OKLAHOMA DISTRICT ATTORNEYS COUNCIL

OKLAHOMA CRIME VICTIMS COMPENSATION BOARD

Please Return to: 421 N.W. 13TH STREET, SUITE 290 • OKLAHOMA CITY, OKLAHOMA 73103

405/264-5006 or 800/745-6098 • Fax: 405/264-5097 • http://www.ok.gov/dac/ • victims.services@dac.state.ok.us

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 thoroughly complete ALL sections and sign all three areas of page three.
You may e-mail your current address information to: ***victims.services@dac.state.ok.us***

Instructions for the 10/24/2015 Stillwater Incident Official Claim Form

SECTION A Persons eligible for Compensation:

1) A Victim (defined as the person deceased, injured, or an eyewitness in the direct threat of violence, who suffered physical or psychological injuries or death as a result of the crime).

2) A dependent of a victim who died as a result of the crime

3) A person authorized to act on behalf of the victim or dependent

Section B 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).

SECTION C Contact person should be different than the victim and claimant information
This information should be provided in the event we are unable to contact the claimant by mail or telephone. The contact person should be someone you trust to give you a message, someone who knows your whereabouts, and someone who knows you were a victim of a crime. If a tribal victims' assistance program is helping with the claim, the program contact person may be listed in this section.

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

SECTION E Complete this information regarding a civil lawsuit. A lawyer is not required to submit an application.

SECTION F Employment Information: 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 (physical or psychological), provided the crime prevented the person from working and the disability can be verified by a physician or mental health professional and by the victim's employer. There can be no compensation for loss of wages if the victim was paid 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 is computed based on the disability time specified by the physician or mental health professional and the employer.

SECTION G Complete if the victim has dependents.

SECTION H Expenses Being Claimed: This area helps us to determine what documentation will be needed in order to make a decision on your claim.

Information about the Victim's Injuries: 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 mental health professional. If no treatment was accessed, put N/A.

LIMITS OF COMPENSATION

The sum of all payments made to individual claimants and service providers on behalf of one victim may not exceed $20,000.00. In addition to the initial award of $20,000.00, an additional $20,000.00 may be available for work loss or loss of support. In no event shall the sum of all payments exceed $40,000.00.

THE CRIME VICTIMS COMPENSATION ACT DOES NOT PERMIT THE AWARDING OF FUNDS FOR PAIN AND SUFFERING OR PROPERTY DAMAGE.

ELIGIBILITY REQUIREMENTS

- Claim filed within one year of incident or death of victim
- There is economic loss after collateral resources have been deducted.
- Victim and claimant cooperated fully with the appropriate law enforcement agencies.

TYPES OF EXPENSES COVERED FOR ELIGIBLE CRIME VICTIMS COMPENSATION CLAIMS

Funeral / Burial – Up to $7,500 may be reimbursed for reasonable expenses related to a funeral, cremation, or burial of a deceased victim.

Traditional American Indian Services – In addition to expenses listed throughout the instructions, expenses may also be considered for reimbursement in traditional healing or burial ceremonies for American Indian victims of crime and family members of American Indian homicide victims. The maximum allowable for burial related expenses, including gifting, is $7,500. The maximum allowable for healing services is $3,000 for the injured victim. The maximum for healing services for each family member after a homicide is also $3,000. The maximum award for all services compensated through the Crime Victims Compensation Program may not exceed $20,000. If requesting reimbursement for healing or burial ceremonies, please also complete the "Request for Traditional American Indian Services" form located at: http://ok.gov/dac/Victims/Just_for_Victims/index.html

Future Economic Loss - Needed services which cannot be obtained without prior approval by the Victims Compensation Board 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. For future 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 / Economic 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 or mental health professional. Caregiver work loss can be awarded up to $3,000, if the work loss is verified by the caregiver's employer. Caregiver work loss may only be awarded up to $3,000 for persons who have unreimbursed wage loss due to caring for an injured victim of crime.

Dependent Care / 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 and uninsured motorist coverage (over $50,000), social security, workers compensation, or 3rd party reimbursements.

Medical/Dental/Rehabilitation - Includes products, services, and accommodations for medical care directly related to the crime (Examples: doctor exams, medical equipment, dental work, hospital expenses and prescriptions; physical therapy, rehabilitative occupational training and other remedial treatment and care). Medical related fees owed to service providers may be paid up to 80%, with a 20% required write off by the medical service provider.

Counseling for Victims / Mental Health - Counseling expenses may be paid up to 80%, with a 20% required write-off by the mental health service provider. The maximum compensable amount for the victim's counseling is $3,000. This limit may be waived by the Board in extenuating circumstances.

Grief Counseling – Crisis counseling that is initiated within three years of the crime is compensable, up to $3,000 for each family member of a homicide victim, provided the counselor is a qualified mental health professional. *Medical and pharmaceutical treatment for a family member of a homicide victim are not compensable*.

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.

Travel – Mileage may be reimbursed for medical or counseling appointments. Documentation from the provider verifying the dates of services is required. Travel to and from court hearings are not eligible.

ANY ELIGIBLE EXPENSE PAID BY THE VICTIM OR CLAIMANT DIRECTLY TO A SERVICE PROVIDER CAN BE REIMBURSED AT 100% IF THE CLAIM IS APPROVED.

OKLAHOMA CRIME VICTIMS COMPENSATION PROGRAM

PLEASE RETURN TO: 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 Website: http://www.ok.gov/dac

OFFICIAL CLAIM FORM: FOR VICTIMS/ EYEWITNESSES IN THE DIRECT THREAT OF VIOLENCE AT THE 10/24/2015 STILLWATER INCIDENT

SECTION A – VICTIM INFORMATION ***(Person who was killed, injured, or was an eyewitness on 10/24/15t in Stillwater)***

1. First Name of Victim:	**2.** Middle Initial:	**3.** Last Name:	
4. Date of Birth:	**5.** Age when the crime was committed:	**6.** Social Security Number:	**7.** Gender:
8. Street Address, City, State, and Zip Code:			
9. Mailing Address, City, State, and Zip Code *(If different from Street Address):*			
10. Daytime Phone: ( )		**11.** Other Phone: ( )	

12. Race/Ethnicity: *(For statistical purposes only)*

☐ American Indian or Alaska Native: Tribal Affiliation: _____ ☐ Asian ☐ Black or African American

☐ Hispanic ☐ Native Hawaiian or Other Pacific Islander ☐ White, Non-Latino /Caucasian ☐ Other Race _____

13. Disabilities Prior to Victimization:

14. Victim is deceased ☐ **Victim was injured** ☐ **Victim was an eyewitness in the direct threat of violence** ☐

SECTION B – CLAIMANT INFORMATION ***(Only complete this section if the victim is a minor, incapacitated or deceased)***

1. First Name of Claimant:	**2.** Middle Initial:	**3.** Last Name:	
4. Relationship to the victim shown above:			
5. Street Address, City, State, and Zip Code:			
6. Mailing Address, City, State, and Zip Code *(If different from Street Address):*			
7. Daytime Telephone: ( )	**8.** Other Phone: ( )		**9.** Social Security Number:

SECTION C – CONTACT PERSON ***(Do not list the victim, the claimant, or anyone living in the household of the victim)***

1. First Name of Contact:	**2.** Middle Initial:	**3.** Last Name:	
4. Relationship to Victim:			
5. Person's Street Address, City, State, and Zip Code:			
6. Person's Mailing Address, City, State, and Zip Code *(If different from Street Address):*			
7. Daytime Telephone: ( )	**8.** Other Phone: ( )		**9.** Check here if the Contact Person is a Tribal Victim Advocate: ☐

To Be Completed By VWC

Mailed to Claimant on ___/___/___ (if applicable)

VWC Initials _____

Date Rec'd from Clmt.___/___/___

To Be Completed By OCVCB

Claim #_____

District #_____

V/W Coord. F/R_____

SECTION D - INSURANCE INFORMATION

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

1. Health *(Complete if medical or counseling is being claimed)*

Company: _____ Phone: ( )_____ Member/Group Number: _____

☐ **Check here if Medicaid or Soonercare recipient** **Medicaid or Soonercare #** _____

2. Life Insurance *(Complete if victim is deceased)*

Company: _____ Amount Received: $_____ Policy Number: _____

Beneficiary: _____ Relationship to victim: _____ Phone: ( )_____

Address, City, State, Zip: _____

3. Car Insurance *(Complete if you have uninsured motorist coverage on your policy)*

Company: _____ Amount Received $_____ Agent Name: _____

Phone ( )_____ Policy Number: _____ Effective Date: _____

SECTION E - PRIVATE ATTORNEY INFORMATION: *(Complete if there is a lawsuit; do not include criminal case information here)*

1. Has the victim or claimant filed a *civil* lawsuit against anyone because of this crime ☐ Yes ☐ No

2. Attorney's Name and Law Firm: _____

3. Attorney's Phone: ( )_____

4. Attorney's Address, City, State, and Zip: _____

_____

How did you hear about this program? (Check One) ☐ Police ☐ DA's Office ☐ Poster/Brochure ☐ Medical or Mental Health Professional

☐ Medical Examiner ☐ Victim Assistance Program ☐ Funeral Home ☐ Media ☐ Other: _____

SECTION F - VICTIM'S EMPLOYMENT INFORMATION: *(If self-employed, include tax returns for the last three years)*

1. Employer: _____

2. Occupation: _____

3. Employer's Phone: ( )_____

4. Supervisor's Name:_____

5. Employer's Address, City, State, Zip Code: _____

_____

6. Did the victim miss work due to the crime? ☐ **Yes** ☐ **No**

7. How many days of work did the victim miss due to physical or psychological injuries related to the crime? _____

a. From Date: _____ **b. To Date:** _____

8. Name of the doctor or mental health professional who released the victim to return to work: _____

9. Doctor or Mental Health Professional's Phone: ( )_____

10. Doctor or Mental Health Professional's Address, City, State, and Zip Code:

_____

_____

SECTION G - DEPENDENTS

Please list the victim's dependents names and ages, if the victim is deceased:

_____

_____

SECTION H - EXPENSES BEING CLAIMED

☐ Funeral / Burial	☐ Dependent Care / Loss of Support	☐ Counseling / Mental Health
☐ Traditional American Indian Services	☐ Medical	☐ Grief Counseling
☐ Income Loss / Economic Support	☐ Dental	☐ Replacement Services
☐ Future Economic Loss	☐ Rehabilitation	☐ Travel (for doctor/ counseling visits)

Information about the Victim's Injuries:

1. List the injuries (physical and psychological) caused by the crime:

_____

2. List doctors, mental health professionals, and hospitals where the victim was, or is receiving treatment after the crime:

_____

3. Funeral Home and address (if applicable): _____

SECTION I - FILING DEADLINE

The Crime Victims Compensation form must be received in the 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 deadline may be extended up to two (2) years in certain circumstances, at the Board's discretion. For cases involving child sexual abuse, claims may be accepted past the two (2) year deadline.

SECTION J - 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.

SECTION K - 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 Crime Victims Compensation Board directly to the supplier, if approved. Further, I hereby certify 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 Crime Victims Compensation Board, I understand that I am responsible for reimbursing the Crime 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 Crime Victims Compensation Board immediately. Further, I understand that any restitution I receive from the offender for expenses paid by the Crime Victims Compensation Board, must be reimbursed by me to the Crime Victims Compensation Board.

_____ _____

Date Signed Signature of Victim or Claimant

SECTION L - 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.

_____ _____

Date Signed Signature of Victim or Claimant

SECTION M - 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 non-communicable 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).

_____ _____

Date Signed Signature of Victim or Claimant

THIS CLAIM FORM MUST BE PRINTED AND SIGNED THEN EITHER FAXED, EMAILED, OR MAILED.

****NOTE TO SERVICE PROVIDERS****

Release of Information meets HIPAA requirements and does not have an expiration date.