



OFFICIAL CLAIM FORM

CRIME VICTIMS COMPENSATION PROGRAM

Please return to: District Attorneys Council
421 NW 13TH St., Suite 290
Oklahoma City, OK 73103-3710
405-264-5006 (OKC) or 1-800-745-6098 (Toll-Free)
Fax: 405-264-5097
<http://www.ok.gov/dac/>

To Be Completed By OCVCB
Claim # _____
District # _____
V/W Coord. F/R _____

Requested 7/27/05

To Be Completed By VWC
Mailed to Claimant on ___/___/___
VWC Initials _____
Date Rec'd from Clmt. ___/___/___

Please Print

Information on the Victim

Name _____
Last First MI

Mailing Address _____

Street Address (if different) _____

City _____ State _____

Zip Code _____ Phone _____

Date of Birth _____ Marital Status _____

Age When Crime Occurred _____

Sex _____ Social Security # _____

Race _____ National Origin _____
(Race and National Origin are for statistical purposes only)

Disabilities Prior to Victimization _____

Dependents Names and Ages _____

Information on the Claimant**
(Not the defendant's info - See note below)

Name _____
Last First MI

Mailing Address _____

Street Address (if different) _____

City _____ State _____

Zip Code _____ Phone () _____

Date of Birth _____ Marital Status _____

Sex _____ Social Security # _____

Relationship to Victim _____

Employer Name _____

Mailing Address _____
City _____ State _____

Zip Code _____ Phone _____

Information on Contact Person
(Do not list the Victim or Claimant or anyone living in the household)

Name _____
Last First MI

Street Address _____

Mailing Address _____

City _____ State _____

Zip Code _____ Phone () _____

Relationship to Victim _____

Guardian Information
(Complete only if Claimant is a child or incapacitated adult)

Name _____
Last First MI

Social Security Number _____

Street Address _____

Mailing Address _____

City _____ State _____

Zip Code _____ Phone () _____

Relationship to Victim _____

**The Claimant is the person requesting compensation. If the victim is an adult who is able to care for himself/herself, put "Same as Victim" here. See instructions for a list of persons eligible to be a claimant.

Information About the Crime

What crime was committed which led to the filing of this claim (select one):

- Armed Robbery
- Arson (does not include personal property)
- Assault
- Child Physical Abuse
- Child Sexual Abuse (under age 16)
- Domestic Violence/Spouse Abuse
- Domestic Violence Homicide
- DUI Homicide
- DUI Injury
- Homicide
- Kidnapping
- Leaving the Scene (auto/pedestrian incidents)
- Sexual Assault (16 years or older)
- Shooting with Intent to Kill
- Terrorism/Mass Murder

Date of Crime _____ Time: _____

If victim is a child, when was the crime disclosed by the child to an adult:

Date: _____ Time: _____

County/City of Crime _____

Location of Crime (check primary location)

- Bar or Club
- Business (other than victim's workplace)
- Rural Area
- Someone else's apartment/home
- Street
- Vehicle
- Victim's workplace
- Victim's own apartment/home
- Other (describe) _____

When was the crime reported to the police?

Date: _____ Time: _____

What agency was the crime reported to?

Who reported the crime?

Information About the Victim's Injuries

List the injuries caused by the crime (if more space is needed, continue on back of page):

List doctors and hospitals where the victim was treated after the crime (attach itemized statements):

Victim's Employment Information

Employer _____

Address _____

City _____ State _____

Zip Code _____ Phone () _____

Supervisor's Name _____

Occupation _____

Starting Date _____ Ending Date _____

How much work did the victim lose because of injuries relating to the crime? _____ days

What was the victim's weekly take-home pay prior to the crime? \$ _____ per week

When is the victim scheduled to return to work?

What is the name of the doctor that released the victim to return to work? _____

If self-employed, tax returns for the last three years will be required before work loss can be considered.

Expenses Being Claimed

- Funeral**
- Future Economic Loss** (submit estimates)
- Income Loss** (victim/caregiver submit last pay stub)
- Loss of Support** (if victim is deceased)
- Medical** (submit itemized statement)
- Dental** (submit itemized statements)
- Rehabilitation** (physical or occupational therapy)
- Counseling** (for victim only)
- Grief Counseling** (for family of homicide victims)
- Replacement Services** (submit receipts)
- Homicide Crime Scene Cleanup**

Information Source

How did you find out about the Victims Compensation Program (check all that apply):

- District Attorney's Office
- TV
- Radio
- Brochures or Poster
- Victims' Assistance Program
- Billboards/Bus Benches
- Other (specify) _____

Offender Information (if known)

List those who committed the crime(s) which led to the filing of this claim: _____

Relationship of offender to victim (if any): _____

Has there been an arrest? Yes No

Have charges been filed? Yes No

If charges were filed, what is the Criminal Case Number (if known) _____

Who was charged with the crime:

Insurance Information

Is there any insurance coverage to assist with expenses being claimed? Yes No. If yes, please list all insurance coverage.

Health (complete if medical is being claimed)

Company _____
Agent Name _____
Phone # () _____
Policy Number _____

Life Insurance (complete if victim is deceased)

Company _____
Amount Received \$ _____
Phone # () _____
Policy Number _____
Beneficiary _____
Relationship to victim _____
Phone # () _____
Address _____
City _____ State _____ Zip _____

Car Insurance (complete if the crime was vehicle related)

Company _____
Amount Received \$ _____
Agent Name _____
Phone # () _____
Policy Number _____
Effective Date _____

Other Insurance (Example: Medicaid)

Company _____
Amount Received \$ _____
Agent Name _____
Phone # () _____
Policy Number _____
Address _____
City _____ State _____ Zip _____

Attorney Information (if one has been hired)

Is the victim or claimant thinking of filing a *civil* lawsuit against anyone because of this crime (a lawsuit other than the criminal case that the D.A.'s office may be pursuing)? Yes No.

Attorney Name _____
Address _____
City _____ State _____ Zip _____
Phone # () _____

FILING DEADLINE INFORMATION

The Crime Victims Compensation form must be received in the Oklahoma Crime Victims Compensation Board office within one (1) year of the date of the incident or death of the victim, regardless of whether you have all of the bills and supporting documentation attached to the claim. The one year deadline may be extended to two years with good cause.

CONFIDENTIALITY OF RECORDS

All records and information given to the Board to process a claim on behalf of a crime victim shall be confidential, pursuant to 21 O.S. 142.9 (G) of the Oklahoma Statutes.

WITH MY SIGNATURE BELOW

I agree that I have read and understand all instructions and eligibility requirements and agree that all unpaid bills or portions thereof for services conducted for the victim be paid by the Oklahoma Crime Victims Compensation Board directly to the supplier. Further, I swear that the information contained in this claim is true, and I understand that the filing of a false claim for compensation is a misdemeanor and shall be punishable by a fine not to exceed one thousand dollars (\$1,000.00) or by imprisonment in the county jail for a term not to exceed one (1) year or both such fine and imprisonment. In the event I receive compensation for my injuries from another source, after receiving an award from the Victims Compensation Board, I understand that I am responsible for reimbursing the Victims Compensation Board to the extent the Board awarded compensation to me. Also, if I file a lawsuit against the defendant or another party, I agree to notify the Victims Compensation Board immediately.

Signature of Victim or Claimant

Date Signed

RELEASE OF INFORMATION

I hereby authorize:

- * any hospital;
- * physician;
- * attorney;
- * any person who treated or examined the victim;
- * undertaker or other person rendering funeral services;
- * any employer of the victim;
- * any police, municipal or public authority;
- * Social Security Administration;
- * Department of Human Services;
- * any federally funded agency;
- * any insurance company; and
- * any organization having knowledge of this claim,

to release any information with respect to the incident leading to the victim’s personal injury or death and the claim made herewith for benefits to the Oklahoma Crime Victims Compensation Board or the District Attorney’s Office Victim-Witness Staff.

Signature of Victim or Claimant

Date Signed

BY STATE LAW, YOU MUST BE ADVISED OF THE FOLLOWING

The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the Human Immunodeficiency Virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS).

Signature of Victim or Claimant

Date Signed

OKLAHOMA CRIME VICTIMS COMPENSATION PROGRAM

421 NW 13TH St., Suite 290, Oklahoma City, OK 73103-3710
405-264-5006 (OKC) 1-800-745-6098 (Toll-Free) Fax: 405-264-5097

INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM

Note: The Claim Form must be received at the above address within one year of the crime. If you move and leave no forwarding address, your claim may be denied, so please notify us of your correct mailing address. Please sign all three (3) areas of page four (4).

You may e-mail the current address information on our webpage at:

<http://www.ok.gov/dac/>

Information on Victim (Must be completed)

The victim is the person who was injured or killed as a result of violent crime.

Information on Claimant (Complete only if the victim is: deceased, a child, or an incapacitated adult)

Authorized claimants can be: 1) the parent of a minor child; 2) a dependent of a victim who has died because of a crime; 3) a person authorized to act on behalf of the victim or a dependent; or 4) a person legally responsible for payment of expenses which have arisen because of a criminal act (example: person responsible for payment of funeral expenses).

Contact Person Information (Must be different from victim and/or claimant information)

We ask for this information in the event we are unable to contact the claimant by mail or telephone. Your contact person should be someone you trust to give you a message and should be someone who knows you were a victim of a crime.

Guardian Information (Complete only if the claimant is a child or incapacitated adult)

This information is needed in the event an award is made to a minor child or an incapacitated adult. The guardian is the person who has legal responsibility for the claimant's business affairs.

Crime Information (Must be completed)

Complete all areas that apply to the incident which led to the filing of this claim.

Injury Information (Must be completed)

List the injuries suffered as a result of the crime and attach all itemized medical statements. List the hospital (if applicable) and/or the victim's treating physician or other medical professional. If medical treatment was not rendered, put N/A.

Employment Information (Complete only if applying for reimbursement of wages or loss of support)

Employed people who miss work after being a victim of a violent crime may qualify for reimbursement of lost wages for the period of time he/she was recovering from the injuries, provided the crime disabled the person from working and the disability can be verified by a physician and by the victim's employer. There can be no compensation for loss of wages if the victim's employer paid him/her for the time off, regardless of the source of payment. Loss of support for dependents of a deceased victim can be compensated if there is documentation that collateral sources (i.e., Social Security and Life Insurance) are less than the net income provided by the victim prior to his/her death. If the victim was self-employed when the crime occurred or if taxes were not withheld by the employer, tax returns for the past three years will be required before work loss or loss of support can be considered. Work loss can only be compensated up to the time specified by the physician.

Expenses Being Claimed (Must be completed)

This area helps us to determine what documentation will be needed in order to make a decision on your claim.

Information Source

We ask how you found out about the program to help us determine where to focus outreach efforts in the future.

Offender Information (Complete if known)

Complete this information if you know the name of the offender(s). If the offender is unknown, write UNKNOWN.

Insurance Information (Must be completed)

Carefully follow the instructions on the claim form for each area. If you do not have certain types of insurance, put N/A in the blank spots.

Limits of Compensation

Compensation payable to a victim and to all other claimants sustaining economic loss because of injury to or death of that victim may not exceed twenty thousand dollars (\$20,000.00) in the aggregate (effective July 1, 1999). Prior to July 1, 1999, the maximum award was \$10,000.00.

Eligibility Requirements

The crime-related injury or death occurred in Oklahoma on or after October 19, 1981.
The crime was reported to law enforcement officials within 72 hours of the incident.
Claim for compensation is filed within one year of the incident date or death of victim.
With good cause, the filing time can be extended to two years.
The victim was not the offender or the accomplice.
Compensation would not benefit the offender or accomplice.
The victim and/or claimant cooperated fully with the investigation of the incident.
The victim did not contribute in any way to the injury or death.
There is out-of-pocket loss as a result of the crime.

Types of Expenses Covered by Crime Victims Compensation Act

Funeral – For crimes occurring on or after July 1, 2005, up to \$6,000.00 may be reimbursed for expenses related to the funeral, cremation, or burial of a deceased victim. For crimes occurring between July 1, 1999 and July 1, 2005, the compensable rate was \$5,000.00. For crimes occurring prior to July 1, 1999, please contact the Board office to find out the compensable amount of funeral expenses.

Future Economic Loss - Needed services which cannot be obtained without prior approval of the victims' compensation claim or payment in advance from the victim. To submit a request for future economic loss, include an itemized list of the expenses you expect to incur, along with an explanation regarding the expense. If the expense is for dental work or surgery necessary to repair damage from the criminal incident, ask the attending physician to write an accurate estimate which clearly states the work to be performed and the cost. The attending physician should relate, in writing, the need for medical treatment due to injuries sustained during the crime.

Income Loss - Loss of income from work the victim would have performed if he/she had not been injured. Work loss must be verified by the employer and the attending physician. Effective July 1, 1999, caregiver work loss can be awarded up to \$2,000.00, if the work loss is verified by the victim's physician and an employer's certificate from the caregiver's employer is filed. Caregiver work loss may only be awarded to persons who have unreimbursed wage loss due to caring for an injured victim of crime.

Loss of Support - In the event of the death of a victim, the Board may consider providing reimbursement for loss of support to a dependent based on the victim's net income at the time of death, less any collateral sources such as: Life insurance (over \$50,000.00), social security, workers compensation, uninsured motorist coverage, or 3rd party reimbursements. Monthly installments or a lump sum award is at the discretion of the Board.

Medical/Dental - Includes products, services, and accommodations for medical care (Examples: doctor exams, dental work, hospital treatment, hospital stay, artificial limbs, prescriptions, and eye glasses). For crimes occurring on or after July 1, 2004, medical related fees will be paid up to 80% of the maximum allowance. For crimes before July 1, 2004, medical related fees could be paid up to 100% of the maximum allowance.

Rehabilitation - Includes such things as physical and psychological therapy, rehabilitative occupational training, and other remedial treatment and care.

Counseling for Victims - For crimes occurring on or after July 1st, 2004 there are no fee schedule limitations; counseling expenses will be paid up to 80%, with a 20% required write-off. The maximum compensable amount for the victim's counseling is \$3,000.00. This limit may be waived by the Board in extenuating circumstances. Although the Board no longer has a fee schedule for counseling, victims are advised to seek treatment from a licensed mental health professional. For crimes occurring **before** July 1, 2004 there was a fee schedule as follows: Psychiatrist (M.D.), \$110.00; Psychologist (Ph.D.), \$100.00; Social Workers, Licensed Professional Counselors, or Marital and Family Therapists (ACSW, LSW, LCSW, LPC, LMFT), \$60.00; and Masters in Social Work (MSW), \$35.00 (only if MSW works in licensed facility under supervision of a qualified mental health professional). A "session" is presumably the standard 45 minutes.

Grief Counseling – For crimes occurring on or after July 1, 2005, crisis counseling that is initiated within three years of the crime is compensable, up to \$3,000.00 for each family member of a homicide victim, provided the counselor is a qualified mental health care provider. *Medical and pharmaceutical treatment for a family member of a homicide victim is not compensable.* For crimes occurring between July 1, 2000 and June 30, 2005, there is a \$500.00 per family member counseling limit, not to exceed \$3,000.00 per family of a homicide victim; counseling must have been initiated within two years of the incident. For crimes occurring between July 1, 1999 and June 30, 2000, there is a \$500.00 per person and \$1,000.00 per family limit; counseling must have been initiated within 120 days.

Homicide Crime Scene Cleanup- Effective July 1, 1999, homicide crime scene cleanup can be covered up to \$500.00.

Replacement Services - Expenses reasonably incurred in obtaining ordinary and necessary services in place of those the victim would have performed for the benefit of self or family, if the victim had not been injured. Property losses are not covered under the Act.

Revised 7/06