Office of the Attorney General
Bureau of Victim Assistance
Crime Victim Compensation Division
P.O. Box 220 Jackson, MS 39205
800.829.6766 or 601.359.6766
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AttorneyGeneralLynnFitch.com

Lynn Fitch
ATTORNEY GENERAL

For Office Use Only

CLAIM NO. _____

Victim Compensation Application

APPLICATION MUST BE COMPLETED, SIGNED AND NOTARIZED. IT IS THE RESPONSIBILITY OF THE VICTIM/CLAIMANT TO NOTIFY THIS DIVISION OF ANY CHANGES TO ADDRESS OR TELEPHONE NUMBERS. I UNDERSTAND THAT MISSISSIPPI CODE ANNOTATED § 99-41-31 STRICTLY PROHIBITS THE RELEASE OF ANY RECORDS OBTAINED BY THE CRIME VICTIM'S COMPENSATION DIVISION FOR THE PURPOSE OF PROCESSING A COMPENSATION CLAIM. I UNDERSTAND THAT THIS PROHIBITION APPLIES TO ALL PERSONS WHO ARE NOT DIRECTLY INVOLVED IN DETERMINING ELIGIBILITY, INCLUDING THE CLAIMANT AND/OR CLAIMANT'S COUNSEL.

Instructions

Please read the enclosed "General Eligibility Guidelines" to see if you qualify for this program. Fill out the form completely (please print), attach any required documentation, including itemized bills, and mail to the above address. If the victim is deceased, include itemized funeral and burial expenses.

Check the type of victim compensation you are requesting:

- □ Court Related Travel Expenses
- □ Loss of Wages (funeral)
- □ Crime Scene Cleanup Expenses
- □ Loss of Wages (victim)
- □ Domestic Violence Relocation Assistance
- □ Medical Expenses
- □ Domestic Violence Temporary Housing Assistance
- □ Mental Health Counseling (family member)
- □ Mental Health Counseling (victim)
- □ Loss of Support (dependents of deceased victim)
- □ Rehabilitation
- □ Loss of Tuition
- □ Repair/Replacement Expenses
- □ Loss of Wages (claimant)
- □ Transportation (funeral)
- □ Loss of Wages (court proceeding)
- □ Transportation (Medical/MHC)
- □ Funeral Expenses

SECTION A – Victim Information - person injured or killed as result of the crime.

A. Please type or print legibly with ink.
B. A separate application must be completed for each victim who received injuries.
C. If a person witnessed the crime and is requesting mental health counseling, complete separate application.

1. Victim's Name _____ 2. Marital Status _____
3. Mailing Address_____ 4. City/State/Zip _____
5. County _____ 6. Home/Cell Phone ( ) _____ 7. Work Phone ( ) _____
8. Date of Birth _____ 9. Age _____ 10. Social Security # _____ 11. Email _____
12. Briefly describe victim's injuries_____
13. The following victim information is used for statistical purposes only and is needed to comply with federal regulations.

A. Sex: □ Female □ Male
B. Handicapped Before Crime: □ Yes □ No
C. Handicapped After Crime: □ Yes □ No
D. Race:
- □ American Indian or Alaska Native
- □ White Non-Latino or Caucasian
- □ Hispanic or Latino
- □ Asian
- □ Native Hawaiian or Other Pacific Islander
- □ Black or African America
- □ Multiple Races
- □ Other _____

14. Has/had victim been under the supervision of any department of corrections (including, but not limited to, incarceration, earned release, house arrest, probation, parole, conditional medical release or interstate compact) for a felony conviction within 5 years prior to the victim's injury or death? □ Yes □ No

SECTION B – Claimant Information - If claimant is same as victim, skip to Section C

Complete this section only if:
A. You are the person responsible for the victim if the victim is a minor (under 18 years of age) or incapable of acting on his/her behalf.
B. You are the person legally responsible for the dependent(s) of a deceased victim or for expenses associated with the victim's death.

1. Claimant's Name _____ 2. Relationship to Victim _____
3. Mailing Address _____ 4. City/State/Zip _____
5. Home/Cell Phone ( )_____ 6. Work Phone ( )_____ 7. Email_____
8. Date of Birth _____ 9. Age _____ 10. Social Security # _____
11. Has/had claimant been under the supervision of any department of corrections (including, but not limited to, incarceration, earned release, house arrest, probation, parole, conditional medical release or interstate compact) for a felony conviction within 5 years prior to the victim's injury or death? □ Yes □ No □ DUI

SECTION C – Crime Information

1. Type of Crime (please check one)

□ Assault	□ Child Pornography	□ DUI	□ Kidnapping
□ Burglary	□ Child Sexual Abuse	□ Homicide	□ Sexual Assault
□ Child Physical Abuse	□ Domestic Violence	□ Human Trafficking	□ Stalking
□ Robbery	□ Terrorism	□ Other _____	

2. Date of Crime:_____ 3. Date Crime Reported:_____
4. Name of Law Enforcement Agency Crime Reported To: _____
5. Police Incident Report # _____ 6. Officer's Name: _____
7. Name of Offender(s): _____
8. Did Victim Know Offender(s) □ Yes □ No If yes, in what way? _____
9. Location of Crime: Address _____ 10. City/State/County_____
11. Were charges filed against the offender? □ Yes □ No 12. Has an arrest been made? □ Yes □ No □ Unknown
13. Has the case gone to trial? □ Yes □ No □ Unknown If yes, when? _____ Result? _____
14. Court case or cause # _____ 15. Prosecuting attorney: _____
16. Has the court ordered the offender to pay restitution (pay you back)? □ Yes □ No □ Unknown

SECTION D – Employment Information

Complete this section only if one of these apply:
A. The victim was employed at the time of the crime and has loss of wages due to the crime related injuries
B. The claimant missed work and had a loss of wages in order to assist the victim during the victim's recovery from injuries

Request for lost wages is for □ Victim □ Claimant *Note: Victim and claimant may both receive compensation for lost wages. Both awards cannot exceed the maximum of up to $600 per week.*

1. Dates absent from work due to crime: From_____To_____
2. Employer: _____ 3. Employer Phone:_____
4. Employer Address: _____ 5. City/State/Zip: _____
6. Job Title: _____
7. Supervisor's Name: _____
8. Are you self-employed? □ Yes □ No

If you are self-employed, attach a copy of your latest federal income tax return.

SECTION E – Loss of support for Dependent(s)

Complete this information only if the victim financially supported dependent(s) at the time of death.

1. Did victim contribute financial support to any dependent at the time of death? □ Yes □ No
   If yes, list dependents (Attach additional sheet if necessary)

Name	Address	Social Security #	Relation to Victim	Date of Birth

2. Attach a copy of the victim's latest federal income tax return and proof of dependency. (You may be asked for more information to determine dependency and actual loss of support)

SECTION F – Insurance and Other Collateral Source Information

By law, the Crime Victim Compensation Division is payer of last resort and must verify all sources available for payment of expenses. This section must be completed. Please check each source that applies.

1. Source		Applied For	N/A
Health Insurance	□ Yes □ No	_____	_____
Automobile Insurance	□ Yes □ No	_____	_____
Social Security: SSI	□ Yes □ No	_____	_____
Social Security: Disability	□ Yes □ No	_____	_____
Social Security: Death Benefits	□ Yes □ No	_____	_____
Workers' Compensation	□ Yes □ No	_____	_____
Medicaid	□ Yes □ No	_____	_____
Medicare	□ Yes □ No	_____	_____
Veteran's Administration	□ Yes □ No	_____	_____
Unemployment Compensation	□ Yes □ No	_____	_____
Disability Pay	□ Yes □ No		
Life Insurance	□ Yes □ No	_____	_____
Amount of Policy _____			
Beneficiary _____			
Relationship to Victim_____			
Burial Insurance Policy	□ Yes □ No	_____	_____
Amount of Policy_____			
Donations for Funeral Expenses	□ Yes □ No	_____	_____
Amount_____			
Other (specify) _____			

2. Please list name, address and telephone number for each insurance company indicated above.

Insurance Company	Address	Telephone #

3. If a car was involved in the crime, list the name and address of the offender's automobile insurance company._____

SECTION G – Attorney Information

1. Have you filed or are you considering filing a civil action against the offender or some other third party for expenses as a result of the crime? □ Yes □ No If yes, please complete the following:

A. Attorney's Name _____ B. Telephone # _____

C. Mailing Address _____

SECTION H – Referral Information

□ Children Services
□ Funeral Home
□ Mental Health Counselor
□ Survivor of Homicide Agency
□ City/County Agency
□ Hospital/Doctor
□ Mothers Against Drunk Driving
□ Victim Assistance
Coordinator
□ District Attorney
□ Internet
□ Other Social Service Agency
□ Domestic Violence Shelter
□ Law Enforcement Agency
□ Poster/Brochure
□ Elderly
□ Media (TV, Radio, Newspaper)
□ Sexual Assault Crisis Center
□ Other _____

SECTION I – Authorization, Consent and Subrogation

CONSENT: I acknowledge and agree that all or any part of the compensation award may be paid directly, at the discretion of the Crime Victim Compensation Division, to the person(s) to whom payment is owed.

SUBROGATION: I agree to immediately repay any award(s) to the Crime Victim Compensation Division, if I later recover the money through legal action or otherwise. Furthermore, I agree to notify the Crime Victim Compensation Division in writing prior to filing a civil lawsuit resulting from the criminal action. In consideration of any award made by the Crime Victim Compensation Division, I agree to subrogate to the Crime Victim Compensation Division, or its representatives, any information requested, including tax data and prior police records, needed to perfect my claim for compensation.

AUTHORIZATION: I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 45 C.F.R. § 164.508) any hospital, physician, health care provider, mental health care provider; any funeral director or other person who rendered related services; any employer of the victim or claimant; any law enforcement or governmental agency, including state or federal taxing authorities; any insurance company; or any other individual, company, agency or organization having relevant knowledge, to furnish to the Crime Victim Compensation Division, any and all information in their possession with respect to the incident that is the basis for this claim.

NOTICE: The individual signing this authorization may request the entity provide them with both a copy of the authorization and a copy of the Protected Health Information (PHI) to be disclosed. The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing, except to the extent that the entity has already relied upon this Authorization to disclose PHI. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization will expire 3 years from the date the victim/claimant signed below or when this claim is resolved.

CERTIFICATION OF APPLICATION: I hereby certify that I have read and/or understand, and agree to the above statements. I also certify, subject to the penalty of fine and imprisonment, that the information contained in the application for crime victim compensation is true and correct to the best of my knowledge.

_____ _____

Victim or Claimant Signature (must be 18 years or older to sign) Date

Sworn to and subscribed before me the undersigned Notary on this

the _____ day of _____, _____.

Notary Public: _____My Commission Expires:_____

VICTIM COMPENSATION GENERAL ELIGIBILITY GUIDELINES

- The crime must be reported to law enforcement officials within 72 hours after the crime or show good cause for not reporting.
- Application must be received within 36 months after the date of the crime. In cases of child sexual abuse, the application must be received within 36 months after the crime was reported, but not later than the victim's twenty-fifth birthday.
- The victim or claimant must fully cooperate with law enforcement investigation and prosecution.
- The victim must not have contributed, provoked or in any way caused the injury or death; such claims may be denied or reduced.
- All other sources of payment such as insurance, Medicaid, Medicare and Workers' Compensation must pay first.
- Other limitations apply.

WHO MAY BE ELIGIBLE?

- Individual must be the victim of a violent crime who has suffered personal injury, death or extreme psychological trauma as a result of the crime. Types of crime include: assault, burglary, child physical abuse, child sexual abuse, child pornography, domestic violence, DUI crashes, other vehicular crimes, homicide, human trafficking, kidnapping, robbery, sexual assault, stalking, and terrorism.
- Dependents of a deceased victim or person authorized to act on behalf of dependents of a deceased victim.
- Persons authorized to act on behalf of the victim if the victim is a minor or is incapable of acting on his or her behalf.
- Family members of the victim who have mental health expenses related to the claim.
- Persons who have funeral expenses for the victim(s).
- A Mississippi resident who is a victim in a foreign country which does not provide compensation funds.
- A person who witnessed a violent crime and suffered extreme psychological trauma.

WHO IS NOT ELIGIBLE?

- A victim who engaged in illegal conduct.
- The offender and/or the accomplice to the offender.
- Anyone injured in a motor vehicle incident unless the vehicle was used by the offender (1) intentionally as a weapon, (2) in a hit & run, (3) while driving under the influence (DUI), (4) in an attempt to flee law enforcement, or (5) causing injury to a child in the process of boarding or exiting a school bus in violation of Miss. Code Ann. section symbol 63-3-615.
- Anyone incarcerated in a penal institution when the crime occurred.
- A victim or claimant who, after the injury for which an application with the Division is filed, is convicted of any felony and the conviction becomes known to the Division.
- A victim/claimant who has three previous felony convictions.
- A victim/claimant who has been under the supervision of any department of corrections within 5 years prior to the victim's injury or death.

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ELIGIBLE EXPENSES

- Medical expenses up to $15,000 per claim.
- Transportation costs to obtain medical and/or mental health services that are at least 45 miles one way from the victim or claimant's residence, up to $500 per claim.
- Funeral expenses, up to $6,500 and transportation costs to make arrangements and attend funeral, up to $800 per claim.
- Mental health counseling for the victim and victim's family members, up to $3,500 per claim.
- Lost wages for the victim, up to $600 per week for 52 weeks; not to exceed $20,000 per claim.
- Lost wages for the claimant, when the claimant had a loss of earnings in order to assist victim during recovery of injuries, up to $600 per week for 52 weeks; not to exceed $20,000 per claim.
- Lost wages for claimant to make arrangements and attend funeral, up to $600 per claim for one week.
- Loss of support for dependents of a deceased victim, up to $600 per week for 52 weeks; not to exceed $20,000 per claim.
- Loss of tuition
- *Domestic violence temporary housing assistance, up to $500 one time benefit.
- **Domestic violence relocation assistance, up to $2,000 one time benefit.
- Court related travel reimbursement, up to $1,000 per claim.
- Repair/replacement costs for damaged exterior windows, locks, doors and/or other security devices of a residential dwelling, up to $1,000 per claim.
- Crime scene cleanup, up to $1,000 per claim (assaults & homicides only).
- Expense verification is required.
- Overall maximum award for expenses incurred is $20,000.
- Other limitations may apply.

* Request for this benefit must be made though a domestic violence shelter, a law enforcement officer, prosecutor or judicial officer.

** Request for this benefit must be made through a domestic violence shelter

INELIGIBLE EXPENSES

- Stolen and/or damaged property.
- Pain and suffering.
- Attorney fees.
- Other limitations apply.

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Additional services are provided through the Office of the Mississippi Attorney General Victim Assistance Program. Services include information and referral, victim advocacy and court related services. For more information about this program, please call 601.359.6766 or 800.829.6766.