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 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 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 e-mail. In some cases where security is not an issue, the CVC Program may use e-mail 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 Web site at **www.texasattorneygeneral.gov** for 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 III, Chapter 61, govern the Program.

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

Keep this page for your records.

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 or a Texas resident victimized in another state or country that does not have a crime victim compensation fund.

• The victim or claimant must report the crime to the appropriate state or local public safety or 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.

• All other available third party resources (for example, Medicare, Medicaid, personal health insurance, worker's compensation and settlements) must meet their legal obligation to pay claims before CVC pays crime-related compensation benefits.

• The Crime Victims' 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 Program benefits?

• Victims of violent crime who suffer physical or emotional harm as a direct result of the crime.

• A victim's dependents and/or family or household members who qualify as claimants.

• Someone who legally or voluntarily assumes financial responsibility for a victim's medical or burial expenses.

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

• The offender, an accomplice or any person who may unjustly benefit from an award to a victim or claimant.

• 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 intentionally provides 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 for medical, court and funeral events if more than 20 miles one-way.

• Loss of earnings as a result of the death of the victim (funeral/bereavement).

• Loss of earnings for crime-related disabilities and court or medical appointments.

• Loss of support to dependents of victims, if the victim was employed at the time of the crime.

• 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 as a result of the crime.

• One time rent and relocation expenses for victims of family violence or sexual assault who were assaulted in their residence.

• Reasonable attorney fees for assistance in filing the Crime Victims' Compensation Program application and obtaining benefits.

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.

Payment for Cost of Forensic Sexual Assault Examinations - A forensic sexual assault examination is a medical examination of the victim of the alleged assault for use in the investigation or prosecution of the offense. Either a law enforcement agency or the Texas Department of Public Safety (DPS) pays for the costs of forensic sexual assault examinations. CVC does not pay for the cost of forensic sexual assault examinations but reimburses law enforcement agencies and DPS directly for the costs they incur for the exams. Therefore, a victim of sexual assault who receives a forensic sexual assault examination is not required to submit a CVC application for reimbursement of the cost of the examination.

• If a victim of sexual assault reports the alleged crime to a law enforcement agency, the law enforcement agency will request a forensic sexual assault examination and pay all costs of the examination. If a victim of sexual assault reports the assault to the law enforcement agency and requires medical treatment for crime related injury, the victim may submit an application to CVC for reimbursement of costs other than the forensic sexual assault examination.

• If a victim receives a forensic sexual assault examination and chooses not to report the alleged crime to a law enforcement agency, the Texas Department of Public Safety pays 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 print clearly using black ink or type the information. **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. See #2 Claimant Information below.

What is the language preference of the victim and/or claimant? _____

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, the claimant information below must be completed. If there is more than one victim, each victim must submit a separate application.

Has the victim previously filed a Crime Victims' Compensation Program (CVC) application? □No □Yes

Date of this crime? _____

Victim's Last Name_____ First _____ Middle _____

Mailing address_____City_____State/Zip_____

Home phone (___)_____ Cell phone (____)_____Work phone (___)_____

E-mail address_____

Does the victim have a Social Security Number or Tax ID number? □No □Yes Number:_____

Sex (check one) □Male □Female Date of birth _____

Does the victim have medical insurance? □No □Yes

Medical Insurance company name is: _____

Medicare number if applicable: _____

Medicaid number if applicable: _____

Has an application been made for Medicaid or Medicare since the crime? □No □Yes

Does the victim have dental insurance? □No □Yes

Dental Insurance Company name is: _____

If victim is deceased, is there burial insurance? □No □Yes

Burial Insurance Company name is:_____

Does the victim have access to any of the following collateral sources. Check all that apply. If none, check here □.

□Workers' Compensation □Auto Insurance □Home Insurance □Renters' Insurance □Disability Insurance

□Social Security Assistance □Veterans Benefits □ Any other form of assistance _____

Please indicate the type of assistance the victim needs as a result of the crime. Check all that apply.

□Loss of earnings □Loss of support □Counseling □Funeral/Burial □Relocation □Medical □Dental

□Crime related travel □Child care □Crime scene clean up □Replacement of property seized

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(s) of the victim who requires counseling as a result of the crime or 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 more than three claimants, please list on a separate sheet of paper to include all required information.

Claimant's Last Name_____ First _____ Middle _____

Mailing address_____

City_____ State/Zip_____

Home phone (____)_____Cell phone (____)_____Work phone (____)_____

Relationship to the victim_____

E-mail address_____

Does the claimant have a Social Security Number or Tax ID number? ☐No ☐Yes Number:_____

Sex (check one) ☐Male ☐Female Date of birth _____

Does the claimant have medical insurance? ☐No ☐Yes

Medical Insurance Company name is: _____

Medicare number if applicable: _____

Medicaid number if applicable: _____

Please indicate the type of assistance the claimant needs as a result of the crime. Check all that apply.

☐Loss of earnings ☐Loss of support ☐Counseling ☐Funeral/Burial ☐Relocation ☐Crime related travel

☐Child care ☐Crime scene clean up ☐Replacement of property seized

Claimant's Last Name_____ First _____ Middle _____

Mailing address_____

City_____ State/Zip_____

Home phone (____)_____Cell phone (____)_____Work phone (____)_____

Relationship to the victim_____

E-mail address_____

Does the claimant have a Social Security Number or Tax ID number? ☐No ☐Yes Number:_____

Sex (check one) ☐Male ☐Female Date of birth _____

Does the claimant have medical insurance? ☐No ☐Yes

Medical Insurance Company name is: _____

Medicare number if applicable: _____

Medicaid number if applicable: _____

Please indicate the type of assistance the claimant needs as a result of the crime. Check all that apply.

☐Loss of earnings ☐Loss of support ☐Counseling ☐Funeral/Burial ☐Relocation ☐Crime related travel

☐Child care ☐Crime scene clean up ☐Replacement of property seized

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 _____ Middle _____

Mailing address_____

City_____State/Zip_____

Home phone (____)_____ Cell phone (____)_____Work phone (____)_____

Relationship to the victim_____

E-mail address_____

Does the claimant have a Social Security Number or Tax ID number? □No □Yes Number:_____

Sex (check one) □Male □Female Date of birth _____

Does the claimant have medical insurance? □No □Yes

Medical Insurance Company name is: _____

Medicare number if applicable: _____

Medicaid number if applicable: _____

Please indicate the type of assistance the claimant needs as a result of the crime. Check all that apply.

□Loss of earnings □Loss of support □Counseling □Funeral/Burial □Relocation □Crime related travel

□Child care □Crime scene clean up □Replacement of property seized

3. 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 against the suspect/offender for monetary damages. This does not include attorney representation for child custody, divorce, immigration proceedings or for criminal prosecution (District/County Attorney's Office) of the suspect. Has an attorney been hired or retained to:

- Help the victim or claimant complete this Crime Victims' Compensation application? □ No □ Yes (check one)
- 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 (check one)

Attorney's name_____

Attorney's phone number (____)_____Fax (____)_____

Attorney's address _____

City_____ State/Zip _____

Attorney's e-mail address _____

4. 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 claim?

□ No □ Yes (check one)

Has the victim or claimant received insurance or any other third party settlement funds related to this crime?

□ No □ Yes (check one)

Has the victim or claimant filed bankruptcy since the date of the crime?

□ No □ Yes (check one)

5. INFORMATION ABOUT THE CRIME - *You must complete this section or your claim can not be processed.*

On what date did the crime occur? _____

Was the crime reported to a law enforcement agency (e.g., police, sheriff, constable)? ☐ No ☐ Yes (check one)

If yes, name of the agency_____

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

What was the location of the crime? Street address _____

City_____ State/Zip_____ County _____

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

What is the alleged suspect's name? _____

What is the relationship of the suspect to the victim, if any? _____

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

What is the Dept. of Family & Protective Services (DFPS) Case Number (if known, for child cases only) _____

Name of DFPS case worker_____

Phone (___)_____ Fax (___)_____

Please indicate the type of crime. Check one or more of the following that best describe the 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 ☐ Human Trafficking ☐Other (please specify) _____

Did the crime occur while on the job? ☐ No ☐ Yes (check one)

Describe the crime and injuries. (A brief explanation is required; use additional pages if needed.) _____

_____

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

If yes, date charges filed_____

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

If this is a family violence crime, have you obtained a permanent protective order? ☐ No ☐Yes (check one)

6. DEPARTMENT OF JUSTICE INFORMATION

The following voluntary information is for the victim and is used for statistical purposes only to comply with federal regulations.

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

Was the disability ☐Physical? ☐Mental? (check one)

Did the victim become disabled due to the crime? ☐No ☐Yes (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 the victim's national origin (country of birth)? _____

7. The following information is for the victim and is used by the CVC Program for statistical purposes.

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

☐ Public Service Announcement ☐ CVC Staff ☐ Advocacy Group ☐ Victim Assistance Program ☐ Poster

☐ Brochure ☐ Hospital ☐ Law Enforcement ☐ Internet ☐ Other _____

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

Name _____

Agency/Organization _____ E-mail_____

Phone (____)_____City_____ State/Zip_____

8. VICTIM EMPLOYMENT INFORMATION -

Is the victim seeking Loss of Earnings? ☐No ☐Yes **Was the victim employed on date of crime?** ☐No ☐Yes

Name of Victim's Employer: _____

Employer's complete address: _____City_____ State/Zip_____

Phone (____)_____Fax (____)_____E-mail_____

Occupation _____ Job Title _____

Was the victim self-employed on the date of the crime? ☐No ☐Yes Did victim require medical treatment? ☐No ☐Yes

9. VICTIM MEDICAL INFORMATION -

Name of treating hospital/clinic/doctor: _____

Complete address of hospital/clinic/doctor _____City_____ State/Zip_____

Did victim require additional medical treatment upon release from hospital/clinic or seek other medical treatment from a follow-up doctor? ☐No ☐Yes

Name of follow-up doctor that treated crime related injuries: _____

Complete address of follow-up doctor: _____City_____ State/Zip_____

10. CLAIMANT EMPLOYMENT INFORMATION - *This information is needed for each claimant seeking loss of wages. If more than one claimant is seeking loss of wages, please include this information on an additional page.*

Claimant Name_____

Is the claimant seeking loss of earnings? ☐No ☐Yes **Was claimant employed on date of crime?** ☐No ☐Yes

Name of claimant's employer: _____

Employer's complete address: _____City_____ State/Zip_____

Phone (____)_____Fax (____)_____E-mail_____

Occupation _____ Job Title _____

Was the claimant self-employed on the date of the crime? ☐No ☐Yes

11. INSURANCE AND REIMBURSEMENT SOURCES (*auto related crimes only*)

If crime was vehicle related (to include pedestrian), include the name of the auto insurance company for both the victim and the suspect. Include a copy of the itemization of what is covered under your auto insurance policy ("Auto Declarations Page"). Auto identification cards are not sufficient.

Victim's Auto Insurance Company _____

Auto Insurance Policy Number _____

Name of Insurance Adjuster _____

Auto Insurance Phone Number (____)_____Fax Number (____)_____

Suspect's Auto Insurance Company _____

Auto Insurance Policy Number _____

Name of Insurance Adjuster _____

Auto Insurance Phone Number (____)_____Fax Number (____)_____

IMPORTANT AFFIDAVIT

This affidavit is part of your application and *must be completed and signed* in order to process this claim.
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 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.

Subrogation Agreement. In accordance with Texas Code of Criminal Procedure, Article 56.51 and 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 file bankruptcy or 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.

Refund Agreement. I understand and agree that the Office of the Attorney General may request a refund of payments previously made due to overpayments, submission of false or fraudulent information, unjust enrichment, failure to provide requested information, non-cooperation with law enforcement or non-compliance with any requirement of the Texas Code of Criminal Procedure, Chapter 56.

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 to the Crime Victims' Compensation Program 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 and agree 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

Printed Name:	**Date:**
Signature:	

(Parent or legal representative must sign if victim is a minor or incapacitated adult)

CLAIMANT

Printed Name:	**Date:**
Signature:	

(Parent or legal representative must sign if claimant is a minor or incapacitated adult)

Return this page to the Office of the Attorney General.