Dental Insurance Company? _____

Dental Insurance Co. Street address _____

City _____ State/Zip _____

Dental Policy Number _____

If the crime was motor vehicle-related, include the name of the auto insurance company and the policy number for **both the victim and the suspect**, if available. Include a copy of the insurance card or information denoting the type of insurance coverage (Liability, PIP, UUMC, etc.)

Victim's Auto Insurance Company _____ Policy Number _____

Name of Adjuster _____ Phone (____) _____

Suspect's Auto Insurance Company _____ Policy Number _____

Name of Adjuster _____ Phone (____) _____

Claimant Insurance Information: The claimant is the person(s) listed in section number 2.

Claimant's Last Name _____ First Name _____ Middle Name _____

Does the claimant have access to any of the following? Check all that apply. **If none**, check here

- Medicare Medicaid Health Insurance Auto Insurance Workers Compensation Veteran's Benefits
- Home Insurance Renter's Insurance
- Other _____

What is the Medicare Number? _____ What is the Medicaid Number? _____

What is the name of the Health Insurance Company? _____

Health Insurance Co. Street Address _____ City _____ State/Zip _____

Group Policy Number _____

IMPORTANT AFFIDAVIT

This affidavit is part of your application and must be completed and signed before action can be taken on the application. **READ EVERYTHING BEFORE YOU SIGN AT THE BOTTOM.**

Subrogation Agreement. In accordance with Texas Code of Criminal Procedure, Article 56.52, I agree to notify the Crime Victims' Compensation (CVC) Program of the Office of the Attorney General 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 claim, I agree to notify and/or repay CVC for any and all amounts that CVC has awarded to me. I agree that any cause of action that arises between me and the Office of the Attorney General as a result of this claim will be brought in Travis County.

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 other person with information relating to financial, health or employment status to release information concerning this application for benefits to the employees of the Crime Victims' Compensation program of the Office of the Attorney General as needed to process this claim. This information is to include, but is not limited to, financial, employment, diagnosis and treatment information. A copy of this signed release will be considered the same as the original.

Affirmation and Authorization. I swear and affirm under penalty of perjury under the laws of the State of Texas (Penal Code §37.02) that the information provided in the application for Texas Crime Victims' Compensation and any additional information that I provide is true and correct. I understand that the Texas Attorney General or any agent or representative of the office has the right to verify the information provided. I understand that if false, misleading or intentionally incomplete information is provided, my claim for benefits will be denied and I may be subject to criminal punishment under the Texas Penal Code and administrative penalties under the Texas Code of Criminal Procedure, Chapter 56.

VICTIM OR CLAIMANT MUST SIGN BELOW IN ORDER TO PROCESS THIS APPLICATION

Victim's Signature **X** _____

Printed Name _____ Date _____

Victim's SS# _____ - _____ - _____ Date of Birth _____

If the victim cannot sign the application (minor or incapacitated adult), the claimant must sign here in order to process this application.

Claimant's Signature **X** _____ Relationship to victim _____

Printed Name _____ Date _____

Claimant's SS# _____ - _____ - _____ Date of Birth _____