

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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**Case ID Number: CS2018-4011**

**Victim Initials: A.P.**

Case Payment Totals: **\$980.80**

Claim Payments:

**CL2019-A80E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$164.80</b>	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2019-7/31/2019			

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**CL2019-E72E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$156.00</b>	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			

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**CL2019-FAE5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/21/2019</b>	<b>\$312.00</b>	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2019-5/23/2019			
4/29/2019-4/29/2019			

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**CL2019-BD72**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$348.00</b>	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			
4/4/2019-4/4/2019			

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**Case ID Number: CS2018-4022**

**Victim Initials: K.D.**

Case Payment Totals: **\$2,067.33**

Claim Payments:

**CL2018-30d4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/29/2018</b>	<b>\$2,007.33</b>	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/14/2018-3/15/2018			

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**CL2018-5c59**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**10/29/2018**                      **\$60.00**                      Medical                      Hospital or Clinic  
Payee: **Sanford Health**  
Date(s) of Service (If Applicable)  
3/23/2018-3/23/2018

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**Case ID Number: CS2018-4060**

**Victim Initials: A.C.**

Case Payment Totals: **\$1,663.94**

Claim Payments:

**CL2019-26d5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$46.23</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

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**CL2019-e9d2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$157.68</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			

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**CL2018-10a9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/28/2018</b>	<b>\$79.07</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2018-10/24/2018			

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**CL2018-25c4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/28/2018</b>	<b>\$79.07</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2018-9/21/2018			

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**CL2018-32c0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/28/2018</b>	<b>\$77.77</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2018-9/14/2018			

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**CL2018-6323**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/28/2018</b>	<b>\$70.07</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2018-5/30/2018			

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### CL2018-d98b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$79.07	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/28/2018-9/28/2018			

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### CL2018-f78f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$79.07	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/9/2018-10/9/2018			

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### CL2018-127c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/17/2018-8/17/2018			

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### CL2018-5b00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/1/2018-8/1/2018			

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### CL2018-5ba6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/9/2018-8/9/2018			

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### CL2018-7978

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/24/2018-8/24/2018			

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### CL2018-9323

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/25/2018-7/25/2018			

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### CL2018-fce5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**10/05/2018**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/2/2018-5/2/2018

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**CL2018-18bf**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$79.15**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/11/2018-7/11/2018

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**CL2018-4965**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$71.90**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/16/2018-5/16/2018

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**CL2018-6849**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$71.90**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/26/2018-6/26/2018

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**CL2018-7755**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$79.63**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/13/2018-6/13/2018

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**CL2018-94c6**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$79.15**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/20/2018-7/20/2018

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**CL2018-9b02**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**10/04/2018**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/31/2018-8/31/2018

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**Case ID Number: CS2018-4065**

**Victim Initials: A.S.**

Case Payment Totals: **\$2,589.45**

Claim Payments:

# North Dakota Crime Victims Compensation

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### CL2019-73BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$1,648.65	Medical	Hospital or Clinic

Payee: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

6/4/2018-6/4/2018

### CL2019-864B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$364.80	Medical	Hospital or Clinic

Payee: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

6/4/2018-6/4/2018

### CL2018-9e4a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$576.00	Medical	Hospital or Clinic

Payee: **Anova Family Health Center**

Date(s) of Service (If Applicable)

6/28/2018-6/28/2018

7/26/2018-7/26/2018

8/20/2018-8/20/2018

**Case ID Number: CS2018-4071**

**Victim Initials: G.B.**

Case Payment Totals: **\$2,250.59**

Claim Payments:

### CL2020-FE92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$175.49	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/28/2019-2/28/2019

2/19/2019-2/19/2019

### CL2019-13fe

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$87.74	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/14/2019-1/14/2019

### CL2019-8767

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$79.06	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018

### CL2019-0e45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**01/02/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/12/2018-9/12/2018

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**CL2019-5d09**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/02/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/22/2018-8/22/2018

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**CL2019-a5e6**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/02/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/25/2018-7/25/2018

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**CL2019-f0f6**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/02/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/16/2018-8/16/2018

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**CL2019-ff16**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/02/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/19/2018-10/19/2018

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**CL2018-6673**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**08/31/2018**                    **\$147.70**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/21/2018-6/21/2018

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**CL2018-7287**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**08/31/2018**                    **\$147.70**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/10/2018-5/10/2018

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**CL2018-7754**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**08/31/2018**                    **\$147.70**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**

**North Dakota Crime Victims Compensation**  
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Date(s) of Service (If Applicable)

7/23/2018-7/23/2018

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**CL2018-898c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2018</b>	<b>\$147.70</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/5/2018-7/5/2018

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**CL2018-f7b3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2018</b>	<b>\$147.70</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/19/2018-7/19/2018

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**CL2018-2525**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/17/2018</b>	<b>\$147.70</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/6/2018-6/6/2018

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**CL2018-50d9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/17/2018</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/10/2018-5/10/2018

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**CL2018-6557**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/17/2018</b>	<b>\$147.70</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/14/2018-6/14/2018

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**CL2018-7ed5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/17/2018</b>	<b>\$147.70</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/31/2018-5/31/2018

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**Case ID Number: CS2018-4080**

**Victim Initials: K.S.**

Case Payment Totals: **\$374.13**

Claim Payments:

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### CL2019-45c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$43.62	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/4/2018-9/4/2018

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### CL2019-8cb5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$42.51	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/24/2018-8/24/2018

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### CL2018-a5fc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/14/2018-8/14/2018

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**Case ID Number: CS2018-409f**

**Victim Initials: D.L.**

Case Payment Totals: **\$4,475.04**

Claim Payments:

### CL2018-b93c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$4,247.84	Medical	Hospital or Clinic

Payee: **Tioga Medical Center**

Date(s) of Service (If Applicable)

11/19/2017-11/19/2017

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### CL2018-dd9a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$227.20	Medical	Hospital or Clinic

Payee: **Tioga Clinic Non Rhc**

Date(s) of Service (If Applicable)

11/19/2017-11/19/2017

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**Case ID Number: CS2018-40ca**

**Victim Initials: L.F.**

Case Payment Totals: **\$2,221.92**

Claim Payments:

### CL2020-F5B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$109.90	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

2/20/2020-2/20/2020

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**CL2020-754B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/25/2020</b>	<b>\$109.90</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2020-1/14/2020			

**CL2020-3BD2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/14/2020</b>	<b>\$439.58</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/26/2019-11/26/2019			
11/13/2019-11/13/2019			
11/7/2019-11/7/2019			
10/23/2019-10/23/2019			

**CL2019-F818**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/13/2019</b>	<b>\$219.79</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2019-9/17/2019			
9/4/2019-9/4/2019			

**CL2019-5C67**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/02/2019</b>	<b>\$65.93</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/21/2019-8/21/2019			
7/29/2019-7/29/2019			
7/18/2019-7/18/2019			

**CL2019-1416**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$41.81</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2019-6/26/2019			
6/12/2019-6/12/2019			

**CL2019-803B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/24/2019</b>	<b>\$424.50</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

6/5/2019-6/5/2019

5/29/2019-5/29/2019

5/21/2019-5/21/2019

5/14/2019-5/14/2019

4/30/2019-4/30/2019

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### CL2018-5669

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2018	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2018-11/5/2018

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### CL2018-d464

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2018	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/25/2018-10/25/2018

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### CL2018-6220

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/28/2018-9/28/2018

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### CL2018-3914

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/6/2018-8/6/2018

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**Case ID Number: CS2018-40f6**

**Victim Initials: K.S.**

Case Payment Totals: **\$5,401.60**

Claim Payments:

### CL2018-0773

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/08/2018	\$5,401.60	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

8/21/2018-8/24/2018

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**Case ID Number: CS2018-4100**

**Victim Initials: D.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2018-ec0b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/3/2018-8/3/2018

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**Case ID Number: CS2018-412c**

**Victim Initials: R.T.**

Case Payment Totals: **\$2,933.20**

Claim Payments:

**CL2018-0610**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$2,223.20	Medical	Hospital or Clinic

Payee: **Jamestown Regional Medical Center**

Date(s) of Service (If Applicable)

10/3/2018-10/3/2018

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**CL2018-6a5b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$710.00	Medical	Hospital or Clinic

Payee: **Jamestown Area Amulance**

Date(s) of Service (If Applicable)

10/3/2018-10/3/2018

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**Case ID Number: CS2018-415e**

**Victim Initials: M.A.**

Case Payment Totals: **\$4,800.00**

Claim Payments:

**CL2020-D07F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/20/2020	\$980.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

11/19/2019-11/19/2019

10/29/2019-10/29/2019

10/22/2019-10/22/2019

10/15/2019-10/15/2019

10/9/2019-10/9/2019

10/2/2019-10/2/2019

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**CL2019-3AC4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$1,820.00	Mental Health	

Payee: **Summit Counseling**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

9/26/2019-9/26/2019  
9/25/2019-9/25/2019  
9/18/2019-9/18/2019  
9/11/2019-9/11/2019  
9/4/2019-9/4/2019  
8/1/2019-8/1/2019  
5/28/2019-5/28/2019  
5/22/2019-5/22/2019  
5/17/2019-5/17/2019  
5/15/2019-5/15/2019  
5/13/2019-5/13/2019  
4/26/2019-4/26/2019

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### CL2019-C198

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$960.00</b>	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

4/17/2019-4/17/2019  
4/3/2019-4/3/2019  
3/27/2019-3/27/2019  
3/18/2019-3/18/2019  
3/14/2019-3/14/2019  
3/8/2019-3/8/2019

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### CL2019-B4AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$1,040.00</b>	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

2/18/2019-2/18/2019  
1/21/2019-1/21/2019  
1/16/2019-1/16/2019  
1/9/2019-1/9/2019

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**Case ID Number: CS2018-41b3**

**Victim Initials: S.F.**

Case Payment Totals: **\$168.92**

Claim Payments:

### CL2018-5334

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/28/2018</b>	<b>\$87.74</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

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### CL2018-975a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/28/2018**                      **\$81.18**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/18/2018-9/18/2018

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**Case ID Number: CS2018-41c6**

**Victim Initials: J.T.**

Case Payment Totals: **\$470.00**

Claim Payments:

**CL2018-838f**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/15/2018</b>	<b>\$470.00</b>	Medical	Dental

Payee: **J.T.**  
Date(s) of Service (If Applicable)  
5/18/2018-5/18/2018

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**Case ID Number: CS2018-4289**

**Victim Initials: L.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-a363**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/16/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/24/2018-5/24/2018

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**Case ID Number: CS2018-42c9**

**Victim Initials: R.M.**

Case Payment Totals: **\$3,550.33**

Claim Payments:

**CL2018-2269**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2018</b>	<b>\$496.63</b>	Medical	Hospital or Clinic

Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
10/18/2017-10/18/2017

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**CL2018-3168**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2018</b>	<b>\$83.57</b>	Medical	Hospital or Clinic

Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
11/29/2017-11/29/2017

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**CL2018-35ed**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/31/2018**                      **\$2,627.83**                      Medical                      Hospital or Clinic  
Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
10/17/2017-10/17/2017

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### CL2018-5def

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/31/2018**                      **\$51.94**                      Medical                      Hospital or Clinic  
Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
1/10/2018-1/10/2018

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### CL2018-75ec

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/31/2018**                      **\$83.57**                      Medical                      Hospital or Clinic  
Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
11/1/2017-11/1/2017

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### CL2018-7991

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/31/2018**                      **\$206.79**                      Medical                      Hospital or Clinic  
Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
1/10/2018-1/10/2018

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**Case ID Number: CS2018-42e7**

**Victim Initials: R.W.**

Case Payment Totals: **\$740.26**

Claim Payments:

### CL2018-2f00

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/28/2018**                      **\$174.47**                      Medical                      Hospital or Clinic  
Payee: **Harvey Ambulance Service**  
Date(s) of Service (If Applicable)  
1/31/2018-1/31/2018

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### CL2018-49d9

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/28/2018**                      **\$105.35**                      Medical                      Hospital or Clinic  
Payee: **Chi St. Alexius Health - (Bismarck**  
Date(s) of Service (If Applicable)  
1/30/2018-1/30/2018

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### CL2018-c633

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/28/2018**                      **\$460.44**                      Medical                      Hospital or Clinic  
Payee: **St. Aloisius Medical Center**  
Date(s) of Service (If Applicable)  
1/30/2018-1/30/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2018-43c9**

**Victim Initials: M.J.**

Case Payment Totals: **\$232.00**

Claim Payments:

**CL2018-ba4b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$232.00	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2018-6/16/2018			

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**Case ID Number: CS2018-43f3**

**Victim Initials: C.S.**

Case Payment Totals: **\$1,500.00**

Claim Payments:

**CL2018-83c7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$1,500.00	Wage Loss	
Payee: <b>C.S.</b>			

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**Case ID Number: CS2018-4434**

**Victim Initials: K.M.**

Case Payment Totals: **\$158.12**

Claim Payments:

**CL2019-890d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/29/2018-11/29/2018			

**CL2019-adda**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/6/2018-11/6/2018			

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**Case ID Number: CS2018-446b**

**Victim Initials: L.E.**

Case Payment Totals: **\$1,632.00**

Claim Payments:

**CL2020-218D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/04/2020**                    **\$160.00**                    Mental Health  
Payee: **Kaleidoscope Behavioral Health**  
Date(s) of Service (If Applicable)  
1/22/2020-1/22/2020

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### CL2020-810B

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/08/2020**                    **\$320.00**                    Mental Health  
Payee: **Kaleidoscope Behavioral Health**  
Date(s) of Service (If Applicable)  
12/23/2019-12/23/2019  
12/10/2019-12/10/2019

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### CL2019-A84B

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**12/23/2019**                    **\$480.00**                    Mental Health  
Payee: **Kaleidoscope Behavioral Health**  
Date(s) of Service (If Applicable)  
11/27/2019-11/27/2019  
11/12/2019-11/12/2019  
11/1/2019-11/1/2019

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### CL2019-FD8C

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**12/16/2019**                    **\$672.00**                    Mental Health  
Payee: **Kaleidoscope Behavioral Health**  
Date(s) of Service (If Applicable)  
10/25/2019-10/25/2019  
10/11/2019-10/11/2019  
10/1/2019-10/1/2019  
9/20/2019-9/20/2019

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**Case ID Number: CS2018-447d**

**Victim Initials: J.M.**

Case Payment Totals: **\$434.85**

Claim Payments:

### CL2021-6BCB

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**02/04/2021**                    **\$92.83**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/15/2019-11/15/2019

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### CL2020-46D2

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**05/06/2020**                    **\$342.02**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/22/2019-11/22/2019  
11/7/2019-11/7/2019  
2/21/2019-2/21/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2018-4485**

**Victim Initials: C.B.**

Case Payment Totals: **\$4,100.00**

Claim Payments:

**CL2018-665b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/13/2018	\$4,100.00	Wage Loss	

Payee: **C.B.**

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**Case ID Number: CS2018-448d**

**Victim Initials: C.J.**

Case Payment Totals: **\$922.00**

Claim Payments:

**CL2020-CD4D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/16/2020	\$922.00	Medical	Prescription

Payee: **C.J.**

Date(s) of Service (If Applicable)  
1/7/2019-10/28/2019

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**Case ID Number: CS2018-44b3**

**Victim Initials: E.T.**

Case Payment Totals: **\$5,088.00**

Claim Payments:

**CL2020-410F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$588.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
10/2/2020-10/2/2020  
9/25/2020-9/25/2020  
9/18/2020-9/18/2020  
9/4/2020-9/4/2020

**CL2020-B8A0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
8/21/2020-8/21/2020

**CL2020-11DA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/19/2020**                      **\$432.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/24/2020-7/24/2020

7/16/2020-7/16/2020

7/9/2020-7/9/2020

7/2/2020-7/2/2020

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### CL2020-3EB2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**07/27/2020**                      **\$312.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/25/2020-6/25/2020

6/11/2020-6/11/2020

6/4/2020-6/4/2020

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### CL2020-D70F

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/04/2020**                      **\$336.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/28/2020-5/28/2020

5/21/2020-5/21/2020

5/1/2020-5/1/2020

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### CL2020-4358

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/14/2020**                      **\$112.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

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### CL2020-4D04

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/16/2020**                      **\$112.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/7/2020-4/7/2020

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### CL2020-128C

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/14/2020**                      **\$168.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/31/2020-3/31/2020

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### CL2020-DB9B

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/02/2020**                      **\$88.00**                      Mental Health

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/23/2020-3/23/2020

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### CL2020-10A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

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### CL2019-66C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2019	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/18/2019-12/18/2019

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### CL2019-7874

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2019	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/26/2019-11/26/2019

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### CL2019-4CFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/12/2019-11/12/2019

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### CL2019-15B2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$168.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/30/2019-10/30/2019

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### CL2019-6C6B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$168.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/15/2019-10/15/2019

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### CL2019-2CE0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/14/2019-8/14/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-4C31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/31/2019-7/31/2019

### CL2019-E249

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/15/2019-7/15/2019

### CL2019-27A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/2/2019-7/2/2019

### CL2019-19B5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
6/5/2019-6/5/2019

### CL2019-3C55

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
6/17/2019-6/17/2019

### CL2019-07B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
5/15/2019-5/15/2019

### CL2019-5996

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$104.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
3/18/2019-3/18/2019

### CL2019-B6EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/01/2019**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/12/2019-2/12/2019

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### CL2019-F6D2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/01/2019**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/25/2019-2/25/2019

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### CL2019-639a

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**01/30/2019**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/24/2019-1/24/2019

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### CL2019-0504

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**01/14/2019**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/7/2019-1/7/2019

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### CL2018-5ab3

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/07/2018**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/13/2018-11/13/2018

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### CL2018-db4e

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/07/2018**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/27/2018-11/27/2018

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### CL2018-705f

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/09/2018**                      **\$104.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/16/2018-10/16/2018

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### CL2018-ba13

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/09/2018**                      **\$180.00**                      Mental Health

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/2/2018-10/2/2018

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### CL2018-df63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/19/2018-9/19/2018

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**Case ID Number: CS2018-44cb**

**Victim Initials: S.G.**

Case Payment Totals: **\$56.00**

Claim Payments:

### CL2018-45e9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$28.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

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### CL2018-6585

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$28.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

9/17/2018-9/17/2018

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**Case ID Number: CS2018-44f4**

**Victim Initials: C.F.**

Case Payment Totals: **\$1,850.41**

Claim Payments:

### CL2021-4CFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2021	\$625.90	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/26/2021-4/26/2021

4/20/2021-4/20/2021

4/13/2021-4/13/2021

3/30/2021-3/30/2021

3/23/2021-3/23/2021

3/16/2021-3/16/2021

3/9/2021-3/9/2021

3/2/2021-3/2/2021

2/23/2021-2/23/2021

2/17/2021-2/17/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-E2C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2021	\$936.51	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/24/2021-8/24/2021  
6/22/2021-6/22/2021  
6/15/2021-6/15/2021  
6/8/2021-6/8/2021  
6/1/2021-6/1/2021  
5/26/2021-5/26/2021  
5/18/2021-5/18/2021  
5/12/2021-5/12/2021

### CL2018-b034

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/10/2018-10/10/2018

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**Case ID Number: CS2018-4532**

**Victim Initials: A.S.**

Case Payment Totals: **\$600.00**

Claim Payments:

### CL2018-5eec

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2018	\$600.00	Wage Loss	

Payee: **A.S.**

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**Case ID Number: CS2018-453a**

**Victim Initials: C.W.**

Case Payment Totals: **\$2,169.96**

Claim Payments:

### CL2018-1919

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$564.36	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

1/15/2018-1/15/2018

### CL2018-8125

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$1,605.60	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

1/15/2018-1/15/2018

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**Case ID Number: CS2018-4566**

**Victim Initials: B.S.**

Case Payment Totals: **\$57.60**

Claim Payments:

**CL2018-6b7c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$57.60	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

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**Case ID Number: CS2018-45bd**

**Victim Initials: M.F.**

Case Payment Totals: **\$1,012.17**

Claim Payments:

**CL2021-7B57**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$330.10	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2019-8/1/2019			
7/26/2019-7/26/2019			

**CL2018-062a**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$161.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2018-7/25/2018			

**CL2018-79e4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$173.69	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/5/2018-9/5/2018			

**CL2018-d5fb**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$173.69	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

**CL2018-f837**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$173.69	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			



**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)  
8/16/2018-8/16/2018

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**Case ID Number: CS2018-4627**

**Victim Initials: A.C.**

Case Payment Totals: **\$2,353.43**

Claim Payments:

**CL2019-0345**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$78.26</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/27/2018-11/27/2018

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**CL2019-31d3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$78.26</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/2/2018-11/2/2018

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**CL2019-48f6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$79.14</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/7/2018-12/7/2018

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**CL2019-6b7a**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$78.26</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/9/2018-11/9/2018

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**CL2019-99df**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$79.14</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/14/2018-12/14/2018

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**CL2019-b98d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$46.23</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/20/2018-12/20/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2019-bf8d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$46.23	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

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### CL2019-ed0d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$78.26	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2018-11/14/2018			

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### CL2018-1fbe

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2018-9/7/2018			

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### CL2018-28ec

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2018-9/21/2018			

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### CL2018-2f89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

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### CL2018-345c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$8.11	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2018-7/5/2018			

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### CL2018-3b73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2018-8/1/2018			

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### CL2018-41c6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/14/2018-9/14/2018

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### CL2018-48d0

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/28/2018-9/28/2018

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### CL2018-5579

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/24/2018-8/24/2018

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### CL2018-7b73

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/11/2018-7/11/2018

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### CL2018-7c2a

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/9/2018-10/9/2018

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### CL2018-ded2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/24/2018-10/24/2018

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### CL2018-e282

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/25/2018-7/25/2018

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### CL2018-e35f

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/27/2018**                      **\$87.74**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)

8/31/2018-8/31/2018

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**CL2018-fa13**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/20/2018-7/20/2018

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**CL2018-fe15**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/17/2018-8/17/2018

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**CL2018-277d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/4/2018-6/4/2018

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**CL2018-345c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/5/2018-7/5/2018

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**CL2018-4e68**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$74.08	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/2/2018-5/2/2018

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**CL2018-8795**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/15/2018-5/15/2018

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**CL2018-8f34**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$80.95	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/26/2018-6/26/2018

---

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2018-ba71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/13/2018-6/13/2018

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### CL2018-5193

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$79.63	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/30/2018-5/30/2018

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**Case ID Number: CS2018-4695**

**Victim Initials: O.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2018-4395

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/11/2018-6/11/2018

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**Case ID Number: CS2018-46a9**

**Victim Initials: M.B.**

Case Payment Totals: **\$4,171.87**

Claim Payments:

### CL2019-6873

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$97.60	Medical	Hospital or Clinic

Payee: **Voyageur Radiology**

Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

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### CL2019-594E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$526.61	Medical	Hospital or Clinic

Payee: **Cavalier County Memorial Hospital & Clinic**

Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

9/26/2018-9/26/2018

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### CL2019-DD90

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$391.68	Medical	Hospital or Clinic

Payee: **M.B.**

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)  
8/10/2018-8/10/2018  
9/14/2018-9/14/2018

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**CL2018-5ada**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$1,424.00	Wage Loss	

Payee: **M.B.**

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**CL2019-11D5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$22.92	Medical	Hospital or Clinic

Payee: **M.B.**

Date(s) of Service (If Applicable)  
8/2/2018-8/2/2018

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**CL2019-2739**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$143.60	Medical	Hospital or Clinic

Payee: **M.B.**

Date(s) of Service (If Applicable)  
8/2/2018-8/2/2018

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**CL2019-84E2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$1,323.01	Medical	Hospital or Clinic

Payee: **M.B.**

Date(s) of Service (If Applicable)  
8/2/2018-8/2/2018

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**CL2019-B5FC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$242.45	Medical	Hospital or Clinic

Payee: **M.B.**

Date(s) of Service (If Applicable)  
8/2/2018-8/2/2018

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**Case ID Number: CS2018-46b9**

**Victim Initials: L.G.**

Case Payment Totals: **\$164.23**

Claim Payments:

**CL2019-FB12**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$50.00	Medical	Hospital or Clinic

Payee: **L.G.**

Date(s) of Service (If Applicable)  
5/13/2018-5/13/2018

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**CL2018-7809**

<u>Approval Date</u> <b>10/29/2018</b>	<u>AmountPaid</u> <b>\$64.23</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription
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Payee: **L.G.**

Date(s) of Service (If Applicable)  
5/14/2018-5/15/2018

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**CL2018-8506**

<u>Approval Date</u> <b>10/29/2018</b>	<u>AmountPaid</u> <b>\$50.00</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **L.G.**

Date(s) of Service (If Applicable)  
5/14/2018-5/14/2018

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**Case ID Number: CS2018-46c2**

**Victim Initials: O.Z.**

Case Payment Totals: **\$493.48**

Claim Payments:

**CL2019-534E**

<u>Approval Date</u> <b>03/01/2019</b>	<u>AmountPaid</u> <b>\$188.10</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **Summit Counseling**

Date(s) of Service (If Applicable)  
12/24/2018-12/24/2018  
12/18/2018-12/18/2018  
12/12/2018-12/12/2018  
12/5/2018-12/5/2018  
11/13/2018-11/13/2018  
11/6/2018-11/6/2018  
11/1/2018-11/1/2018  
10/23/2018-10/23/2018  
10/16/2018-10/16/2018

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**CL2019-5185**

<u>Approval Date</u> <b>01/02/2019</b>	<u>AmountPaid</u> <b>\$128.80</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Sanford Health**

Date(s) of Service (If Applicable)  
11/5/2018-11/5/2018

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**CL2018-b020**

<u>Approval Date</u> <b>12/17/2018</b>	<u>AmountPaid</u> <b>\$176.58</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Chi St. Alexius Health Willston**

Date(s) of Service (If Applicable)  
9/30/2018-9/30/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**Case ID Number: CS2018-46cd**

**Victim Initials: J.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2018-cd8e**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/17/2018</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/11/2018-4/11/2018

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**Case ID Number: CS2018-4747**

**Victim Initials: M.D.**

Case Payment Totals: **\$5,088.00**

Claim Payments:

**CL2020-F94A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$648.00</b>	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

2/28/2020-2/28/2020

2/17/2020-2/17/2020

2/13/2020-2/13/2020

2/6/2020-2/6/2020

1/30/2020-1/30/2020

**CL2020-4498**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/05/2020</b>	<b>\$712.00</b>	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

1/7/2020-1/7/2020

12/31/2019-12/31/2019

12/26/2019-12/26/2019

**CL2020-A6A8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/14/2020</b>	<b>\$1,800.00</b>	Mental Health	

Payee: **Summit Counseling**



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

11/27/2019-11/27/2019  
11/21/2019-11/21/2019  
11/7/2019-11/7/2019  
9/26/2019-9/26/2019  
9/25/2019-9/25/2019  
9/10/2019-9/10/2019  
8/27/2019-8/27/2019  
8/13/2019-8/13/2019  
7/16/2019-7/16/2019  
7/8/2019-7/8/2019

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### CL2019-29E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$480.00	Mental Health	

Payee: **Volk Human Services, Pc**

Date(s) of Service (If Applicable)

9/12/2019-9/12/2019

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### CL2019-A38D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$1,160.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

6/26/2019-6/26/2019  
6/19/2019-6/19/2019  
6/13/2019-6/13/2019  
6/5/2019-6/5/2019  
5/20/2019-5/20/2019  
5/15/2019-5/15/2019  
5/6/2019-5/6/2019

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### CL2018-ab4d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/28/2018-9/28/2018

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**Case ID Number: CS2018-474f**

**Victim Initials: A.S.**

Case Payment Totals: **\$759.94**

Claim Payments:

### CL2018-d5dd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$759.94	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

7/20/2018-7/20/2018

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**Case ID Number: CS2018-476d**

**Victim Initials: A.F.**

Case Payment Totals: **\$960.00**

Claim Payments:

**CL2020-B8BE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2020	\$480.00	Mental Health	

Payee: **Nuvation Health Services, P.C.**

Date(s) of Service (If Applicable)

1/15/2020-1/15/2020

10/21/2019-10/21/2019

9/23/2019-9/23/2019

8/27/2019-8/27/2019

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**CL2019-8ADC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$480.00	Mental Health	

Payee: **Nuvation Health Services, P.C.**

Date(s) of Service (If Applicable)

7/16/2019-7/16/2019

5/2/2019-5/2/2019

4/25/2019-4/25/2019

4/8/2019-4/8/2019

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**Case ID Number: CS2018-4779**

**Victim Initials: D.W.**

Case Payment Totals: **\$5,103.41**

Claim Payments:

**CL2019-00EA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$2,952.96	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

4/17/2019-4/20/2019

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**CL2019-2C38**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$60.00	Medical	Hospital or Clinic

Payee: **K.P.**

Date(s) of Service (If Applicable)

4/17/2019-4/17/2019

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**CL2019-80C8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/26/2019	\$689.65	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

4/20/2019-4/23/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-0102

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2019	\$528.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			
1/24/2019-1/24/2019			
1/10/2019-1/10/2019			

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### CL2018-21ce

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$392.80	Mental Health	
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2018-8/24/2018			

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### CL2018-84d7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/20/2018-8/20/2018			

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### CL2018-a9a7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/11/2018-9/11/2018			

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### CL2018-a9eb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2018-8/27/2018			

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Case ID Number: **CS2018-47f1**

Victim Initials: **E.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-534f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/16/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2018-8/13/2018			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

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**Case ID Number: CS2018-4819**

**Victim Initials: J.L.**

Case Payment Totals: **\$985.30**

Claim Payments:

**CL2018-0f77**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$685.30	Medical	Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u> 7/22/2018-7/22/2018			

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**CL2018-2e9b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$300.00	Wage Loss	
Payee: <b>J.L.</b>			

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**Case ID Number: CS2018-482a**

**Victim Initials: T.S.**

Case Payment Totals: **\$951.95**

Claim Payments:

**CL2018-1456**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$70.33	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 11/28/2018-11/28/2018			

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**CL2018-f5a4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$97.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/18/2018-10/18/2018			

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**CL2018-14d4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/4/2018-10/4/2018			

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**CL2018-2486**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/4/2018-9/4/2018			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2018-19ad

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/21/2018-6/21/2018			

### CL2018-1bdd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2018-7/19/2018			

### CL2018-4de8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2018-8/30/2018			

### CL2018-76f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2018-8/16/2018			

### CL2018-7dcd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$89.97	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/27/2018-6/27/2018			

### CL2018-a77a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$87.79	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

### CL2018-cf28

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$87.79	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2018-4842**

**Victim Initials: R.G.**

Case Payment Totals: **\$2,888.00**

Claim Payments:

**CL2019-2312**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$760.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

2/27/2019-2/27/2019

1/31/2019-1/31/2019

1/17/2019-1/17/2019

1/10/2019-1/10/2019

1/3/2019-1/3/2019

**CL2019-B261**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$456.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

1/24/2019-1/24/2019

12/27/2018-12/27/2018

10/12/2018-10/12/2018

**CL2018-2524**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/26/2018</b>	<b>\$152.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

12/6/2018-12/6/2018

**CL2018-4f77**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/26/2018</b>	<b>\$152.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

11/14/2018-11/14/2018

**CL2018-5d89**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/26/2018</b>	<b>\$152.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

11/29/2018-11/29/2018

**CL2018-a622**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/26/2018</b>	<b>\$152.00</b>	Mental Health	

Payee: **Kaleidoscope Behavioral Health**

Date(s) of Service (If Applicable)

11/20/2018-11/20/2018

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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### CL2018-b2d6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			

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### CL2018-d9b6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2018-11/28/2018			

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### CL2018-242b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2018-10/12/2018			

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### CL2018-99c1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/23/2018-10/23/2018			

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### CL2018-d347

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2018-10/16/2018			

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### CL2018-e787

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2018-10/12/2018			

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### CL2018-ec68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$152.00	Mental Health	
Payee: <b>Kaleidoscope Behavioral Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2018-10/24/2018			

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2018-4850**

**Victim Initials: K.H.**

Case Payment Totals: **\$2,612.19**

Claim Payments:

**CL2019-4960**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/21/2019</b>	<b>\$104.50</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2019-6/10/2019			

**CL2019-D187**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/21/2019</b>	<b>\$156.75</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2019-5/6/2019			

**CL2019-FEAD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/30/2019</b>	<b>\$156.75</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2019-5/13/2019			

**CL2019-2E0B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$156.75</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			

**CL2019-3708**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$104.50</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

**CL2019-61DB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$104.50</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/28/2019-3/28/2019			

**CL2019-8475**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/10/2019**                    **\$156.75**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/25/2019-4/25/2019

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**CL2019-A96C**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**05/10/2019**                    **\$156.75**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/11/2019-4/11/2019

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**CL2019-B05C**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**05/10/2019**                    **\$104.50**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/1/2019-4/1/2019

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**CL2019-FA34**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**05/10/2019**                    **\$104.50**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/20/2019-3/20/2019

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**CL2019-612C**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/11/2019**                    **\$348.34**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/4/2019-3/4/2019  
2/14/2019-2/14/2019

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**CL2019-26DA**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**03/13/2019**                    **\$174.17**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/4/2019-2/4/2019

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**CL2019-CF8C**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**03/01/2019**                    **\$174.17**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/17/2019-1/17/2019

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**CL2019-02b7**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/28/2018-12/28/2018

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**CL2019-0abc**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/16/2018-11/16/2018

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**CL2019-1463**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/31/2018-10/31/2018

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**CL2019-1593**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/29/2018-11/29/2018

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**CL2019-2a7e**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/20/2018-12/20/2018

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**CL2019-56bb**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/3/2018-12/3/2018

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**CL2019-6184**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$174.17**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/3/2019-1/3/2019

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**CL2019-b4d1**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$43.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

11/5/2018-11/5/2018

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### CL2019-d648

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$43.62	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/22/2018-10/22/2018

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### CL2019-d95c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$43.62	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/12/2018-12/12/2018

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### CL2019-87b3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/14/2019	\$42.51	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/17/2018-10/17/2018

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**Case ID Number: CS2018-485e**

**Victim Initials: K.L.**

Case Payment Totals: **\$660.64**

Claim Payments:

### CL2019-10ed

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$87.74	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/4/2018-9/4/2018

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### CL2019-43d8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$87.74	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/24/2018-10/24/2018

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### CL2019-56b9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$79.06	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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### CL2019-6981

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/1/2018-11/1/2018

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### CL2019-6da9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

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### CL2019-c2c7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$87.74	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/18/2018-10/18/2018

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### CL2019-d124

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$81.18	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/30/2018-8/30/2018

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### CL2019-d175

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/29/2018-11/29/2018

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**Case ID Number: CS2018-4958**

**Victim Initials: I.S.**

Case Payment Totals: **\$418.56**

Claim Payments:

### CL2018-5d80

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2018	\$418.56	Travel	

Payee: **T.S.**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2018-49ad**

**Victim Initials: A.P.**

Case Payment Totals: **\$477.20**

Claim Payments:

**CL2018-5234**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$477.20	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2018-9/17/2018			

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**Case ID Number: CS2018-49ee**

**Victim Initials: J.P.**

Case Payment Totals: **\$4,020.15**

Claim Payments:

**CL2020-3C25**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2020	\$962.10	Medical	Hospital or Clinic
Payee: <b>J.P.</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2020-3/17/2020			

**CL2020-6294**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2020	\$643.85	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health Willston</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2020-3/17/2020			

**CL2020-2683**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$876.44	Medical	Hospital or Clinic
Payee: <b>Williston Ambulance Service</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2018-8/18/2018			

**CL2019-A7C9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$118.05	Medical	Hospital or Clinic
Payee: <b>Chi Mercy Medical Center Clinic</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/10/2019-4/10/2019			

**CL2019-D975**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2019	\$438.04	Medical	Hospital or Clinic
Payee: <b>Sidney Health Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2019-1/28/2019			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2019-DA72**

<u>Approval Date</u> <b>05/30/2019</b>	<u>AmountPaid</u> <b>\$118.05</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Chi Mercy Medical Center Clinic**

Date(s) of Service (If Applicable)  
2/19/2019-2/19/2019  
2/15/2019-2/15/2019

**CL2018-695d**

<u>Approval Date</u> <b>12/17/2018</b>	<u>AmountPaid</u> <b>\$606.36</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
8/19/2018-8/20/2018

**CL2018-d0db**

<u>Approval Date</u> <b>12/17/2018</b>	<u>AmountPaid</u> <b>\$183.52</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Chi St. Alexius Health Willston**

Date(s) of Service (If Applicable)  
8/19/2018-8/19/2018

**CL2018-d9b9**

<u>Approval Date</u> <b>12/17/2018</b>	<u>AmountPaid</u> <b>\$73.74</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
8/19/2018-8/19/2018

**Case ID Number: CS2018-4a5b**

**Victim Initials: Z.B.**

Case Payment Totals: **\$1,031.85**

Claim Payments:

**CL2019-14c4**

<u>Approval Date</u> <b>01/14/2019</b>	<u>AmountPaid</u> <b>\$174.17</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
1/3/2019-1/3/2019

**CL2019-f973**

<u>Approval Date</u> <b>01/14/2019</b>	<u>AmountPaid</u> <b>\$174.17</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/14/2018-12/14/2018

**CL2019-304a**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/02/2019**                    **\$174.17**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/7/2018-11/7/2018

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**CL2019-998d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/02/2019</b>	<b>\$174.17</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/6/2018-12/6/2018

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**CL2019-a251**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/02/2019</b>	<b>\$161.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/25/2018-10/25/2018

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**CL2019-d0ca**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/02/2019</b>	<b>\$174.17</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/30/2018-10/30/2018

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**Case ID Number: CS2018-4a97**

**Victim Initials: D.I.**

Case Payment Totals: **\$329.03**

Claim Payments:

**CL2018-53e7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/04/2018</b>	<b>\$30.45</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/10/2018-4/10/2018

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**CL2018-adf1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/04/2018</b>	<b>\$141.22</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/29/2018-3/29/2018

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**CL2018-d81a**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/04/2018</b>	<b>\$29.54</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/26/2018-4/26/2018

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2018-2ffc**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$29.54	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/29/2018-5/29/2018

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**CL2018-4120**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/6/2018-6/6/2018

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**CL2018-d77c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/9/2018-5/9/2018

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**CL2018-eb43**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/23/2018-5/23/2018

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**Case ID Number: CS2018-4ac6**

**Victim Initials: E.W.**

Case Payment Totals: **\$296.00**

Claim Payments:

**CL2018-bc6b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$88.00	Mental Health	

Payee: **Playfully You**

Date(s) of Service (If Applicable)

12/1/2018-12/1/2018

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**CL2018-86bd**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2018	\$120.00	Mental Health	

Payee: **Playfully You**

Date(s) of Service (If Applicable)

11/17/2018-11/17/2018

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**CL2018-ec4f**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/21/2018**                      **\$88.00**                      Mental Health  
Payee: **Playfully You**  
Date(s) of Service (If Applicable)  
11/3/2018-11/3/2018

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**Case ID Number: CS2018-4ace**

**Victim Initials: S.S.**

Case Payment Totals: **\$118.34**

Claim Payments:

**CL2018-ab2f**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/31/2018</b>	<b>\$118.34</b>	Medical	Hospital or Clinic

Payee: **Mckenzie County Ambulance Services**  
Date(s) of Service (If Applicable)  
7/29/2018-7/29/2018

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**Case ID Number: CS2018-4b4e**

**Victim Initials: A.B.**

Case Payment Totals: **\$2,312.19**

Claim Payments:

**CL2020-BB7F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/08/2020</b>	<b>\$203.38</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**  
Date(s) of Service (If Applicable)  
8/25/2020-8/25/2020  
8/21/2020-8/21/2020

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**CL2019-0A87**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/22/2019</b>	<b>\$161.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/1/2018-8/1/2018

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**CL2019-34FF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$75.62</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**  
Date(s) of Service (If Applicable)  
6/13/2019-6/13/2019

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**CL2019-4A84**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/05/2019</b>	<b>\$174.17</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/19/2018-10/19/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-D30B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/27/2018-10/27/2018

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### CL2019-E039

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/30/2018-8/30/2018

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### CL2019-908E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$213.77	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

5/22/2019-5/22/2019

5/13/2019-5/13/2019

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### CL2019-1E1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$151.23	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

4/9/2019-4/9/2019

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### CL2019-38f0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/6/2018-12/6/2018

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### CL2019-f51d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/3/2018-10/3/2018

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### CL2019-05a0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$174.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/21/2018-11/21/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2018-c314

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$174.17	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/16/2018-10/16/2018			

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### CL2018-6d03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/14/2018-8/14/2018			

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Case ID Number: **CS2018-4c48**

Victim Initials: **M.H.**

Case Payment Totals: **\$1,920.34**

Claim Payments:

### CL2019-0141

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2019	\$46.86	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/12/2019-7/12/2019			

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### CL2019-3F31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$226.70	Travel	
Payee: <b>J.H.</b>			

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### CL2019-79BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$37.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/1/2019-5/1/2019			

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### CL2019-0269

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$37.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 3/25/2019-3/25/2019			

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### CL2019-3088

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/11/2019**                    **\$45.79**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/26/2019-2/26/2019

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**CL2019-3BD6**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/11/2019**                    **\$3.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/16/2019-1/16/2019

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**CL2019-7029**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/11/2019**                    **\$3.62**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

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**CL2019-095d**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/4/2018-10/4/2018

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**CL2019-18f1**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$87.74**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/5/2018-9/5/2018

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**CL2019-2b32**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$79.06**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/14/2018-11/14/2018

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**CL2019-362f**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$79.14**                    Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/8/2018-11/8/2018

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**CL2019-69b2**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**01/30/2019**                    **\$515.53**                    Travel  
Payee: **J.H.**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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### CL2019-7c02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2018-11/2/2018			

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### CL2019-be23

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2018-9/26/2018			

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### CL2019-ec4c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$87.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2018-8/27/2018			

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### CL2019-7fa2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$156.75	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2019-1/3/2019			

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### CL2018-b064

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$257.77	Travel	
Payee: <b>J.H.</b>			

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**Case ID Number: CS2018-4c56**

**Victim Initials: B.B.**

Case Payment Totals: **\$832.87**

Claim Payments:

### CL2020-E931

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2020	\$88.54	Mental Health	
Payee: <b>Assessment &amp; Therapy Associates</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2019-9/26/2019			
8/13/2019-8/13/2019			
7/30/2019-7/30/2019			
7/16/2019-7/16/2019			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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### CL2019-2E8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$104.46	Mental Health	

Payee: **Assessment & Therapy Associates**

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019

6/18/2019-6/18/2019

6/13/2019-6/13/2019

### CL2019-7594

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$204.69	Medical	Hospital or Clinic

Payee: **S.B.**

Date(s) of Service (If Applicable)

3/19/2018-3/19/2018

### CL2019-B435

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$435.18	Mental Health	

Payee: **Assessment & Therapy Associates**

Date(s) of Service (If Applicable)

10/3/2019-10/3/2019

5/22/2019-5/22/2019

12/10/2018-12/10/2018

11/26/2018-11/26/2018

10/17/2018-10/17/2018

10/15/2018-10/15/2018

10/9/2018-10/9/2018

10/8/2018-10/8/2018

9/27/2018-9/27/2018

9/20/2018-9/20/2018

9/18/2018-9/18/2018

9/6/2018-9/6/2018

8/29/2018-8/29/2018

7/17/2018-7/17/2018

7/10/2018-7/10/2018

6/19/2018-6/19/2018

6/18/2018-6/18/2018

6/4/2018-6/4/2018

5/23/2018-5/23/2018

5/22/2018-5/22/2018

5/9/2018-5/9/2018

5/1/2018-5/1/2018

4/26/2018-4/26/2018

**Case ID Number: CS2018-4c6a**

**Victim Initials: B.L.**

Case Payment Totals: **\$1,320.67**

Claim Payments:

### CL2018-50e6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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ND Crime Victims Compensation, DOCR  
PO Box 1898  
Bismarck, ND 58502-1898

Phone: (701)-328-6195; 1-800-445-2322  
Email: [DOCRcompensation@nd.gov](mailto:DOCRcompensation@nd.gov)

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/16/2018**                      **\$87.74**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/3/2018-10/3/2018

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### CL2018-8276

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/16/2018**                      **\$79.07**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2018-8/9/2018

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### CL2018-aa8e

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/16/2018**                      **\$87.74**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/19/2018-9/19/2018

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### CL2018-1979

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/15/2018**                      **\$147.70**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2018-8/9/2018

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### CL2018-3086

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/15/2018**                      **\$147.70**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2018-8/9/2018

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### CL2018-55f1

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/15/2018**                      **\$104.50**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2018-8/9/2018

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### CL2018-871e

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/15/2018**                      **\$147.70**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2018-8/9/2018

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### CL2018-a38b

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/15/2018**                      **\$74.08**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

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### CL2018-a655

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/15/2018	\$104.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

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### CL2018-b815

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/15/2018	\$104.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

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### CL2018-bc20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/15/2018	\$147.70	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

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### CL2018-e90c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$87.74	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/17/2018-10/17/2018

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**Case ID Number: CS2018-4cbf**

**Victim Initials: K.N.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2018-89ba

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

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**Case ID Number: CS2018-4cd4**

**Victim Initials: E.B.**

Case Payment Totals: **\$608.00**

Claim Payments:

### CL2019-255A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/13/2019**                      **\$48.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

9/23/2019-9/23/2019

7/22/2019-7/22/2019

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### CL2019-34E4

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/07/2019**                      **\$72.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

6/19/2019-6/19/2019

6/6/2019-6/6/2019

5/20/2019-5/20/2019

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### CL2019-D603

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/24/2019**                      **\$48.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/2/2019-5/2/2019

4/18/2019-4/18/2019

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### CL2019-C12C

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/21/2019**                      **\$80.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/14/2019-5/14/2019

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### CL2019-810B

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/10/2019**                      **\$24.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

4/3/2019-4/3/2019

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### CL2019-B3E8

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/11/2019**                      **\$48.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

3/7/2019-3/7/2019

2/5/2019-2/5/2019

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### CL2019-91AD

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**02/28/2019**                      **\$48.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

1/16/2019-1/16/2019

1/7/2019-1/7/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-040b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2018-12/17/2018			

### CL2019-56a6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/11/2018-10/11/2018			

### CL2019-866c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/23/2018-10/23/2018			

### CL2019-a1de

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/30/2018-10/30/2018			

### CL2019-b355

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2018-11/20/2018			

### CL2019-b391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2018-10/4/2018			

### CL2019-bbd9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/15/2019	\$24.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2018-9/17/2018			

### CL2019-d135

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/15/2019**                      **\$24.00**                      Mental Health  
Payee: **Soul Survivor**  
Date(s) of Service (If Applicable)  
11/12/2018-11/12/2018

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### CL2019-da35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/15/2019</b>	<b>\$24.00</b>	Mental Health	

Payee: **Soul Survivor**  
Date(s) of Service (If Applicable)  
12/5/2018-12/5/2018

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### CL2019-e2b6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/15/2019</b>	<b>\$24.00</b>	Mental Health	

Payee: **Soul Survivor**  
Date(s) of Service (If Applicable)  
12/31/2018-12/31/2018

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**Case ID Number: CS2018-4cef**

**Victim Initials: J.D.**

Case Payment Totals: **\$1,869.88**

Claim Payments:

### CL2021-F2F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$250.99</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/5/2020-5/5/2020  
4/6/2020-4/6/2020

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### CL2021-1BE3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/29/2021</b>	<b>\$531.84</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/5/2020-8/5/2020  
7/28/2020-7/28/2020  
7/13/2020-7/13/2020  
6/29/2020-6/29/2020  
6/22/2020-6/22/2020  
6/8/2020-6/8/2020

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### CL2020-991C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2020</b>	<b>\$1,087.05</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

6/12/2020-6/12/2020  
6/1/2020-6/1/2020  
5/27/2020-5/27/2020  
5/18/2020-5/18/2020  
5/5/2020-5/5/2020  
4/27/2020-4/27/2020  
4/20/2020-4/20/2020  
4/13/2020-4/13/2020  
3/30/2020-3/30/2020  
3/23/2020-3/23/2020  
3/9/2020-3/9/2020

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**Case ID Number: CS2018-4d14**

**Victim Initials: A.S.**

Case Payment Totals: **\$1,323.40**

Claim Payments:

**CL2020-F562**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$304.00	Mental Health	

Payee: **Heather Kippen, Licsw, Just Breathe**

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020  
1/23/2020-1/23/2020

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**CL2019-E202**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/18/2019	\$182.40	Mental Health	

Payee: **Heather Kippen, Licsw, Just Breathe**

Date(s) of Service (If Applicable)

8/14/2019-8/14/2019  
7/31/2019-7/31/2019  
7/17/2019-7/17/2019  
7/2/2019-7/2/2019

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**CL2019-1E29**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$762.00	Mental Health	

Payee: **Heather Kippen, Licsw, Just Breathe**

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019  
5/23/2019-5/23/2019  
5/15/2019-5/15/2019  
5/9/2019-5/9/2019  
5/2/2019-5/2/2019  
4/16/2019-4/16/2019  
4/4/2019-4/4/2019  
3/28/2019-3/28/2019  
3/21/2019-3/21/2019

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**CL2019-36C2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/19/2019**                      **\$75.00**                      Mental Health  
Payee: **A.S.**  
Date(s) of Service (If Applicable)  
3/21/2019-3/21/2019

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**Case ID Number: CS2018-4d1e**

**Victim Initials: J.P.**

Case Payment Totals: **\$2,050.00**

Claim Payments:

**CL2018-4e22**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/20/2018</b>	<b>\$2,050.00</b>	Funeral	
Payee: <b>M.P.</b>			

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**Case ID Number: CS2018-4d3f**

**Victim Initials: G.P.**

Case Payment Totals: **\$1,873.72**

Claim Payments:

**CL2020-4579**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/27/2020</b>	<b>\$112.00</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/28/2020-5/28/2020			

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**CL2020-473B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/04/2020</b>	<b>\$112.00</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/18/2020-5/18/2020			

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**CL2019-53F7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/03/2019</b>	<b>\$216.08</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/9/2019-9/9/2019 8/20/2019-8/20/2019 4/30/2019-4/30/2019			

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**CL2019-30A5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/05/2019</b>	<b>\$1,301.64</b>	Mental Health	

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/21/2019-5/21/2019

4/16/2019-4/16/2019

4/8/2019-4/8/2019

3/25/2019-3/25/2019

3/20/2019-3/20/2019

12/27/2018-12/27/2018

12/14/2018-12/14/2018

12/6/2018-12/6/2018

11/30/2018-11/30/2018

11/16/2018-11/16/2018

11/9/2018-11/9/2018

10/23/2018-10/23/2018

10/16/2018-10/16/2018

9/21/2018-9/21/2018

### CL2018-6a53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$132.00	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

10/25/2018-10/25/2018

**Case ID Number: CS2018-4d42**

**Victim Initials: K.K.**

Case Payment Totals: **\$2,092.77**

Claim Payments:

### CL2019-8CA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$475.00	Mental Health	

Payee: **K.K.**

Date(s) of Service (If Applicable)

5/14/2019-5/14/2019

4/29/2019-4/29/2019

4/16/2019-4/16/2019

4/2/2019-4/2/2019

3/19/2019-3/19/2019

3/5/2019-3/5/2019

2/19/2019-2/19/2019

2/5/2019-2/5/2019

1/29/2019-1/29/2019

1/22/2019-1/22/2019

1/15/2019-1/15/2019

1/8/2019-1/8/2019

12/18/2018-12/18/2018

12/11/2018-12/11/2018

12/4/2018-12/4/2018

11/27/2018-11/27/2018

11/20/2018-11/20/2018

11/13/2018-11/13/2018

11/6/2018-11/6/2018

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-3F3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$20.00	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

1/25/2019-1/25/2019

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### CL2018-f225

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$895.39	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

11/2/2018-11/2/2018

10/26/2018-10/26/2018

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### CL2018-3b12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$42.50	Medical	Chiropractic or Massage

Payee: **Peters Chiropractic**

Date(s) of Service (If Applicable)

9/19/2018-9/19/2018

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### CL2018-53f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$139.20	Medical	Hospital or Clinic

Payee: **Community Action Partnership- Family**

Date(s) of Service (If Applicable)

10/2/2018-10/2/2018

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### CL2018-69ff

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$25.00	Medical	Hospital or Clinic

Payee: **K.K.**

Date(s) of Service (If Applicable)

9/27/2018-9/27/2018

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### CL2018-7231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$402.08	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

9/13/2018-9/13/2018

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### CL2018-8857

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$25.60	Medical	Chiropractic or Massage

Payee: **Peters Chiropractic**

Date(s) of Service (If Applicable)

9/24/2018-9/24/2018

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### CL2018-c081

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/28/2018**                      **\$42.40**                      Medical                      Chiropractic or Massage  
Payee: **Peters Chiropractic**  
Date(s) of Service (If Applicable)  
9/4/2018-9/4/2018

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### CL2018-f14e

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/28/2018**                      **\$25.60**                      Medical                      Chiropractic or Massage  
Payee: **Peters Chiropractic**  
Date(s) of Service (If Applicable)  
9/21/2018-9/21/2018

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**Case ID Number: CS2018-4d98**

**Victim Initials: M.S.**

Case Payment Totals: **\$3,280.00**

Claim Payments:

### CL2019-8141

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/30/2019**                      **\$1,440.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
5/14/2019-5/14/2019  
5/10/2019-5/10/2019  
5/1/2019-5/1/2019  
2/21/2019-2/21/2019  
2/14/2019-2/14/2019  
2/5/2019-2/5/2019  
1/11/2019-1/11/2019  
1/4/2019-1/4/2019  
12/20/2018-12/20/2018

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### CL2018-29b4

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**12/10/2018**                      **\$160.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
11/15/2018-11/15/2018

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### CL2018-5ae6

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**12/10/2018**                      **\$160.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
11/27/2018-11/27/2018

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### CL2018-d016

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**12/10/2018**                      **\$160.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
11/9/2018-11/9/2018

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2018-7aee**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$240.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2018-10/12/2018			

**CL2018-bf06**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/25/2018-9/25/2018			

**CL2018-c231**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2018-10/8/2018			

**CL2018-e93c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2018-9/17/2018			

**CL2018-b813**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/6/2018-9/6/2018			

**CL2018-5ca8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2018-8/1/2018			

**CL2018-b4b7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$160.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2018-8/16/2018			

**CL2018-bac1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/31/2018**                      **\$160.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
8/8/2018-8/8/2018

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**Case ID Number: CS2018-4d9d**

**Victim Initials: A.M.**

Case Payment Totals: **\$6,891.37**

Claim Payments:

**CL2018-9e63**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/16/2018</b>	<b>\$6,891.37</b>	Medical	Hospital or Clinic

Payee: **Sanford Health**  
Date(s) of Service (If Applicable)  
6/6/2018-6/6/2018

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**Case ID Number: CS2018-4eda**

**Victim Initials: T.S.**

Case Payment Totals: **\$680.00**

Claim Payments:

**CL2019-EEBA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$340.00</b>	Mental Health	

Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
11/1/2018-11/1/2018  
8/2/2018-8/2/2018

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**CL2018-254d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2018</b>	<b>\$200.00</b>	Mental Health	

Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
8/2/2018-8/2/2018

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**CL2018-ce2c**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2018</b>	<b>\$140.00</b>	Mental Health	

Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
11/1/2018-11/1/2018

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**Case ID Number: CS2018-4ee7**

**Victim Initials: K.C.**

Case Payment Totals: **\$438.86**

Claim Payments:

**CL2019-1881**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/12/2019**                      **\$438.86**                      Mental Health

Payee: **Creative Therapy**

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018

10/11/2018-10/11/2018

9/26/2018-9/26/2018

9/20/2018-9/20/2018

9/13/2018-9/13/2018

9/4/2018-9/4/2018

8/22/2018-8/22/2018

8/14/2018-8/14/2018

8/6/2018-8/6/2018

7/24/2018-7/24/2018

7/18/2018-7/18/2018

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**Case ID Number: CS2018-4f1e**

**Victim Initials: D.M.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2018-5ddb**

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

**11/09/2018**

**\$5,000.00**

Funeral

Payee: **Nero Funeral Home**

---

**Case ID Number: CS2018-4f39**

**Victim Initials: A.L.**

Case Payment Totals: **\$12,686.80**

Claim Payments:

**CL2018-cc30**

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

**10/31/2018**

**\$705.60**

Medical

Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

9/7/2018-9/7/2018

**CL2018-0af8**

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

**10/29/2018**

**\$11,981.20**

Medical

Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

9/7/2018-9/8/2018

---

**Case ID Number: CS2018-4f70**

**Victim Initials: K.V.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2018-a70c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/11/2018	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/10/2018-4/10/2018

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Case ID Number: **CS2018-4f7b**

Victim Initials: **A.N.**

Case Payment Totals: **\$1,597.97**

Claim Payments:

### CL2019-6582

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2019	\$26.40	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

12/5/2019-12/5/2019

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### CL2019-069D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$40.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

11/14/2019-11/14/2019

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### CL2019-C33A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$40.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

10/31/2019-10/31/2019

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### CL2019-55BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2019	\$266.40	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

10/24/2019-10/24/2019

7/8/2019-7/8/2019

7/1/2019-7/1/2019

6/24/2019-6/24/2019

6/17/2019-6/17/2019

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### CL2019-A71E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$60.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

9/16/2019-9/16/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-143C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$60.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

8/19/2019-8/19/2019

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### CL2019-2F5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$60.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

7/22/2019-7/22/2019

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### CL2019-E6D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$307.50	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

6/3/2019-6/3/2019

5/6/2019-5/6/2019

3/25/2019-3/25/2019

3/11/2019-3/11/2019

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### CL2019-68E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$63.27	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

4/15/2019-4/15/2019

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### CL2018-859c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$224.80	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

11/19/2018-11/19/2018

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### CL2018-0cb1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$224.80	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

8/27/2018-8/27/2018

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### CL2018-4a07

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$224.80	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (if applicable)

8/6/2018-8/6/2018

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2018-4f9e**

**Victim Initials: L.B.**

Case Payment Totals: **\$5,201.60**

Claim Payments:

**CL2019-622A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$4,182.00	Medical	Dental

Payee: **Bradford Fisher Dentistry**

Date(s) of Service (If Applicable)

1/17/2019-1/17/2019

1/7/2019-1/7/2019

4/10/2019-4/10/2019

11/14/2018-11/14/2018

11/27/2018-11/27/2018

4/8/2019-4/8/2019

3/18/2019-3/18/2019

4/1/2019-4/1/2019

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**CL2018-1347**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2018	\$818.00	Medical	Dental

Payee: **L.B.**

Date(s) of Service (If Applicable)

4/26/2018-6/25/2018

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**CL2018-6a57**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$201.60	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

4/26/2018-4/26/2018

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**Case ID Number: CS2018-4fc7**

**Victim Initials: G.K.**

Case Payment Totals: **\$253.29**

Claim Payments:

**CL2018-1c6d**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$219.00	Medical	Hospital or Clinic

Payee: **G.K.**

Date(s) of Service (If Applicable)

7/20/2018-7/20/2018

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**CL2018-7e1b**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$34.29	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

7/10/2018-8/8/2018

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-000E**

**Victim Initials: I.J.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-6653**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/18/2019-7/18/2019

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**Case ID Number: CS2019-002E**

**Victim Initials: S.I.**

Case Payment Totals: **\$900.00**

Claim Payments:

**CL2019-7EB0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$900.00	Mental Health	

Payee: **S.I.**

Date(s) of Service (If Applicable)

5/9/2019-5/9/2019

5/2/2019-5/2/2019

4/25/2019-4/25/2019

4/11/2019-4/11/2019

4/4/2019-4/4/2019

3/28/2019-3/28/2019

3/14/2019-3/14/2019

3/7/2019-3/7/2019

2/28/2019-2/28/2019

2/21/2019-2/21/2019

2/14/2019-2/14/2019

2/7/2019-2/7/2019

1/31/2019-1/31/2019

1/24/2019-1/24/2019

1/17/2019-1/17/2019

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**Case ID Number: CS2019-00A2**

**Victim Initials: L.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-3AFE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/9/2019-1/9/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-038B**

**Victim Initials: B.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-16E1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/14/2019-11/14/2019

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**Case ID Number: CS2019-0460**

**Victim Initials: M.B.**

Case Payment Totals: **\$716.31**

Claim Payments:

**CL2019-9819**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2019	\$87.18	Medical	Hospital or Clinic

Payee: **M.B.**

Date(s) of Service (If Applicable)

6/9/2018-6/9/2018

**CL2019-8A1E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/23/2019	\$229.13	Mental Health	

Payee: **M.B.**

Date(s) of Service (If Applicable)

12/17/2018-12/17/2018

11/21/2018-11/21/2018

11/7/2018-11/7/2018

10/17/2018-10/17/2018

10/3/2018-10/3/2018

9/19/2018-9/19/2018

9/5/2018-9/5/2018

**CL2019-2302**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$400.00	Mental Health	

Payee: **M.B.**

Date(s) of Service (If Applicable)

12/17/2018-12/17/2018

11/21/2018-11/21/2018

11/7/2018-11/7/2018

10/17/2018-10/17/2018

10/3/2018-10/3/2018

9/19/2018-9/19/2018

**CL2019-44F2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/25/2019**                      **\$0.00**                      Mental Health

Payee: **Advanced Counseling For Change**

Date(s) of Service (If Applicable)

12/17/2018-12/17/2018

11/21/2018-11/21/2018

11/7/2018-11/7/2018

10/17/2018-10/17/2018

10/3/2018-10/3/2018

9/19/2018-9/19/2018

9/5/2018-9/5/2018

**Case ID Number: CS2019-046A**

**Victim Initials: A.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-BB31**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/21/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/18/2019-3/18/2019

**Case ID Number: CS2019-04B1**

**Victim Initials: T.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-F044**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/30/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

**Case ID Number: CS2019-066E**

**Victim Initials: K.W.**

Case Payment Totals: **\$4,513.73**

Claim Payments:

**CL2021-48E6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/16/2021</b>	<b>\$504.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/18/2021-11/18/2021

11/12/2021-11/12/2021

11/5/2021-11/5/2021

**CL2021-77BB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/29/2021**                      **\$504.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

10/29/2021-10/29/2021

10/14/2021-10/14/2021

10/1/2021-10/1/2021

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### CL2021-E2D2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**10/11/2021**                      **\$336.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

9/24/2021-9/24/2021

9/3/2021-9/3/2021

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### CL2021-EEAA

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**09/29/2021**                      **\$672.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

8/27/2021-8/27/2021

8/20/2021-8/20/2021

8/13/2021-8/13/2021

7/30/2021-7/30/2021

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### CL2021-EA36

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**08/12/2021**                      **\$504.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

7/23/2021-7/23/2021

7/16/2021-7/16/2021

6/29/2021-6/29/2021

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### CL2021-AA17

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**07/19/2021**                      **\$672.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

6/25/2021-6/25/2021

6/18/2021-6/18/2021

6/11/2021-6/11/2021

6/4/2021-6/4/2021

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### CL2021-BBCC

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/08/2021**                      **\$616.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

5/28/2021-5/28/2021

5/21/2021-5/21/2021

5/13/2021-5/13/2021

5/7/2021-5/7/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-1177

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$224.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

11/12/2020-11/12/2020

10/22/2020-10/22/2020

### CL2020-87EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$39.20	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

10/7/2020-10/7/2020

### CL2020-7DF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$10.31	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

5/20/2020-5/20/2020

### CL2020-753A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$21.51	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

5/6/2020-5/6/2020

3/25/2020-3/25/2020

### CL2020-163C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2020	\$38.31	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

4/8/2020-4/8/2020

### CL2020-67D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2020	\$20.62	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

3/11/2020-3/11/2020

2/26/2020-2/26/2020

### CL2020-01E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$10.31	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

1/15/2020-1/15/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-A25F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/14/2019-11/14/2019

### CL2020-CBE4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$53.47	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
1/2/2020-1/2/2020  
12/18/2019-12/18/2019  
12/4/2019-12/4/2019  
11/22/2019-11/22/2019

Case ID Number: **CS2019-09C7**

Victim Initials: **A.M.**

Case Payment Totals: **\$2,812.38**

Claim Payments:

### CL2021-910F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/02/2021	\$109.89	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
8/1/2019-8/1/2019

### CL2020-AD67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$1,457.64	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
1/6/2020-1/6/2020  
12/19/2019-12/19/2019  
12/12/2019-12/12/2019  
12/4/2019-12/4/2019  
11/27/2019-11/27/2019  
11/21/2019-11/21/2019  
11/14/2019-11/14/2019  
11/7/2019-11/7/2019  
10/30/2019-10/30/2019  
9/12/2019-9/12/2019

### CL2019-2F90

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$256.26	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Date(s) of Service (If Applicable)

10/3/2019-10/3/2019

9/26/2019-9/26/2019

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### CL2019-24AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2019	\$183.29	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/9/2019-9/9/2019

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### CL2019-DA51

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2019	\$183.29	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/5/2019-9/5/2019

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### CL2019-A17B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$165.05	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/26/2019-8/26/2019

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### CL2019-1D1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2019	\$168.96	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/22/2019-7/22/2019

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### CL2019-1ADD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/3/2019-7/3/2019

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**Case ID Number: CS2019-0A3F**

**Victim Initials: L.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-4790

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/21/2019-3/21/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**Case ID Number: CS2019-0B30**

**Victim Initials: J.M.**

Case Payment Totals: **\$83.70**

Claim Payments:

**CL2020-7B93**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$83.70	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			

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**Case ID Number: CS2019-0D62**

**Victim Initials: L.M.**

Case Payment Totals: **\$2,072.00**

Claim Payments:

**CL2021-A795**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2021	\$76.00	Mental Health	
Payee: <b>Staci Ekblad Professional Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/4/2021-3/4/2021			
10/29/2020-10/29/2020			
10/2/2020-10/2/2020			

**CL2020-C897**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/23/2020	\$528.00	Mental Health	
Payee: <b>Katie Shannon Licsw, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			
9/3/2020-9/3/2020			
8/20/2020-8/20/2020			
8/6/2020-8/6/2020			
7/9/2020-7/9/2020			
6/25/2020-6/25/2020			

**CL2020-DDEA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/21/2020	\$1,180.00	Mental Health	
Payee: <b>Katie Shannon Licsw, Llc</b>			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)

6/11/2020-6/11/2020  
5/28/2020-5/28/2020  
5/8/2020-5/8/2020  
4/21/2020-4/21/2020  
3/31/2020-3/31/2020  
3/10/2020-3/10/2020  
2/25/2020-2/25/2020  
2/11/2020-2/11/2020  
1/28/2020-1/28/2020  
1/14/2020-1/14/2020

**CL2019-BDF5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/11/2019-6/11/2019

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**Case ID Number: CS2019-0D84**

**Victim Initials: E.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-613B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/22/2019-11/22/2019

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**Case ID Number: CS2019-0E50**

**Victim Initials: R.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2B39**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/21/2019-10/21/2019

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**Case ID Number: CS2019-1287**

**Victim Initials: J.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-0C41**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/21/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/6/2019-5/6/2019

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**Case ID Number: CS2019-12F4**

**Victim Initials: K.W.**

Case Payment Totals: **\$11,103.44**

Claim Payments:

**CL2020-9345**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2020</b>	<b>\$6,663.08</b>	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/14/2019			

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**CL2020-CF68**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/20/2020</b>	<b>\$1,275.00</b>	Wage Loss	
Payee: <b>K.W.</b>			

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**CL2020-E737**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/05/2020</b>	<b>\$3,165.36</b>	Medical	Hospital or Clinic
Payee: <b>Barnes County Ambulance, Inc</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

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**Case ID Number: CS2019-158D**

**Victim Initials: W.T.**

Case Payment Totals: **\$1,182.89**

Claim Payments:

**CL2019-12E4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$890.60</b>	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health Willston</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2019-3/17/2019			
3/22/2019-3/22/2019			

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**CL2019-8E8C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$292.29</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/29/2019-3/29/2019			

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2019-179E**

**Victim Initials: K.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-75BD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2019-5/22/2019			

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**Case ID Number: CS2019-1AB3**

**Victim Initials: E.C.**

Case Payment Totals: **\$980.00**

Claim Payments:

**CL2019-085E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$128.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2019-3/31/2019			

**CL2019-E1DA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2019-1/7/2019			

**CL2019-182D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$564.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2019-2/9/2019			
2/7/2019-2/7/2019			
1/26/2019-1/26/2019			
1/20/2019-1/20/2019			

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**Case ID Number: CS2019-1BCC**

**Victim Initials: W.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-E89D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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Date(s) of Service (If Applicable)  
7/11/2019-7/11/2019

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**Case ID Number: CS2019-1C11**

**Victim Initials: A.B.**

Case Payment Totals: **\$936.85**

Claim Payments:

**CL2019-E45D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2019	\$866.00	Wage Loss	

Payee: **A.B.**

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**CL2019-21D1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$21.11	Medical	Prescription

Payee: **A.B.**

Date(s) of Service (If Applicable)  
4/8/2019-4/8/2019

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**CL2019-2A46**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$49.74	Medical	Hospital or Clinic

Payee: **A.B.**

Date(s) of Service (If Applicable)  
5/8/2019-5/8/2019

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**Case ID Number: CS2019-1CD1**

**Victim Initials: A.M.**

Case Payment Totals: **\$840.00**

Claim Payments:

**CL2019-17BA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$840.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)  
5/28/2019-5/28/2019  
5/16/2019-5/16/2019  
5/7/2019-5/7/2019  
5/1/2019-5/1/2019  
4/26/2019-4/26/2019

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**Case ID Number: CS2019-1D50**

**Victim Initials: H.N.**

Case Payment Totals: **\$288.00**

Claim Payments:

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-BD77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/18/2019-11/18/2019

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**Case ID Number: CS2019-241B**

**Victim Initials: T.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-3A9E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/17/2019-6/17/2019

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**Case ID Number: CS2019-24BC**

**Victim Initials: T.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-0F47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/7/2019-1/7/2019

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**Case ID Number: CS2019-2575**

**Victim Initials: M.E.**

Case Payment Totals: **\$546.37**

Claim Payments:

### CL2020-12E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$92.83	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/13/2019-9/13/2019

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### CL2020-F5D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$165.54	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/21/2019-11/21/2019

11/4/2019-11/4/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-6412

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019

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**Case ID Number: CS2019-2580**

**Victim Initials: S.N.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-8F55

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/6/2019-8/6/2019

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**Case ID Number: CS2019-2741**

**Victim Initials: A.S.**

Case Payment Totals: **\$392.00**

Claim Payments:

### CL2019-2276

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$196.00	Mental Health	

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

6/3/2019-6/3/2019

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### CL2019-A8F9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$196.00	Mental Health	

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

5/28/2019-5/28/2019

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**Case ID Number: CS2019-2AC3**

**Victim Initials: A.E.**

Case Payment Totals: **\$1,725.20**

Claim Payments:

### CL2020-6F70

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$451.65	Medical	Hospital or Clinic

Payee: **J.E.**

Date(s) of Service (If Applicable)

7/9/2019-7/9/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-37AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$842.30	Medical	Hospital or Clinic

Payee: J.E.

Date(s) of Service (If Applicable)  
12/20/2018-12/20/2018  
12/12/2018-12/12/2018

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### CL2019-561B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$90.25	Medical	Hospital or Clinic

Payee: J.E.

Date(s) of Service (If Applicable)  
10/5/2018-10/5/2018  
11/2/2018-11/2/2018

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### CL2019-F1C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$341.00	Medical	Hospital or Clinic

Payee: J.E.

Date(s) of Service (If Applicable)  
1/14/2019-1/14/2019  
10/5/2018-10/5/2018  
11/2/2018-11/2/2018

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**Case ID Number: CS2019-319D**

**Victim Initials: C.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-D8F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
3/18/2019-3/18/2019

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**Case ID Number: CS2019-32BF**

**Victim Initials: A.S.**

Case Payment Totals: **\$370.04**

Claim Payments:

### CL2021-0D02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$11.72	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
4/27/2020-4/27/2020

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### CL2021-234E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/29/2021**                      **\$23.44**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/18/2020-5/18/2020

5/6/2020-5/6/2020

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### CL2020-176C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2020</b>	<b>\$46.88</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/26/2020-5/26/2020

5/4/2020-5/4/2020

4/13/2020-4/13/2020

4/8/2020-4/8/2020

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### CL2019-9474

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/22/2019-7/22/2019

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**Case ID Number: CS2019-36C7**

**Victim Initials: A.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-A38A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/01/2019</b>	<b>\$288.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/18/2018-12/18/2018

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**Case ID Number: CS2019-380C**

**Victim Initials: A.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-C2AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019

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**Case ID Number: CS2019-3A45**

**Victim Initials: L.V.**

Case Payment Totals: **\$288.00**

Claim Payments:

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ND Crime Victims Compensation, DOCR  
PO Box 1898  
Bismarck, ND 58502-1898

Phone: (701)-328-6195; 1-800-445-2322  
Email: [DOCRcompensation@nd.gov](mailto:DOCRcompensation@nd.gov)

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-DA13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/15/2019-7/15/2019

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**Case ID Number: CS2019-3B7B**

**Victim Initials: K.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-319C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/13/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/27/2019-8/27/2019

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**Case ID Number: CS2019-3B90**

**Victim Initials: M.M.**

Case Payment Totals: **\$888.00**

Claim Payments:

### CL2019-2936

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2019	\$888.00	Medical	Hospital or Clinic

Payee: **Jamestown Regional Medical Center**

Date(s) of Service (If Applicable)

4/5/2019-4/5/2019

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**Case ID Number: CS2019-3DA4**

**Victim Initials: T.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-13CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

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**Case ID Number: CS2019-4193**

**Victim Initials: S.B.**

Case Payment Totals: **\$251.63**

Claim Payments:

### CL2019-03c8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/23/2019**                      **\$251.63**                      Medical                      Prescription  
Payee: **S.B.**  
Date(s) of Service (If Applicable)  
2/19/2018-2/19/2018

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**Case ID Number: CS2019-41A9**

**Victim Initials: M.G.**

Case Payment Totals: **\$2,231.21**

Claim Payments:

**CL2020-7288**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/30/2020</b>	<b>\$205.43</b>	Mental Health	
Payee: <b>Rural Mental Health Consortium</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2019-11/4/2019			
11/4/2019-11/4/2019			
10/14/2019-10/14/2019			
9/30/2019-9/30/2019			

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**CL2020-5186**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/18/2020</b>	<b>\$284.50</b>	Mental Health	
Payee: <b>Laura Howery Siercks</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2020-1/7/2020			
12/16/2019-12/16/2019			
12/11/2019-12/11/2019			
12/10/2019-12/10/2019			

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**CL2019-F3F6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/25/2019</b>	<b>\$263.54</b>	Mental Health	
Payee: <b>Laura Howery Siercks</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2019-9/17/2019			
9/10/2019-9/10/2019			
8/26/2019-8/26/2019			
8/13/2019-8/13/2019			

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**CL2019-2888**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/11/2019</b>	<b>\$295.39</b>	Mental Health	
Payee: <b>Laura Howery Siercks</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2019-7/29/2019			
7/18/2019-7/18/2019			

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**CL2019-09CF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/22/2019**                      **\$443.09**                      Mental Health  
Payee: **Laura Howery Siercks**  
Date(s) of Service (If Applicable)  
7/9/2019-7/9/2019  
6/25/2019-6/25/2019  
6/18/2019-6/18/2019

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### CL2019-E6CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/11/2019-4/11/2019

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### CL2019-D98C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$451.26</b>	Mental Health	

Payee: **Laura Howery Siercks**  
Date(s) of Service (If Applicable)  
5/28/2019-5/28/2019  
5/14/2019-5/14/2019  
5/6/2019-5/6/2019

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**Case ID Number: CS2019-41FD**

**Victim Initials: E.L.**

Case Payment Totals: **\$1,647.02**

Claim Payments:

### CL2019-9E63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/24/2019</b>	<b>\$599.02</b>	Mental Health	

Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
5/16/2019-5/16/2019  
5/2/2019-5/2/2019  
4/18/2019-4/18/2019  
4/4/2019-4/4/2019  
3/21/2019-3/21/2019  
2/28/2019-2/28/2019  
2/14/2019-2/14/2019

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### CL2019-914E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$760.00</b>	Mental Health	

Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
1/31/2019-1/31/2019  
1/24/2019-1/24/2019  
1/16/2019-1/16/2019  
1/10/2019-1/10/2019  
1/4/2019-1/4/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-6044

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/8/2019-1/8/2019

---

**Case ID Number: CS2019-429D**

**Victim Initials: K.D.**

Case Payment Totals: **\$720.00**

Claim Payments:

### CL2020-B15E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$408.00	Mental Health	

Payee: **Nuvation Health Services, P.C.**

Date(s) of Service (If Applicable)

12/16/2019-12/16/2019

12/12/2019-12/12/2019

12/2/2019-12/2/2019

11/13/2019-11/13/2019

11/6/2019-11/6/2019

11/4/2019-11/4/2019

10/31/2019-10/31/2019

10/30/2019-10/30/2019

10/28/2019-10/28/2019

10/25/2019-10/25/2019

10/21/2019-10/21/2019

10/17/2019-10/17/2019

10/14/2019-10/14/2019

10/7/2019-10/7/2019

10/4/2019-10/4/2019

9/30/2019-9/30/2019

9/27/2019-9/27/2019

### CL2019-097F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$312.00	Mental Health	

Payee: **Nuvation Health Services, P.C.**

Date(s) of Service (If Applicable)

8/14/2019-8/14/2019

7/29/2019-7/29/2019

7/26/2019-7/26/2019

7/24/2019-7/24/2019

7/11/2019-7/11/2019

7/8/2019-7/8/2019

7/3/2019-7/3/2019

7/1/2019-7/1/2019

6/20/2019-6/20/2019

6/17/2019-6/17/2019

6/4/2019-6/4/2019

5/29/2019-5/29/2019

5/24/2019-5/24/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-4412**

**Victim Initials: A.M.**

Case Payment Totals: **\$3,429.84**

Claim Payments:

**CL2019-0A4E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$292.80	Medical	Hospital or Clinic
Payee: <b>St. Joseph Hospital &amp; Health</b>			
<u>Date(s) of Service (If Applicable)</u> 8/31/2018-8/31/2018			

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**CL2019-0AA9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$890.64	Medical	Hospital or Clinic
Payee: <b>Dickinson Area Ambulance</b>			
<u>Date(s) of Service (If Applicable)</u> 8/31/2018-8/31/2018			

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**CL2019-D93E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$1,356.00	Medical	Hospital or Clinic
Payee: <b>St. Joseph Hospital &amp; Health</b>			
<u>Date(s) of Service (If Applicable)</u> 8/31/2018-8/31/2018			

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**CL2019-C6D9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$890.40	Medical	Hospital or Clinic
Payee: <b>Dickinson Area Ambulance</b>			
<u>Date(s) of Service (If Applicable)</u> 8/31/2018-8/31/2018			

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**Case ID Number: CS2019-446B**

**Victim Initials: S.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-9C3F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 11/22/2019-11/22/2019			

---

**Case ID Number: CS2019-44E6**

**Victim Initials: R.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-588C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/21/2019-2/21/2019

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**Case ID Number: CS2019-4540**

**Victim Initials: M.S.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

### CL2019-3C1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$4,000.00	Medical	Hospital or Clinic

Payee: **P.S.**

Date(s) of Service (If Applicable)

11/3/2018-11/5/2018

9/12/2018-9/12/2018

### CL2019-666A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$992.00	Medical	Dental

Payee: **P.S.**

Date(s) of Service (If Applicable)

11/28/2018-11/28/2018

### CL2019-8223

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$508.00	Medical	Hospital or Clinic

Payee: **P.S.**

Date(s) of Service (If Applicable)

11/3/2018-11/5/2018

### CL2019-94D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$8,000.00	Medical	Hospital or Clinic

Payee: **P.S.**

Date(s) of Service (If Applicable)

9/14/2018-9/15/2018

9/22/2018-9/22/2018

11/26/2018-11/26/2018

9/12/2018-9/12/2018

11/3/2018-11/5/2018

8/6/2018-8/8/2018

9/17/2018-9/17/2018

10/15/2018-10/15/2018

8/13/2018-8/13/2018

### CL2019-AE99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/13/2019**                      **\$1,500.00**                      Medical                      Hospital or Clinic  
Payee: **P.S.**  
Date(s) of Service (If Applicable)  
11/3/2018-11/5/2018

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### CL2019-C11C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/13/2019</b>	<b>\$10,000.00</b>	Medical	Hospital or Clinic

Payee: **P.S.**  
Date(s) of Service (If Applicable)  
9/14/2018-9/15/2018  
9/22/2018-9/22/2018

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**Case ID Number: CS2019-4629**

**Victim Initials: M.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-D405

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/20/2018-12/20/2018

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**Case ID Number: CS2019-4641**

**Victim Initials: L.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-53E1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/14/2019-1/14/2019

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**Case ID Number: CS2019-4657**

**Victim Initials: A.L.**

Case Payment Totals: **\$307.00**

Claim Payments:

### CL2019-F2C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/26/2019-3/26/2019

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### CL2019-C4EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/03/2019**                      **\$19.00**                      Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
4/25/2019-4/25/2019

---

**Case ID Number: CS2019-472b**

**Victim Initials: S.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-0a9e**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/30/2019</b>	<b>\$288.00</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2018-12/17/2018			

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**Case ID Number: CS2019-477F**

**Victim Initials: C.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-F0EA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			

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**Case ID Number: CS2019-47A6**

**Victim Initials: H.S.**

Case Payment Totals: **\$1,681.21**

Claim Payments:

**CL2021-4083**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$110.32</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

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**CL2021-2C7C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/29/2021</b>	<b>\$135.57</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/9/2020-9/9/2020			
9/2/2020-9/2/2020			

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**CL2020-3D5E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/31/2020**                      **\$1,147.32**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/12/2020-8/12/2020

7/30/2020-7/30/2020

7/16/2020-7/16/2020

6/24/2020-6/24/2020

6/15/2020-6/15/2020

6/3/2020-6/3/2020

5/20/2020-5/20/2020

5/13/2020-5/13/2020

5/6/2020-5/6/2020

4/22/2020-4/22/2020

4/15/2020-4/15/2020

3/24/2020-3/24/2020

3/19/2020-3/19/2020

3/12/2020-3/12/2020

### CL2019-AE45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/28/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/24/2019-9/24/2019

**Case ID Number: CS2019-4998**

**Victim Initials: T.M.**

Case Payment Totals: **\$2,821.60**

Claim Payments:

### CL2019-3160

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2019</b>	<b>\$232.80</b>	Medical	Hospital or Clinic

Payee: **Mercy Radiology Services**

Date(s) of Service (If Applicable)

12/1/2018-12/1/2018

### CL2019-617b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2019</b>	<b>\$364.80</b>	Medical	Hospital or Clinic

Payee: **Mercy Hospital Physicians**

Date(s) of Service (If Applicable)

12/1/2018-12/1/2018

### CL2019-c78e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2019</b>	<b>\$2,224.00</b>	Medical	Hospital or Clinic

Payee: **Mercy Medical Center**

Date(s) of Service (If Applicable)

12/1/2018-12/1/2018

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-4B6A**

**Victim Initials: K.W.**

Case Payment Totals: **\$345.60**

Claim Payments:

**CL2021-A9D4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$57.60	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

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**CL2019-3EDE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2019-9/12/2019			

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**Case ID Number: CS2019-4B93**

**Victim Initials: D.H.**

Case Payment Totals: **\$1,400.00**

Claim Payments:

**CL2019-2D38**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2019	\$1,400.00	Funeral	
Payee: <b>J.K.</b>			

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**Case ID Number: CS2019-4C4C**

**Victim Initials: A.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-CE7C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			

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**Case ID Number: CS2019-4C87**

**Victim Initials: A.Z.**

Case Payment Totals: **\$2,552.00**

Claim Payments:

**CL2020-E0EF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/09/2020**                      **\$156.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
10/29/2020-10/29/2020

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### CL2020-C1EC

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/10/2020**                      **\$468.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
8/17/2020-8/17/2020  
8/3/2020-8/3/2020  
7/13/2020-7/13/2020

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### CL2020-FEEF

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/29/2020**                      **\$296.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
6/8/2020-6/8/2020  
4/27/2020-4/27/2020

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### CL2020-8BD1

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/22/2020**                      **\$148.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
4/27/2020-4/27/2020

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### CL2020-10D0

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/16/2020**                      **\$148.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
3/30/2020-3/30/2020

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### CL2020-7254

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/19/2020**                      **\$148.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
3/2/2020-3/2/2020

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### CL2020-AC4D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**01/14/2020**                      **\$296.00**                      Mental Health  
Payee: **Timothy Eaton, Phd**  
Date(s) of Service (If Applicable)  
12/2/2019-12/2/2019  
11/12/2019-11/12/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-CE50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$80.00	Mental Health	
Payee: <b>Timothy Eaton, Phd</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/30/2019-10/30/2019			

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### CL2019-01F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$524.00	Mental Health	
Payee: <b>Timothy Eaton, Phd</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			
9/24/2019-9/24/2019			
7/8/2019-7/8/2019			

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### CL2019-DC46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2019-7/16/2019			

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Case ID Number: **CS2019-4d58**

Victim Initials: **D.D.**

Case Payment Totals: **\$3,988.00**

Claim Payments:

### CL2020-7D6E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$168.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2020-1/2/2020			

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### CL2019-84E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$448.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2019-10/26/2019			
10/19/2019-10/19/2019			
10/12/2019-10/12/2019			

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### CL2019-3F49

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2019	\$336.00	Mental Health	
Payee: <b>D.D.</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2019-9/28/2019			
9/15/2019-9/15/2019			
9/7/2019-9/7/2019			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-9A10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$224.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

8/27/2019-8/27/2019

8/16/2019-8/16/2019

### CL2019-97BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$312.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

7/19/2019-7/19/2019

7/8/2019-7/8/2019

7/11/2019-7/11/2019

### CL2019-DAF4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/05/2019</b>	<b>\$312.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

6/24/2019-6/24/2019

6/17/2019-6/17/2019

6/3/2019-6/3/2019

### CL2019-36C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/21/2019</b>	<b>\$464.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

5/25/2019-5/25/2019

5/18/2019-5/18/2019

5/11/2019-5/11/2019

5/4/2019-5/4/2019

### CL2019-AD63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$232.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

4/25/2019-4/25/2019

4/4/2019-4/4/2019

### CL2019-C570

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$256.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Contact (If Applicable)

3/26/2019-3/26/2019

3/11/2019-3/11/2019

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2019-0AE7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$256.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/4/2019-3/4/2019

2/25/2019-2/25/2019

**CL2019-0F13**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$128.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/17/2019-2/17/2019

**CL2019-CC9D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$564.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/10/2019-2/10/2019

1/26/2019-1/26/2019

1/19/2019-1/19/2019

1/11/2019-1/11/2019

**CL2019-db5a**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/26/2018-12/26/2018

**Case ID Number: CS2019-4d8b**

**Victim Initials: K.P.**

Case Payment Totals: **\$2,169.70**

Claim Payments:

**CL2021-7DCA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$264.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/10/2021-2/10/2021

2/3/2021-2/3/2021

1/28/2021-1/28/2021

**CL2021-5509**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**01/04/2021**                      **\$356.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/17/2020-11/17/2020

11/3/2020-11/3/2020

10/20/2020-10/20/2020

### CL2019-DD1A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**10/02/2019**                      **\$1,324.00**                      Mental Health

Payee: **Gorder Consulting Pllc, Corey Gorder**

Date(s) of Service (If Applicable)

7/23/2019-7/23/2019

7/1/2019-7/1/2019

5/13/2019-5/13/2019

4/16/2019-4/16/2019

4/9/2019-4/9/2019

4/4/2019-4/4/2019

3/29/2019-3/29/2019

3/7/2019-3/7/2019

2/26/2019-2/26/2019

2/18/2019-2/18/2019

2/12/2019-2/12/2019

### CL2019-EAA2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**07/19/2019**                      **\$111.23**                      Mental Health

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

6/12/2019-6/12/2019

### CL2019-066E

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/26/2019**                      **\$114.47**                      Mental Health

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

3/6/2019-3/6/2019

**Case ID Number: CS2019-4E91**

**Victim Initials: M.D.**

Case Payment Totals: **\$473.66**

Claim Payments:

### CL2020-744B

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**02/24/2020**                      **\$185.66**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/3/2019-9/3/2019

7/16/2019-7/16/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-D600

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/19/2019-2/19/2019

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**Case ID Number: CS2019-4e9e**

**Victim Initials: S.N.**

Case Payment Totals: **\$816.08**

Claim Payments:

### CL2021-DE08

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$659.33	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/30/2020-4/30/2020

4/18/2020-4/18/2020

3/11/2020-3/11/2020

2/26/2020-2/26/2020

2/12/2020-2/12/2020

12/19/2019-12/19/2019

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### CL2019-60B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$156.75	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/23/2019-1/23/2019

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**Case ID Number: CS2019-4f18**

**Victim Initials: G.L.**

Case Payment Totals: **\$5,448.00**

Claim Payments:

### CL2019-3411

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$4,555.00	Mental Health	

Payee: **M.L.**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

12/20/2018-12/20/2018  
12/6/2018-12/6/2018  
11/29/2018-11/29/2018  
10/24/2018-10/24/2018  
10/3/2018-10/3/2018  
9/26/2018-9/26/2018  
9/12/2018-9/12/2018  
9/5/2018-9/5/2018  
8/29/2018-8/29/2018  
8/7/2018-8/7/2018  
7/31/2018-7/31/2018  
7/24/2018-7/24/2018  
7/17/2018-7/17/2018  
7/3/2018-7/3/2018  
6/26/2018-6/26/2018  
6/19/2018-6/19/2018  
6/5/2018-6/5/2018  
5/22/2018-5/22/2018  
5/15/2018-5/15/2018  
5/8/2018-5/8/2018  
4/24/2018-4/24/2018  
4/10/2018-4/10/2018  
3/27/2018-3/27/2018  
3/20/2018-3/20/2018  
3/13/2018-3/13/2018

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**CL2019-734F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/15/2019</b>	<b>\$405.00</b>	Medical	Hospital or Clinic

Payee: **M.L.**

Date(s) of Service (If Applicable)

2/22/2018-2/22/2018

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**CL2019-C59F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/15/2019</b>	<b>\$488.00</b>	Medical	Hospital or Clinic

Payee: **M.L.**

Date(s) of Service (If Applicable)

3/8/2018-3/8/2018

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**Case ID Number: CS2019-5022**

**Victim Initials: T.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-9D47**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/20/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/28/2019-8/28/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-53A5**

**Victim Initials: P.G.**

Case Payment Totals: **\$576.00**

Claim Payments:

**CL2020-3542**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$287.20	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 7/30/2019-7/30/2019			

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**CL2020-7D39**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$280.80	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 7/30/2019-7/30/2019			

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**CL2020-9A46**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$1.60	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 9/23/2019-9/23/2019			

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**CL2020-A678**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$4.80	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 9/20/2019-9/20/2019 9/17/2019-9/17/2019 9/13/2019-9/13/2019			

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**CL2020-FDC4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$1.60	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 8/30/2019-8/30/2019			

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**Case ID Number: CS2019-53CC**

**Victim Initials: J.J.**

Case Payment Totals: **\$1,005.75**

Claim Payments:

**CL2019-C0AF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/12/2019**                      **\$929.89**                      Medical                      Hospital or Clinic  
Payee: **Chi St. Alexius Health**  
Date(s) of Service (If Applicable)  
6/6/2018-6/6/2018

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### CL2019-DF60

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/12/2019**                      **\$75.86**                      Medical                      Hospital or Clinic  
Payee: **Barnes County Ambulance, Inc**  
Date(s) of Service (If Applicable)  
6/6/2018-6/6/2018

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**Case ID Number: CS2019-542C**

**Victim Initials: L.M.**

Case Payment Totals: **\$2,312.00**

Claim Payments:

### CL2021-0BFF

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**10/07/2021**                      **\$24.00**                      Mental Health  
Payee: **Staci Ekblad Professional Counseling**  
Date(s) of Service (If Applicable)  
10/29/2020-10/29/2020

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### CL2021-17E1

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/27/2021**                      **\$292.00**                      Mental Health  
Payee: **Staci Ekblad Professional Counseling**  
Date(s) of Service (If Applicable)  
7/27/2021-7/27/2021  
6/1/2021-6/1/2021  
4/28/2021-4/28/2021  
3/31/2021-3/31/2021  
3/4/2021-3/4/2021  
2/4/2021-2/4/2021  
1/14/2021-1/14/2021  
12/16/2020-12/16/2020  
11/12/2020-11/12/2020  
10/15/2020-10/15/2020  
10/2/2020-10/2/2020

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### CL2020-481B

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/23/2020**                      **\$528.00**                      Mental Health  
Payee: **Katie Shannon Licsw, Llc**  
Date(s) of Service (If Applicable)  
9/17/2020-9/17/2020  
9/3/2020-9/3/2020  
8/20/2020-8/20/2020  
8/6/2020-8/6/2020  
7/9/2020-7/9/2020  
6/25/2020-6/25/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-03EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/13/2020</b>	<b>\$600.00</b>	Mental Health	
Payee: <b>Katie Shannon Licsw, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2020-6/11/2020			
5/28/2020-5/28/2020			
5/8/2020-5/8/2020			
4/21/2020-4/21/2020			
3/31/2020-3/31/2020			

### CL2020-AFC0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/04/2020</b>	<b>\$580.00</b>	Mental Health	
Payee: <b>Katie Shannon Licsw, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2020-3/10/2020			
2/25/2020-2/25/2020			
2/11/2020-2/11/2020			
1/28/2020-1/28/2020			
1/14/2020-1/14/2020			

### CL2019-06E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2019-6/11/2019			

Case ID Number: **CS2019-559D**

Victim Initials: **G.C.**

Case Payment Totals: **\$1,277.60**

Claim Payments:

### CL2020-51A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/15/2020</b>	<b>\$116.00</b>	Mental Health	
Payee: <b>The Village Family Service Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2020-3/18/2020			

### CL2020-A340

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/09/2020</b>	<b>\$116.00</b>	Mental Health	
Payee: <b>The Village Family Service Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2020-2/28/2020			

### CL2020-D93E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/19/2020**                      **\$116.00**                      Mental Health  
Payee: **Red Door Pediatric Therapy**  
Date(s) of Service (If Applicable)  
2/28/2020-2/28/2020

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### CL2020-9669

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/06/2020**                      **\$116.00**                      Mental Health  
Payee: **The Village Family Service Center**  
Date(s) of Service (If Applicable)  
2/17/2020-2/17/2020

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### CL2020-EAB6

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/06/2020**                      **\$116.00**                      Mental Health  
Payee: **The Village Family Service Center**  
Date(s) of Service (If Applicable)  
2/7/2020-2/7/2020

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### CL2020-20D0

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**02/12/2020**                      **\$232.00**                      Mental Health  
Payee: **The Village Family Service Center**  
Date(s) of Service (If Applicable)  
1/20/2020-1/20/2020  
1/13/2020-1/13/2020

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### CL2020-89DC

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**01/14/2020**                      **\$177.60**                      Mental Health  
Payee: **The Village Family Service Center**  
Date(s) of Service (If Applicable)  
12/30/2019-12/30/2019

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### CL2019-2DC5

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/27/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/31/2019-7/31/2019

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**Case ID Number: CS2019-5B0C**

**Victim Initials: M.B.**

Case Payment Totals: **\$84.13**

Claim Payments:

### CL2020-734D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/19/2020**                      **\$84.13**                      Medical                      Hospital or Clinic  
Payee: **Valley Vision Clinic**  
Date(s) of Service (If Applicable)  
11/7/2019-11/7/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-5BAD**

**Victim Initials: C.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-0EE6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/1/2019-5/1/2019

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**Case ID Number: CS2019-5C55**

**Victim Initials: J.S.**

Case Payment Totals: **\$1,220.00**

Claim Payments:

**CL2021-8C11**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$264.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/24/2021-11/24/2021

11/10/2021-11/10/2021

11/3/2021-11/3/2021

**CL2021-BE25**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$376.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021

10/20/2021-10/20/2021

10/13/2021-10/13/2021

10/6/2021-10/6/2021

**CL2021-425E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2021	\$292.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/29/2021-9/29/2021

9/17/2021-9/17/2021

**CL2019-F118**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/26/2019-8/26/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-5E39**

**Victim Initials: C.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-6104**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2019-4/24/2019			

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**Case ID Number: CS2019-603C**

**Victim Initials: J.S.**

Case Payment Totals: **\$12.80**

Claim Payments:

**CL2019-AC7F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2019	\$12.80	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2019-9/17/2019			
9/10/2019-9/10/2019			
8/8/2019-8/8/2019			
8/6/2019-8/6/2019			
7/22/2019-7/22/2019			
7/15/2019-7/15/2019			
7/8/2019-7/8/2019			
7/1/2019-7/1/2019			

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**Case ID Number: CS2019-60AA**

**Victim Initials: B.T.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-55DC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			

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**Case ID Number: CS2019-6129**

**Victim Initials: C.P.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2020-71A4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

01/21/2020                      \$5,000.00                      Funeral  
Payee: **S.M.**

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**Case ID Number: CS2019-6606**

**Victim Initials: A.B.**

Case Payment Totals: **\$299.04**

Claim Payments:

**CL2020-434D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$11.04	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

**CL2019-96B1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			

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**Case ID Number: CS2019-6939**

**Victim Initials: A.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-EB17**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

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**Case ID Number: CS2019-6A78**

**Victim Initials: J.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-8668**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-6A8D**

**Victim Initials: D.H.**

Case Payment Totals: **\$128.00**

Claim Payments:

**CL2019-DE8A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/03/2019</b>	<b>\$64.00</b>	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 4/18/2019-4/18/2019			

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**CL2019-272F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/30/2019</b>	<b>\$64.00</b>	Medical	Hospital or Clinic
Payee: <b>Lindsey Solberg Herbel, Ci/Ct</b>			
<u>Date(s) of Service (If Applicable)</u> 4/18/2019-4/18/2019			

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**Case ID Number: CS2019-6AE2**

**Victim Initials: R.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-A355**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/27/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/15/2019-7/15/2019			

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**Case ID Number: CS2019-6D53**

**Victim Initials: J.G.**

Case Payment Totals: **\$7,387.87**

Claim Payments:

**CL2020-120A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2020</b>	<b>\$211.20</b>	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 8/12/2019-8/12/2019			

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**CL2020-4662**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2020</b>	<b>\$3,082.40</b>	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 8/12/2019-8/12/2019			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-A8DC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2020	\$376.80	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

7/30/2019-7/30/2019

### CL2020-ADB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2020	\$3,290.27	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/18/2019-2/18/2019

### CL2020-D94E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$161.60	Medical	Hospital or Clinic

Payee: **The Physical Therapy Center, Inc.**

Date(s) of Service (If Applicable)

12/19/2019-12/19/2019

### CL2019-9858

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2019	\$265.60	Medical	Hospital or Clinic

Payee: **The Physical Therapy Center, Inc.**

Date(s) of Service (If Applicable)

12/9/2019-12/9/2019

**Case ID Number: CS2019-6D9D**

**Victim Initials: T.G.**

Case Payment Totals: **\$1,557.48**

Claim Payments:

### CL2020-0A1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/18/2020	\$45.60	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

12/16/2019-12/16/2019

### CL2019-739B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$337.70	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

8/30/2019-8/30/2019

8/15/2019-8/15/2019

8/8/2019-8/8/2019

### CL2019-2C78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**09/11/2019**      **\$590.78**      Mental Health

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

8/1/2019-8/1/2019

7/29/2019-7/29/2019

7/25/2019-7/25/2019

7/18/2019-7/18/2019

### CL2019-B5A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/25/2019-4/25/2019

### CL2019-D09D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/22/2019</b>	<b>\$147.70</b>	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

7/9/2019-7/9/2019

### CL2019-26D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$147.70</b>	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

5/14/2019-5/14/2019

**Case ID Number: CS2019-6E3B**

**Victim Initials: S.M.**

Case Payment Totals: **\$307.00**

Claim Payments:

### CL2019-E8BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/16/2019-1/16/2019

### CL2019-A60E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$19.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/11/2019-3/11/2019

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-6E96**

**Victim Initials: J.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-87BB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

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**Case ID Number: CS2019-70FF**

**Victim Initials: F.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-2861**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

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**Case ID Number: CS2019-7179**

**Victim Initials: K.H.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2019-D1D2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$5,000.00	Funeral	
Payee: <b>J.A.</b>			

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**Case ID Number: CS2019-73EF**

**Victim Initials: B.W.**

Case Payment Totals: **\$1,319.85**

Claim Payments:

**CL2019-328E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$174.17	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2019-6/10/2019			

**CL2019-AC01**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/10/2019**                      **\$174.17**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/3/2019-4/3/2019

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### CL2019-9715

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/11/2019**                      **\$174.17**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/21/2019-3/21/2019

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### CL2019-E85D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/11/2019**                      **\$174.17**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/7/2019-3/7/2019

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### CL2019-511A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/13/2019**                      **\$288.00**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

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### CL2019-A3CE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/13/2019**                      **\$174.17**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/26/2019-2/26/2019

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### CL2019-D7FF

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/13/2019**                      **\$161.00**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/13/2019-2/13/2019

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**Case ID Number: CS2019-745D**

**Victim Initials: J.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-C0C2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/20/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/28/2019-8/28/2019

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-75CD**

**Victim Initials: A.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-B9E9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2019-1/15/2019			

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**Case ID Number: CS2019-77B1**

**Victim Initials: A.E.**

Case Payment Totals: **\$333.50**

Claim Payments:

**CL2019-03C6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2019-6/13/2019			

**CL2019-AD36**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$45.50	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2019-7/10/2019 6/27/2019-6/27/2019			

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**Case ID Number: CS2019-7817**

**Victim Initials: J.L.**

Case Payment Totals: **\$3,578.87**

Claim Payments:

**CL2020-DA13**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2020	\$1,563.36	Medical	Hospital or Clinic
Payee: <b>Guardian Flight Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/4/2019			

**CL2019-140B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2019	\$223.81	Medical	Hospital or Clinic
Payee: <b>Williston Ambulance Service</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/4/2019			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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### CL2019-CDFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2019	\$1,791.70	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

5/4/2019-5/7/2019

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**Case ID Number: CS2019-7B04**

**Victim Initials: M.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-4E9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/16/2019-4/16/2019

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**Case ID Number: CS2019-7BDB**

**Victim Initials: J.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-6610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

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**Case ID Number: CS2019-7E2B**

**Victim Initials: V.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-128A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/22/2019-11/22/2019

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**Case ID Number: CS2019-7F15**

**Victim Initials: J.D.**

Case Payment Totals: **\$82.00**

Claim Payments:

### CL2019-6427

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/13/2019**                      **\$12.20**                      Mental Health  
Payee: **Northland Health Center**  
Date(s) of Service (If Applicable)  
11/1/2019-11/1/2019

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### CL2019-8F91

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**12/13/2019**                      **\$12.20**                      Mental Health  
Payee: **Northland Health Center**  
Date(s) of Service (If Applicable)  
11/8/2019-11/8/2019

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### CL2019-AB3E

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/07/2019**                      **\$57.60**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/12/2019-6/12/2019

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**Case ID Number: CS2019-7FA1**

**Victim Initials: B.T.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-4831

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/07/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/22/2019-7/22/2019

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**Case ID Number: CS2019-848B**

**Victim Initials: J.M.**

Case Payment Totals: **\$50.87**

Claim Payments:

### CL2020-46C4

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/05/2020**                      **\$50.87**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/1/2020-4/1/2020

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**Case ID Number: CS2019-84B2**

**Victim Initials: S.P.**

Case Payment Totals: **\$1,464.80**

Claim Payments:

### CL2020-823E

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**10/08/2020**                      **\$120.00**                      Mental Health

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

7/23/2020-7/23/2020

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### CL2020-AF9A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**02/25/2020**                      **\$122.00**                      Mental Health

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

1/28/2020-1/28/2020

1/15/2020-1/15/2020

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### CL2019-CD07

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/30/2019**                      **\$585.80**                      Travel

Payee: **A.P.**

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### CL2019-59CE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/01/2019**                      **\$69.80**                      Mental Health

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

1/2/2019-1/2/2019

11/29/2018-11/29/2018

11/21/2018-11/21/2018

11/15/2018-11/15/2018

11/7/2018-11/7/2018

10/31/2018-10/31/2018

10/29/2018-10/29/2018

10/17/2018-10/17/2018

10/10/2018-10/10/2018

10/3/2018-10/3/2018

9/25/2018-9/25/2018

9/14/2018-9/14/2018

9/7/2018-9/7/2018

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### CL2019-59CE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/15/2019**                      **\$279.20**                      Mental Health

Payee: **The Kids Therapy Center, Llc**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

1/2/2019-1/2/2019  
11/29/2018-11/29/2018  
11/21/2018-11/21/2018  
11/15/2018-11/15/2018  
11/7/2018-11/7/2018  
10/31/2018-10/31/2018  
10/29/2018-10/29/2018  
10/17/2018-10/17/2018  
10/10/2018-10/10/2018  
10/3/2018-10/3/2018  
9/25/2018-9/25/2018  
9/14/2018-9/14/2018  
9/7/2018-9/7/2018

**CL2019-A6A9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/12/2019</b>	<b>\$288.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/30/2018-10/30/2018

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**Case ID Number: CS2019-853A**

**Victim Initials: S.W.**

Case Payment Totals: **\$1,693.20**

Claim Payments:

**CL2019-0FEE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/12/2019</b>	<b>\$1,693.20</b>	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

11/11/2018-11/11/2018

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**Case ID Number: CS2019-8610**

**Victim Initials: K.S.**

Case Payment Totals: **\$2,619.26**

Claim Payments:

**CL2021-5C65**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/04/2021</b>	<b>\$56.58</b>	Mental Health	

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

5/20/2021-5/20/2021

**CL2021-455A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/29/2021</b>	<b>\$172.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/13/2021-5/13/2021



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-B375

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/29/2021</b>	<b>\$254.60</b>	Mental Health	
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/12/2021-3/12/2021			

### CL2021-1BCD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/10/2021</b>	<b>\$182.00</b>	Mental Health	
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

### CL2021-DC67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/04/2021</b>	<b>\$648.79</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2020-7/30/2020			
7/16/2020-7/16/2020			
7/9/2020-7/9/2020			
4/22/2020-4/22/2020			
4/17/2020-4/17/2020			
4/9/2020-4/9/2020			
3/25/2020-3/25/2020			
1/13/2020-1/13/2020			

### CL2020-3469

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2020</b>	<b>\$35.94</b>	Mental Health	
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2020-9/24/2020			

### CL2020-7368

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2020</b>	<b>\$123.89</b>	Mental Health	
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/19/2020-6/19/2020			

### CL2020-6832

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/19/2020</b>	<b>\$177.21</b>	Mental Health	
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2020-4/20/2020			

### CL2020-FBE7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/19/2020**                      **\$253.07**                      Medical                      Hospital or Clinic  
Payee: **Sanford Health**  
Date(s) of Service (If Applicable)  
2/20/2020-2/20/2020

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**CL2020-A11A**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/18/2020**                      **\$715.18**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/3/2020-3/3/2020  
2/24/2020-2/24/2020  
2/11/2020-2/11/2020  
2/2/2020-2/2/2020  
12/23/2019-12/23/2019  
11/18/2019-11/18/2019

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**Case ID Number: CS2019-896B**

**Victim Initials: X.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-55FC**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/09/2019**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/8/2019-8/8/2019

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**Case ID Number: CS2019-8A7B**

**Victim Initials: K.G.**

Case Payment Totals: **\$1,278.77**

Claim Payments:

**CL2020-E131**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/04/2020**                      **\$990.77**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/24/2020-2/24/2020  
2/10/2020-2/10/2020  
1/7/2020-1/7/2020  
12/17/2019-12/17/2019  
10/30/2019-10/30/2019  
10/22/2019-10/22/2019

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**CL2019-8EC4**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**10/28/2019**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/19/2019-9/19/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-8B5E**

**Victim Initials: S.S.**

Case Payment Totals: **\$360.23**

Claim Payments:

**CL2019-C193**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/16/2019-1/16/2019

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**CL2019-FBFF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$72.23	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/31/2019-3/31/2019

3/8/2019-3/8/2019

2/5/2019-2/5/2019

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**Case ID Number: CS2019-8C83**

**Victim Initials: S.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-FE0F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/28/2019-5/28/2019

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**Case ID Number: CS2019-8D54**

**Victim Initials: T.B.**

Case Payment Totals: **\$2,141.07**

Claim Payments:

**CL2019-4807**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$92.88	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

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**CL2019-B434**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$292.00	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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Date(s) of Service (If Applicable)  
12/3/2018-12/3/2018

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**CL2019-7A60**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$211.50	Medical	Hospital or Clinic

Payee: **T.B.**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

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**CL2019-7A7A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$284.66	Medical	Hospital or Clinic

Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

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**CL2019-A474**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$65.70	Medical	Hospital or Clinic

Payee: **T.B.**  
Date(s) of Service (If Applicable)  
2/10/2019-2/10/2019

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**CL2019-B610**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$228.54	Medical	Hospital or Clinic

Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
12/3/2018-12/3/2018

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**CL2019-C4C4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$194.51	Medical	Hospital or Clinic

Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

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**CL2019-E698**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$116.46	Medical	Hospital or Clinic

Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
2/10/2019-2/10/2019

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**CL2019-1BE0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$151.74	Medical	Hospital or Clinic

Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
12/3/2018-12/3/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-247B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$92.88	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

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### CL2019-8880

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$118.20	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

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### CL2019-A691

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$292.00	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

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**Case ID Number: CS2019-9146**

**Victim Initials: R.K.**

Case Payment Totals: **\$348.00**

Claim Payments:

### CL2020-37CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2020	\$20.00	Mental Health	

Payee: **Advance In Recovery**

Date(s) of Service (If Applicable)

6/24/2020-6/24/2020

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### CL2020-A434

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$40.00	Mental Health	

Payee: **Advance In Recovery**

Date(s) of Service (If Applicable)

2/24/2020-2/24/2020

1/29/2020-1/29/2020

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### CL2019-8C5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/5/2019-6/5/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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**Case ID Number: CS2019-9241**

**Victim Initials: X.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-3D4E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$288.00</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2019-2/4/2019			

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**Case ID Number: CS2019-941E**

**Victim Initials: M.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-3E8C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

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**Case ID Number: CS2019-96C8**

**Victim Initials: K.H.**

Case Payment Totals: **\$681.54**

Claim Payments:

**CL2019-E6E0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/06/2019</b>	<b>\$9.60</b>	Mental Health	
Payee: <b>Nuvation Health Services, P.C.</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/5/2019-9/5/2019			
9/4/2019-9/4/2019			
8/14/2019-8/14/2019			
8/1/2019-8/1/2019			
7/24/2019-7/24/2019			

**CL2019-867D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$206.30</b>	Mental Health	
Payee: <b>Chambers &amp; Blohm</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2019-2/13/2019			

**CL2019-97F2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/25/2019**                      **\$272.00**                      Mental Health  
Payee: **Chambers & Blohm**  
Date(s) of Service (If Applicable)  
10/22/2018-10/22/2018

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### CL2019-9822

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/25/2019</b>	<b>\$193.64</b>	Mental Health	

Payee: **Chambers & Blohm**  
Date(s) of Service (If Applicable)  
1/29/2019-1/29/2019

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## Case ID Number: CS2019-99C9

Victim Initials: E.S.

Case Payment Totals: **\$861.22**

Claim Payments:

### CL2019-E263

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/08/2019</b>	<b>\$861.22</b>	Medical	Hospital or Clinic

Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
4/5/2019-4/5/2019  
4/9/2019-4/9/2019

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## Case ID Number: CS2019-99CB

Victim Initials: P.B.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-93D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/19/2019-8/19/2019

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## Case ID Number: CS2019-9A5E

Victim Initials: L.W.

Case Payment Totals: **\$1,318.66**

Claim Payments:

### CL2021-0A1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$1,318.66</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

3/12/2020-3/12/2020  
2/20/2020-2/20/2020  
2/11/2020-2/11/2020  
1/27/2020-1/27/2020  
1/13/2020-1/13/2020  
1/8/2020-1/8/2020  
12/16/2019-12/16/2019  
12/2/2019-12/2/2019  
11/25/2019-11/25/2019  
11/18/2019-11/18/2019  
11/14/2019-11/14/2019  
11/6/2019-11/6/2019

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**Case ID Number: CS2019-9B5E**

**Victim Initials: K.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-9931**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

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**Case ID Number: CS2019-9C20**

**Victim Initials: W.V.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-6FBA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/6/2019-5/6/2019

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**Case ID Number: CS2019-9E1E**

**Victim Initials: E.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-FA02**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/22/2019-5/22/2019



**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-9E74**

**Victim Initials: T.G.**

Case Payment Totals: **\$800.03**

Claim Payments:

**CL2019-75CB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$118.34	Medical	Hospital or Clinic
Payee: <b>Mckenzie County Ambulance Services</b>			
<u>Date(s) of Service (If Applicable)</u> 4/7/2019-4/7/2019			

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**CL2019-E88B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$681.69	Medical	Hospital or Clinic
Payee: <b>Mckenzie County Healthcare System</b>			
<u>Date(s) of Service (If Applicable)</u> 4/8/2019-4/8/2019			

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**Case ID Number: CS2019-9F3A**

**Victim Initials: O.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-9710**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 4/24/2019-4/24/2019			

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**Case ID Number: CS2019-9F98**

**Victim Initials: A.J.**

Case Payment Totals: **\$633.33**

Claim Payments:

**CL2021-805D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$345.33	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/4/2020-10/4/2020 9/27/2019-9/27/2019			

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**CL2019-3854**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/6/2019-5/6/2019			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-9FCE**

**Victim Initials: S.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-902D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

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**Case ID Number: CS2019-A355**

**Victim Initials: H.O.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-5559**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

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**Case ID Number: CS2019-A477**

**Victim Initials: O.H.**

Case Payment Totals: **\$345.60**

Claim Payments:

**CL2021-2EF2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$57.60	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

**CL2019-FA91**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

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**Case ID Number: CS2019-A689**

**Victim Initials: T.J.**

Case Payment Totals: **\$4,163.20**

Claim Payments:

**CL2020-8233**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/04/2020**                    **\$438.40**                    Medical                    Hospital or Clinic  
Payee: **Peace Health St. Joseph**  
Date(s) of Service (If Applicable)  
9/30/2019-9/30/2019

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**CL2020-1009**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/27/2020**                    **\$3,436.80**                    Medical                    Hospital or Clinic  
Payee: **Peace Health St. Joseph**  
Date(s) of Service (If Applicable)  
9/30/2019-9/30/2019

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**CL2019-0613**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**11/13/2019**                    **\$288.00**                    Medical                    Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/25/2019-9/25/2019

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**Case ID Number: CS2019-A6E3**

**Victim Initials: M.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-9172**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**11/01/2021**                    **\$288.00**                    Medical                    Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/21/2020-2/21/2020

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**Case ID Number: CS2019-A717**

**Victim Initials: M.O.**

Case Payment Totals: **\$1,593.68**

Claim Payments:

**CL2019-27AE**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/15/2019**                    **\$139.34**                    Mental Health                                        
Payee: **Mary Solberg, Licsw**  
Date(s) of Service (If Applicable)  
2/21/2019-2/21/2019

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**CL2019-17B7**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/12/2019**                    **\$172.00**                    Mental Health                                        
Payee: **Mary Solberg, Licsw**  
Date(s) of Service (If Applicable)  
1/10/2019-1/10/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-3143

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$156.75</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 12/20/2018-12/20/2018			

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### CL2019-3EE9

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$172.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 1/24/2019-1/24/2019			

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### CL2019-52BA

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$139.34</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 1/3/2019-1/3/2019			

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### CL2019-F7A0

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$156.75</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 12/27/2018-12/27/2018			

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### CL2019-F893

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$172.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 1/17/2019-1/17/2019			

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### CL2019-FEA4

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$172.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 1/31/2019-1/31/2019			

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### CL2019-9B62

<u>Approval Date</u> <b>03/01/2019</b>	<u>AmountPaid</u> <b>\$313.50</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Mary Solberg, Licsw</b>			
<u>Date(s) of Service (If Applicable)</u> 12/27/2018-12/27/2018 12/20/2018-12/20/2018			

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2019-ABA5**

**Victim Initials: A.S.**

Case Payment Totals: **\$408.00**

Claim Payments:

**CL2020-26C6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2020	\$20.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			

**CL2020-1699**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/28/2020	\$20.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2020-4/1/2020			

**CL2020-DF78**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/28/2020	\$20.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

**CL2020-AC03**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$87.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

**CL2020-372E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2020	\$87.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2020-4/1/2020			

**CL2020-2361**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$87.00	Mental Health	
Payee: <b>Therapy Solutions</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2020-3/18/2020			

**CL2020-B509**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/22/2020**                      **\$87.00**                      Mental Health  
Payee: **Therapy Solutions**  
Date(s) of Service (If Applicable)  
3/26/2020-3/26/2020

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**Case ID Number: CS2019-AEDD**

**Victim Initials: E.A.**

Case Payment Totals: **\$3,600.00**

Claim Payments:

**CL2019-B09A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/28/2019</b>	<b>\$450.00</b>	Mental Health	
Payee: <b>E.A.</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/10/2019-10/10/2019			
10/1/2019-10/1/2019			
9/25/2019-9/25/2019			
9/18/2019-9/18/2019			
9/10/2019-9/10/2019			
9/3/2019-9/3/2019			
8/27/2019-8/27/2019			
8/20/2019-8/20/2019			

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**CL2019-0F0B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/23/2019</b>	<b>\$3,150.00</b>	Mental Health	
Payee: <b>E.A.</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2019-7/25/2019			
7/16/2019-7/16/2019			
7/8/2019-7/8/2019			
7/2/2019-7/2/2019			
6/27/2019-6/27/2019			
6/17/2019-6/17/2019			
6/3/2019-6/3/2019			
5/30/2019-5/30/2019			
5/22/2019-5/22/2019			
5/16/2019-5/16/2019			
5/13/2019-5/13/2019			
5/9/2019-5/9/2019			
5/2/2019-5/2/2019			
4/29/2019-4/29/2019			

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**Case ID Number: CS2019-B105**

**Victim Initials: K.B.**

Case Payment Totals: **\$1,387.73**

Claim Payments:

**CL2020-45A2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/10/2020**                      **\$1,099.73**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/18/2019-12/18/2019

12/11/2019-12/11/2019

12/4/2019-12/4/2019

11/27/2019-11/27/2019

11/20/2019-11/20/2019

11/12/2019-11/12/2019

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**CL2019-E4F1**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**09/09/2019**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/19/2019-8/19/2019

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**Case ID Number: CS2019-B2C6**

**Victim Initials: A.W.**

Case Payment Totals: **\$962.85**

Claim Payments:

**CL2021-F2FE**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**10/18/2021**                      **\$92.83**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/9/2019-10/9/2019

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**CL2020-3E15**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/19/2020**                      **\$247.58**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/25/2019-11/25/2019

11/6/2019-11/6/2019

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**CL2020-5BB7**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**02/24/2020**                      **\$622.44**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/12/2019-9/12/2019

9/4/2019-9/4/2019

8/19/2019-8/19/2019

7/23/2019-7/23/2019

7/18/2019-7/18/2019

7/9/2019-7/9/2019

7/1/2019-7/1/2019

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2019-B402**

**Victim Initials: J.P.**

Case Payment Totals: **\$1,058.09**

Claim Payments:

**CL2021-CA24**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$109.89	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2019-10/3/2019			

**CL2019-D004**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2019	\$165.05	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2019-9/12/2019			

**CL2019-FB33**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$165.05	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2019-8/13/2019			

**CL2019-DEBE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2019	\$165.05	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2019-7/22/2019			

**CL2019-78A7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$165.05	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/3/2019-7/3/2019			

**CL2019-4155**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2018-10/31/2018			



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-B481**

**Victim Initials: G.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-A401**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$288.00</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2019-3/21/2019			

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**Case ID Number: CS2019-B4F6**

**Victim Initials: C.K.**

Case Payment Totals: **\$100.67**

Claim Payments:

**CL2019-5D66**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$100.67</b>	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2018-12/31/2018			
12/23/2018-12/23/2018			

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**Case ID Number: CS2019-B734**

**Victim Initials: A.E.**

Case Payment Totals: **\$681.00**

Claim Payments:

**CL2020-8B20**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/16/2020</b>	<b>\$70.00</b>	Medical	Chiropractic or Massage
Payee: <b>A.E.</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/20/2020-3/20/2020			

**CL2020-50A2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/09/2020</b>	<b>\$56.00</b>	Medical	Chiropractic or Massage
Payee: <b>Keep In Touch Massage</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/20/2020-3/20/2020			

**CL2020-83E3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/05/2020</b>	<b>\$70.00</b>	Medical	Chiropractic or Massage
Payee: <b>A.E.</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/25/2019-11/25/2019			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-0D35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$70.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

9/25/2019-9/25/2019

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### CL2019-2607

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2019	\$65.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

9/2/2019-9/2/2019

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### CL2019-2AA2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2019	\$65.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

7/31/2019-7/31/2019

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### CL2019-302B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2019	\$65.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

8/16/2019-8/16/2019

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### CL2019-488F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$65.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

7/13/2019-7/13/2019

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### CL2019-1B04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$65.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

5/1/2019-5/1/2019

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### CL2019-3D41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$45.00	Medical	Chiropractic or Massage

Payee: **A.E.**

Date(s) of Service (If Applicable)

3/8/2019-3/8/2019

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### CL2019-922B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/05/2019**                      **\$45.00**                      Medical                      Chiropractic or Massage  
Payee: **A.E.**  
Date(s) of Service (If Applicable)  
5/15/2019-5/15/2019

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**Case ID Number: CS2019-B78E**

**Victim Initials: E.R.**

Case Payment Totals: **\$9,201.95**

Claim Payments:

**CL2020-3504**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/28/2020</b>	<b>\$5,230.00</b>	Medical	Hospital or Clinic

Payee: **E.R.**  
Date(s) of Service (If Applicable)  
1/30/2018-1/30/2018  
4/27/2018-4/27/2018  
1/29/2018-1/29/2018  
2/12/2018-2/12/2018

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**CL2020-AF18**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/23/2020</b>	<b>\$3,559.95</b>	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Willston**  
Date(s) of Service (If Applicable)  
1/28/2019-1/28/2019

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**CL2020-3AC4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/06/2020</b>	<b>\$412.00</b>	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**  
Date(s) of Service (If Applicable)  
1/29/2018-1/30/2018  
2/12/2018-2/12/2018  
4/27/2018-4/27/2018

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**Case ID Number: CS2019-B9AC**

**Victim Initials: N.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-DF74**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/30/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/16/2019-4/16/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-B9BE**

**Victim Initials: W.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-96B6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
5/20/2019-5/20/2019

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**Case ID Number: CS2019-BEAF**

**Victim Initials: R.A.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2019-A33C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$5,000.00	Funeral	

Payee: **L.D.**

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**Case ID Number: CS2019-C309**

**Victim Initials: S.D.**

Case Payment Totals: **\$948.19**

Claim Payments:

**CL2021-8C6F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$660.19	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/5/2020-11/5/2020  
10/29/2020-10/29/2020  
10/21/2020-10/21/2020  
10/8/2020-10/8/2020

**CL2019-C7E2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
9/24/2019-9/24/2019

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**Case ID Number: CS2019-C32A**

**Victim Initials: M.P.**

Case Payment Totals: **\$1,386.40**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-4383

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/03/2020	\$197.60	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u> 7/18/2019-7/18/2019			

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### CL2020-8FD0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/03/2020	\$900.80	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u> 7/18/2019-7/18/2019			

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### CL2019-4107

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/24/2019-7/24/2019			

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Case ID Number: **CS2019-C34A**

Victim Initials: **E.L.**

Case Payment Totals: **\$1,292.43**

Claim Payments:

### CL2020-81EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$142.45	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u> 11/18/2019-11/18/2019 11/12/2019-11/12/2019			

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### CL2019-4D19

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$219.79	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u> 10/9/2019-10/9/2019 9/11/2019-9/11/2019			

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### CL2019-A140

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$307.79	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u> 9/5/2019-9/5/2019 8/5/2019-8/5/2019 7/23/2019-7/23/2019			

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2019-C08A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/07/2019</b>	<b>\$334.40</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

7/8/2019-7/8/2019

6/25/2019-6/25/2019

5/21/2019-5/21/2019

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**CL2019-132B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/13/2019</b>	<b>\$288.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/12/2019-2/12/2019

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**Case ID Number: CS2019-C367**

**Victim Initials: D.G.**

Case Payment Totals: **\$281.60**

Claim Payments:

**CL2019-975D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/05/2019</b>	<b>\$281.60</b>	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

5/28/2019-5/29/2019

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**Case ID Number: CS2019-C3F9**

**Victim Initials: S.S.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2019-14B8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/15/2019-3/15/2019

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**CL2019-981A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/14/2019-1/14/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-C4B6**

**Victim Initials: O.L.**

Case Payment Totals: **\$1,156.38**

Claim Payments:

**CL2020-1B47**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$324.30	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

11/18/2019-11/18/2019

11/12/2019-11/12/2019

6/18/2019-6/18/2019

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**CL2019-6D99**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$219.79	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

10/9/2019-10/9/2019

9/11/2019-9/11/2019

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**CL2019-99EE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$219.79	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

8/5/2019-8/5/2019

7/23/2019-7/23/2019

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**CL2019-7335**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$104.50	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

5/21/2019-5/21/2019

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**CL2019-5B51**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$288.00	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/12/2019-2/12/2019

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**Case ID Number: CS2019-C63B**

**Victim Initials: L.A.**

Case Payment Totals: **\$1,800.98**

Claim Payments:

**CL2019-2E76**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/09/2019**                    **\$560.00**                    Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
1/21/2019-1/21/2019  
1/15/2019-1/15/2019  
1/10/2019-1/10/2019  
1/2/2019-1/2/2019

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**CL2019-B07A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/09/2019</b>	<b>\$849.09</b>	Mental Health	

Payee: **L.A.**  
Date(s) of Service (If Applicable)  
3/11/2019-3/11/2019  
3/8/2019-3/8/2019  
3/4/2019-3/4/2019  
3/1/2019-3/1/2019  
2/25/2019-2/25/2019  
2/14/2019-2/14/2019

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**CL2019-F501**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/09/2019</b>	<b>\$391.89</b>	Mental Health	

Payee: **L.A.**  
Date(s) of Service (If Applicable)  
10/25/2018-10/25/2018  
10/11/2018-10/11/2018  
10/2/2018-10/2/2018

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**Case ID Number: CS2019-CDA4**

**Victim Initials: S.L.**

Case Payment Totals: **\$1,678.40**

Claim Payments:

**CL2020-05C2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/09/2020</b>	<b>\$1,678.40</b>	Medical	Dental

Payee: **Gregory Evanoff, Dds**  
Date(s) of Service (If Applicable)  
10/28/2019-10/28/2019

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**Case ID Number: CS2019-D474**

**Victim Initials: T.H.**

Case Payment Totals: **\$219.71**

Claim Payments:

**CL2019-8CF6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/30/2019</b>	<b>\$150.44</b>	Medical	Hospital or Clinic

Payee: **T.H.**  
Date(s) of Service (If Applicable)  
12/10/2018-12/10/2018

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-9201

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$45.00	Medical	Hospital or Clinic

Payee: **T.H.**  
Date(s) of Service (If Applicable)  
2/6/2019-2/6/2019

### CL2019-F3EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$24.27	Medical	Prescription

Payee: **T.H.**  
Date(s) of Service (If Applicable)  
12/10/2018-12/10/2018

**Case ID Number: CS2019-D476**

**Victim Initials: B.K.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-3F40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/13/2019-9/13/2019

**Case ID Number: CS2019-D47C**

**Victim Initials: M.F.**

Case Payment Totals: **\$2,103.36**

Claim Payments:

### CL2021-AD0E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$40.98	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/28/2020-12/28/2020

### CL2020-D86E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$168.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/14/2020-10/14/2020

### CL2020-3655

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$88.00	Mental Health	

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/29/2020-7/29/2020

### CL2020-B0E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$176.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/15/2020-7/15/2020

7/1/2020-7/1/2020

### CL2020-56C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$176.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/17/2020-6/17/2020

6/3/2020-6/3/2020

### CL2020-F1A9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/21/2020-5/21/2020

### CL2020-8860

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$176.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

4/2/2020-4/2/2020

### CL2020-FE69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$42.54	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/18/2019-12/18/2019

### CL2020-4AC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$51.50	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/4/2019-12/4/2019

### CL2019-8F04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/13/2019**                      **\$51.50**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

10/16/2019-10/16/2019

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### CL2019-8B9B

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/13/2019**                      **\$180.20**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

10/9/2019-10/9/2019

9/23/2019-9/23/2019

7/31/2019-7/31/2019

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### CL2019-3978

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**10/03/2019**                      **\$198.02**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

9/10/2019-9/10/2019

8/19/2019-8/19/2019

8/12/2019-8/12/2019

6/12/2019-6/12/2019

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### CL2019-356D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**07/05/2019**                      **\$201.60**                      Medical                      Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

2/5/2019-2/5/2019

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### CL2019-A6D2

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**07/05/2019**                      **\$441.02**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

5/17/2019-5/17/2019

5/2/2019-5/2/2019

4/2/2019-4/2/2019

3/26/2019-3/26/2019

3/12/2019-3/12/2019

3/5/2019-3/5/2019

2/26/2019-2/26/2019

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**Case ID Number: CS2019-D816**

**Victim Initials: C.T.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-76D6

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/03/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/6/2019-6/6/2019

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**Case ID Number: CS2019-DBFD**                      **Victim Initials: R.W.**

Case Payment Totals: **\$4,100.00**

Claim Payments:

**CL2019-0C91**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2019</b>	<b>\$4,100.00</b>	Funeral	

Payee: **R.W.**

---

**Case ID Number: CS2019-DCBB**                      **Victim Initials: H.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-BDF9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/10/2019</b>	<b>\$288.00</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
3/5/2019-3/5/2019

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**Case ID Number: CS2019-DE1F**                      **Victim Initials: L.P.**

Case Payment Totals: **\$9,254.96**

Claim Payments:

**CL2020-01B7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/24/2020</b>	<b>\$925.00</b>	Mental Health	

Payee: **M.S.**

Date(s) of Service (If Applicable)  
7/30/2019-7/30/2019  
7/23/2019-7/23/2019  
7/19/2019-7/19/2019  
7/12/2019-7/12/2019  
7/3/2019-7/3/2019  
6/28/2019-6/28/2019  
6/18/2019-6/18/2019  
6/14/2019-6/14/2019

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**CL2019-1CE8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/22/2019**                      **\$740.00**                      Mental Health

Payee: **N.P.**

Date(s) of Service (If Applicable)

6/9/2019-6/9/2019

6/5/2019-6/5/2019

5/30/2019-5/30/2019

5/20/2019-5/20/2019

5/11/2019-5/11/2019

5/8/2019-5/8/2019

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**CL2019-4C77**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**08/22/2019**                      **\$2,288.01**                      Medical                      Hospital or Clinic

Payee: **Emergency Professional Services Pc**

Date(s) of Service (If Applicable)

4/29/2019-4/29/2019

4/7/2019-4/7/2019

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**CL2019-D0A1**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**08/22/2019**                      **\$5,301.95**                      Medical                      Hospital or Clinic

Payee: **Banner Health**

Date(s) of Service (If Applicable)

5/3/2019-5/3/2019

4/30/2019-4/30/2019

4/29/2019-4/29/2019

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**Case ID Number: CS2019-DE32**

**Victim Initials: O.T.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-8363**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/30/2019**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/9/2019-4/9/2019

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**Case ID Number: CS2019-DE6D**

**Victim Initials: A.D.**

Case Payment Totals: **\$475.57**

Claim Payments:

**CL2020-2A57**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/04/2020**                      **\$109.89**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/1/2019-11/1/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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### CL2020-A890

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$77.68	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/10/2020-1/10/2020

12/9/2019-12/9/2019

### CL2019-72C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/15/2019-7/15/2019

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**Case ID Number: CS2019-DF39**

**Victim Initials: L.N.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-903D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/16/2019-4/16/2019

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**Case ID Number: CS2019-DF68**

**Victim Initials: B.R.**

Case Payment Totals: **\$1,064.00**

Claim Payments:

### CL2019-6E2A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/26/2019	\$1,064.00	Mental Health	

Payee: **B.R.**

Date(s) of Service (If Applicable)

3/8/2019-3/8/2019

2/15/2019-2/15/2019

1/25/2019-1/25/2019

1/11/2019-1/11/2019

1/4/2019-1/4/2019

11/30/2018-11/30/2018

11/9/2018-11/9/2018

10/26/2018-10/26/2018

10/25/2018-10/25/2018

10/12/2018-10/12/2018

9/28/2018-9/28/2018

9/21/2018-9/21/2018

9/14/2018-9/14/2018

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-E112**

**Victim Initials: I.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-B3F9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/27/2019-3/27/2019			

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**Case ID Number: CS2019-E1E2**

**Victim Initials: R.B.**

Case Payment Totals: **\$1,113.19**

Claim Payments:

**CL2020-4694**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$720.42	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/23/2020-6/23/2020			
6/16/2020-6/16/2020			
6/9/2020-6/9/2020			
6/2/2020-6/2/2020			
5/26/2020-5/26/2020			
5/21/2020-5/21/2020			
5/14/2020-5/14/2020			

**CL2020-D04E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$241.82	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2019-9/10/2019			
9/3/2019-9/3/2019			
8/27/2019-8/27/2019			
7/30/2019-7/30/2019			
7/23/2019-7/23/2019			
7/16/2019-7/16/2019			
7/2/2019-7/2/2019			
6/18/2019-6/18/2019			

**CL2019-0963**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$22.19	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/25/2019-6/25/2019			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-3D78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$15.86	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/7/2019-5/7/2019			

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### CL2019-645D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$15.86	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/21/2019-5/21/2019			

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### CL2019-80D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$15.86	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/28/2019-5/28/2019			

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### CL2019-FBDD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$81.18	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 3/12/2019-3/12/2019			

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**Case ID Number: CS2019-E382**

**Victim Initials: H.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-128B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 2/25/2019-2/25/2019			

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**Case ID Number: CS2019-E3B8**

**Victim Initials: K.I.**

Case Payment Totals: **\$320.16**

Claim Payments:

### CL2021-D1B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$320.16	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

10/29/2020-10/29/2020

10/8/2020-10/8/2020

10/1/2020-10/1/2020

9/24/2020-9/24/2020

9/17/2020-9/17/2020

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**Case ID Number: CS2019-E784**

**Victim Initials: D.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-EFE1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/4/2019-9/4/2019

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**Case ID Number: CS2019-E91D**

**Victim Initials: I.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-8B18**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/11/2019-4/11/2019

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**Case ID Number: CS2019-EA3B**

**Victim Initials: G.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2019-33D0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/18/2019-4/18/2019

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**Case ID Number: CS2019-EB27**

**Victim Initials: J.A.**

Case Payment Totals: **\$553.50**

Claim Payments:

**CL2019-0347**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/21/2019**                      **\$161.00**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/6/2019-5/6/2019

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### CL2019-CE2E

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/21/2019**                      **\$104.50**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/13/2019-5/13/2019

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### CL2019-ED10

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/21/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/16/2019-4/16/2019

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**Case ID Number: CS2019-EC95**

**Victim Initials: L.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-A2B6

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/07/2019**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/17/2019-4/17/2019

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**Case ID Number: CS2019-EDFC**

**Victim Initials: R.A.**

Case Payment Totals: **\$509.20**

Claim Payments:

### CL2021-7A0F

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/03/2021**                      **\$221.20**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/21/2020-2/21/2020  
11/7/2019-11/7/2019  
10/30/2019-10/30/2019

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### CL2020-1D8D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/05/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/14/2019-8/14/2019

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2019-EEA3**

**Victim Initials: K.A.**

Case Payment Totals: **\$4,453.76**

Claim Payments:

**CL2020-1D7E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$164.80	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/23/2020-3/23/2020			

**CL2020-2B79**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$102.07	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/13/2020-4/13/2020			

**CL2020-57EB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$109.90	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2020-3/30/2020			

**CL2020-7791**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$102.07	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2020-4/20/2020			

**CL2020-A912**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$109.90	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2020-4/6/2020			

**CL2020-EF1E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$14.74	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2020-5/4/2020			

**CL2020-EFC7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/29/2020**                      **\$153.33**                      Mental Health  
Payee: **West River Health Services**  
Date(s) of Service (If Applicable)  
4/27/2020-4/27/2020

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### CL2020-4C9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/04/2020</b>	<b>\$2,307.20</b>	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/16/2020-3/16/2020			
3/9/2020-3/9/2020			
2/26/2020-2/26/2020			
2/19/2020-2/19/2020			
2/12/2020-2/12/2020			
2/5/2020-2/5/2020			
1/29/2020-1/29/2020			
1/22/2020-1/22/2020			
1/13/2020-1/13/2020			
12/20/2019-12/20/2019			
12/16/2019-12/16/2019			
12/6/2019-12/6/2019			
11/22/2019-11/22/2019			
11/6/2019-11/6/2019			

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### CL2019-811D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/31/2019</b>	<b>\$1,101.75</b>	Mental Health	
Payee: <b>West River Health Services</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2019-7/29/2019			
7/22/2019-7/22/2019			
7/15/2019-7/15/2019			
7/8/2019-7/8/2019			
7/1/2019-7/1/2019			
3/11/2019-3/11/2019			
2/25/2019-2/25/2019			

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### CL2019-2E43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/11/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2019-2/14/2019			

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**Case ID Number: CS2019-EF11**

**Victim Initials: D.B.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

### CL2019-E222

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/13/2019**                      **\$5,000.00**                      Funeral  
Payee: **T.B.**

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**Case ID Number: CS2019-F008**

**Victim Initials: B.S.**

Case Payment Totals: **\$924.63**

Claim Payments:

**CL2020-8129**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/19/2020</b>	<b>\$15.33</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/2/2020-7/2/2020			

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**CL2020-27E8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$11.20</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

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**CL2020-A0BA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/08/2020</b>	<b>\$26.56</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2019-12/11/2019			

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**CL2019-2FCF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/13/2019</b>	<b>\$30.65</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2019-10/8/2019			

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**CL2019-E4D9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/03/2019</b>	<b>\$30.65</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/13/2019-9/13/2019			

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**CL2019-B46A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$30.65</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2019-8/2/2019			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2019-398A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$22.65	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/28/2019-6/28/2019

### CL2019-E6FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$37.16	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/7/2019-6/7/2019

### CL2019-B832

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$431.78	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/20/2019-5/20/2019

5/14/2019-5/14/2019

5/7/2019-5/7/2019

4/29/2019-4/29/2019

4/22/2019-4/22/2019

4/11/2019-4/11/2019

4/5/2019-4/5/2019

3/29/2019-3/29/2019

3/21/2019-3/21/2019

### CL2019-1B41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/5/2019-3/5/2019

Case ID Number: **CS2019-F26F**

Victim Initials: **H.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-FA8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/16/2019-9/16/2019

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2019-F2FA**

**Victim Initials: M.R.**

Case Payment Totals: **\$4,800.00**

Claim Payments:

**CL2020-BA40**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$63.20	Mental Health	
Payee: <b>Empowered Therapy By Tara Lorenz</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/14/2020-10/14/2020			

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**CL2020-5826**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$1,548.00	Mental Health	
Payee: <b>Empowered Therapy By Tara Lorenz</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/6/2020-10/6/2020			
9/23/2020-9/23/2020			
9/16/2020-9/16/2020			
9/9/2020-9/9/2020			
9/1/2020-9/1/2020			
8/25/2020-8/25/2020			
8/18/2020-8/18/2020			
8/13/2020-8/13/2020			
8/11/2020-8/11/2020			

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**CL2020-FCE8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2020	\$1,788.80	Mental Health	
Payee: <b>Empowered Therapy By Tara Lorenz</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2020-7/28/2020			
7/21/2020-7/21/2020			
7/14/2020-7/14/2020			
7/7/2020-7/7/2020			
6/30/2020-6/30/2020			
6/23/2020-6/23/2020			
6/16/2020-6/16/2020			
6/2/2020-6/2/2020			
5/26/2020-5/26/2020			
5/19/2020-5/19/2020			
5/12/2020-5/12/2020			
5/5/2020-5/5/2020			
4/28/2020-4/28/2020			

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**CL2020-98B4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2020	\$516.00	Mental Health	
Payee: <b>Empowered Therapy By Tara Lorenz</b>			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)  
4/21/2020-4/21/2020  
4/14/2020-4/14/2020  
4/7/2020-4/7/2020

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**CL2020-A2BE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/20/2020</b>	<b>\$884.00</b>	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)  
3/31/2020-3/31/2020  
3/23/2020-3/23/2020  
3/18/2020-3/18/2020  
3/10/2020-3/10/2020  
3/6/2020-3/6/2020

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**Case ID Number: CS2019-F375**

**Victim Initials: N.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-429E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/04/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
9/23/2019-9/23/2019

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**Case ID Number: CS2019-F39C**

**Victim Initials: C.A.**

Case Payment Totals: **\$292.21**

Claim Payments:

**CL2019-8415**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/02/2019</b>	<b>\$4.21</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
8/9/2019-8/9/2019

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**CL2019-B892**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/09/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
7/10/2019-7/10/2019

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**Case ID Number: CS2019-F3E5**

**Victim Initials: B.F.**

Case Payment Totals: **\$2,996.92**

Claim Payments:

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2020-C5B4**

<u>Approval Date</u> <b>01/03/2020</b>	<u>AmountPaid</u> <b>\$2,996.92</b>	<u>Claim Category</u> Wage Loss	<u>Medical Category (if applicable)</u>
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Payee: **B.F.**

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**Case ID Number: CS2019-F452**

**Victim Initials: E.T.**

Case Payment Totals: **\$2,019.45**

Claim Payments:

**CL2021-1F1D**

<u>Approval Date</u> <b>11/26/2021</b>	<u>AmountPaid</u> <b>\$611.30</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/9/2019-10/9/2019  
9/30/2019-9/30/2019  
9/23/2019-9/23/2019  
6/26/2019-6/26/2019

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**CL2021-EF4A**

<u>Approval Date</u> <b>04/22/2021</b>	<u>AmountPaid</u> <b>\$32.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

2/24/2021-2/24/2021  
2/15/2021-2/15/2021

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**CL2021-F989**

<u>Approval Date</u> <b>03/29/2021</b>	<u>AmountPaid</u> <b>\$16.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

2/9/2021-2/9/2021

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**CL2021-96B0**

<u>Approval Date</u> <b>02/17/2021</b>	<u>AmountPaid</u> <b>\$64.00</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021  
12/28/2020-12/28/2020  
12/9/2020-12/9/2020  
11/25/2020-11/25/2020

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**CL2020-8508**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/10/2020**                      **\$48.00**                      Mental Health

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

11/4/2020-11/4/2020

10/27/2020-10/27/2020

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### CL2020-4DEC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/19/2020</b>	<b>\$634.10</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

12/30/2019-12/30/2019

12/16/2019-12/16/2019

12/9/2019-12/9/2019

11/27/2019-11/27/2019

11/18/2019-11/18/2019

11/4/2019-11/4/2019

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### CL2020-59F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/24/2020</b>	<b>\$326.05</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/4/2019-9/4/2019

6/18/2019-6/18/2019

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### CL2019-8F47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/4/2019-6/4/2019

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**Case ID Number: CS2019-F638**

**Victim Initials: S.O.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-30D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/13/2019</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/21/2019-10/21/2019

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**Case ID Number: CS2019-F739**

**Victim Initials: D.L.**

Case Payment Totals: **\$2,102.32**

Claim Payments:

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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### CL2020-AA01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$193.60	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 1/6/2020-1/6/2020			

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### CL2020-AAED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$1,097.92	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 11/23/2019-11/23/2019			

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### CL2020-E872

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$810.80	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u> 11/23/2019-11/23/2019			

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**Case ID Number: CS2019-FA49**

**Victim Initials: S.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-AB91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 6/24/2019-6/24/2019			

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**Case ID Number: CS2019-FA7D**

**Victim Initials: S.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2019-F558

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 6/6/2019-6/6/2019			

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**Case ID Number: CS2019-FC09**

**Victim Initials: A.R.**

Case Payment Totals: **\$678.61**

Claim Payments:

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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**CL2019-4CF7**

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$609.26</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u> 7/28/2018-7/28/2018			

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**CL2019-5704**

<u>Approval Date</u> <b>04/12/2019</b>	<u>AmountPaid</u> <b>\$69.35</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u> 7/28/2018-7/28/2018			

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**Case ID Number: CS2019-FE97**

**Victim Initials: G.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-A3F8**

<u>Approval Date</u> <b>01/08/2020</b>	<u>AmountPaid</u> <b>\$288.00</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 11/18/2019-11/18/2019			

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**Case ID Number: CS2019-FF10**

**Victim Initials: S.A.**

Case Payment Totals: **\$167.41**

Claim Payments:

**CL2020-E24A**

<u>Approval Date</u> <b>08/31/2020</b>	<u>AmountPaid</u> <b>\$167.41</b>	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 3/10/2020-3/10/2020 2/3/2020-2/3/2020			

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**Case ID Number: CS2020-0098**

**Victim Initials: L.Z.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-AD53**

<u>Approval Date</u> <b>04/20/2021</b>	<u>AmountPaid</u> <b>\$288.00</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 6/29/2020-6/29/2020			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**Case ID Number: CS2020-00EE**

**Victim Initials: H.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-CBEC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2020-12/3/2020			

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**Case ID Number: CS2020-0100**

**Victim Initials: R.B.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-0EAC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2021	\$5,000.00	Funeral	
Payee: <b>M.P.</b>			

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**Case ID Number: CS2020-0164**

**Victim Initials: A.J.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-91D5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2020-3/24/2020			

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**Case ID Number: CS2020-06E6**

**Victim Initials: G.B.**

Case Payment Totals: **\$725.35**

Claim Payments:

**CL2020-AFDC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$725.35	Medical	Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2019-12/7/2019			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2020-08E4**

**Victim Initials: N.L.**

Case Payment Totals: **\$6,097.65**

Claim Payments:

**CL2020-4BA0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$315.20	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 1/5/2020-1/5/2020			

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**CL2020-AF72**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,867.63	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 1/5/2020-1/5/2020			

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**CL2020-DEBC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$270.40	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 1/5/2020-1/5/2020			

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**CL2020-9D7D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2020	\$1,644.42	Medical	Hospital or Clinic
Payee: <b>Metro-Area Ambulance Service</b>			
<u>Date(s) of Service (If Applicable)</u> 1/5/2020-1/5/2020			

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**Case ID Number: CS2020-092B**

**Victim Initials: H.H.**

Case Payment Totals: **\$172.66**

Claim Payments:

**CL2021-440B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2021	\$172.66	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/8/2020-10/8/2020			

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**Case ID Number: CS2020-0AAB**

**Victim Initials: J.Z.**

Case Payment Totals: **\$1,692.55**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-4515

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$522.11	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

7/21/2020-7/21/2020

7/14/2020-7/14/2020

7/13/2020-7/13/2020

7/7/2020-7/7/2020

6/30/2020-6/30/2020

### CL2020-923A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/21/2020	\$452.00	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

6/23/2020-6/23/2020

6/16/2020-6/16/2020

6/2/2020-6/2/2020

5/26/2020-5/26/2020

5/19/2020-5/19/2020

### CL2020-56D8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$718.44	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

5/12/2020-5/12/2020

4/28/2020-4/28/2020

4/21/2020-4/21/2020

4/14/2020-4/14/2020

4/9/2020-4/9/2020

3/16/2020-3/16/2020

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**Case ID Number: CS2020-1011**

**Victim Initials: E.K.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-0E66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020

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**Case ID Number: CS2020-1095**

**Victim Initials: M.G.**

Case Payment Totals: **\$24,098.61**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-AF29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$537.24	Medical	Prescription

Payee: **M.G.**

Date(s) of Service (If Applicable)

6/25/2020-6/25/2020

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### CL2020-2DBE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,720.00	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/21/2020-2/22/2020

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### CL2020-79AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$1,008.00	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/21/2020-2/21/2020

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### CL2020-B7DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$16,841.07	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/21/2020-2/21/2020

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### CL2020-C851

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$165.60	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/21/2020-2/21/2020

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### CL2020-67B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2020	\$1,630.06	Medical	Hospital or Clinic

Payee: **Metro-Area Ambulance Service**

Date(s) of Service (If Applicable)

2/21/2020-2/21/2020

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### CL2020-8BAF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$196.64	Medical	Hospital or Clinic

Payee: **Sanford Healthcare Accessories**

Date(s) of Service (If Applicable)

2/28/2020-2/28/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-1755**

**Victim Initials: E.H.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2020-C906**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2020	\$5,000.00	Funeral	

Payee: **Boyd Funeral Services**

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**Case ID Number: CS2020-19C3**

**Victim Initials: M.D.**

Case Payment Totals: **\$300.00**

Claim Payments:

**CL2020-ED00**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$300.00	Wage Loss	

Payee: **M.D.**

---

**Case ID Number: CS2020-1A65**

**Victim Initials: D.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-C867**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/7/2020-12/7/2020

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**Case ID Number: CS2020-1A9F**

**Victim Initials: D.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-97E5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/22/2020-7/22/2020

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-1BAA**

**Victim Initials: C.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-F324**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 12/1/2020-12/1/2020			

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**Case ID Number: CS2020-1D4E**

**Victim Initials: T.B.**

Case Payment Totals: **\$250.78**

Claim Payments:

**CL2021-D3C2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$91.42	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 2/9/2021-2/9/2021			

**CL2021-BB34**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$159.36	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 1/12/2021-1/12/2021			

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**Case ID Number: CS2020-1F34**

**Victim Initials: A.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-1218**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 3/30/2020-3/30/2020			

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**Case ID Number: CS2020-2066**

**Victim Initials: M.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-4D91**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/22/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/19/2020-3/19/2020

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**Case ID Number: CS2020-21A4**

**Victim Initials: H.H.**

Case Payment Totals: **\$701.80**

Claim Payments:

**CL2021-F71F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$324.27</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/17/2020-12/17/2020  
12/2/2020-12/2/2020  
11/19/2020-11/19/2020  
7/8/2020-7/8/2020

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**CL2021-F5FF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/23/2021</b>	<b>\$146.77</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
12/21/2020-12/21/2020  
12/9/2020-12/9/2020  
9/30/2020-9/30/2020

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**CL2021-2FA4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/29/2021</b>	<b>\$230.76</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/11/2020-11/11/2020  
11/4/2020-11/4/2020  
9/23/2020-9/23/2020  
9/9/2020-9/9/2020  
9/2/2020-9/2/2020

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**Case ID Number: CS2020-2311**

**Victim Initials: A.H.**

Case Payment Totals: **\$1,499.26**

Claim Payments:

**CL2021-518B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/18/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/13/2020-8/13/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-47EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2021	\$1,038.60	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/22/2021-1/22/2021

1/15/2021-1/15/2021

1/8/2021-1/8/2021

12/30/2020-12/30/2020

12/21/2020-12/21/2020

12/11/2020-12/11/2020

11/25/2020-11/25/2020

11/20/2020-11/20/2020

11/5/2020-11/5/2020

### CL2021-13E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$172.66	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/24/2020-8/24/2020

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**Case ID Number: CS2020-2635**

**Victim Initials: J.M.**

Case Payment Totals: **\$83.70**

Claim Payments:

### CL2020-C0A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$83.70	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/19/2020-5/19/2020

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**Case ID Number: CS2020-29D0**

**Victim Initials: L.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-B3D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/30/2019-12/30/2019

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**Case ID Number: CS2020-29D8**

**Victim Initials: W.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2021-01E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/7/2020-12/7/2020

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**Case ID Number: CS2020-29FD**

**Victim Initials: L.L.**

Case Payment Totals: **\$580.00**

Claim Payments:

### CL2020-C5A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/4/2020-11/4/2020

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### CL2020-87C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
10/16/2020-10/16/2020

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### CL2020-AA5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
9/24/2020-9/24/2020

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**Case ID Number: CS2020-2E8C**

**Victim Initials: D.S.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

### CL2020-96DC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2020	\$3,747.25	Funeral	

Payee: **J.W.**

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### CL2020-BDA5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2020	\$1,252.75	Funeral	

Payee: **J.W.**

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2020-2E8F**

**Victim Initials: Z.S.**

Case Payment Totals: **\$80.64**

Claim Payments:

**CL2021-FDC4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$80.64	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/10/2020-8/10/2020

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**Case ID Number: CS2020-3119**

**Victim Initials: A.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-7324**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/30/2020-4/30/2020

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**Case ID Number: CS2020-33DC**

**Victim Initials: H.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-2A9B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2020	\$288.00	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/28/2020-4/28/2020

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**Case ID Number: CS2020-36EF**

**Victim Initials: H.H.**

Case Payment Totals: **\$956.64**

Claim Payments:

**CL2020-FAA0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$225.28	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/16/2020-4/16/2020

4/1/2020-4/1/2020

3/25/2020-3/25/2020

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**CL2020-C3D9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/14/2020</b>	<b>\$110.40</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

3/12/2020-3/12/2020

3/5/2020-3/5/2020

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**CL2020-5EE4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$332.96</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/13/2020-2/13/2020

2/6/2020-2/6/2020

1/29/2020-1/29/2020

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**CL2020-6B18**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/27/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/9/2020-1/9/2020

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**Case ID Number: CS2020-37A6**

**Victim Initials: K.K.**

Case Payment Totals: **\$1,804.41**

Claim Payments:

**CL2020-A682**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/23/2020</b>	<b>\$141.82</b>	Medical	Prescription

Payee: **K.K.**

Date(s) of Service (If Applicable)

5/30/2020-10/7/2020

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**CL2020-CE08**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2020</b>	<b>\$147.88</b>	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

6/12/2020-6/12/2020

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**CL2020-BF44**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/21/2020</b>	<b>\$39.02</b>	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

5/30/2020-5/30/2020

6/6/2020-6/6/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-D491

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$1,475.69	Medical	Hospital or Clinic

Payee: **Tioga Medical Center**

Date(s) of Service (If Applicable)

6/5/2020-6/5/2020

6/1/2020-6/1/2020

5/29/2020-5/29/2020

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**Case ID Number: CS2020-382D**

**Victim Initials: K.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-8D4F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/26/2020-10/26/2020

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**Case ID Number: CS2020-39A1**

**Victim Initials: L.L.**

Case Payment Totals: **\$1,073.24**

Claim Payments:

### CL2021-A220

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$958.04	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/14/2021-6/14/2021

6/3/2021-6/3/2021

5/12/2021-5/12/2021

4/28/2021-4/28/2021

4/12/2021-4/12/2021

### CL2020-38B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$115.20	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/25/2020-8/25/2020

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**Case ID Number: CS2020-3A64**

**Victim Initials: A.B.**

Case Payment Totals: **\$2,826.60**

Claim Payments:

### CL2020-8385

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**06/11/2020**                      **\$2,337.80**                      Medical                      Hospital or Clinic  
Payee: **Trinity Hospital**  
Date(s) of Service (If Applicable)  
1/28/2019-1/28/2019

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**CL2020-766A**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/18/2020**                      **\$488.80**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
1/28/2020-1/28/2020

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**Case ID Number: CS2020-3D57**

**Victim Initials: N.C.**

Case Payment Totals: **\$3,600.00**

Claim Payments:

**CL2021-1C71**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/20/2021**                      **\$1,740.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
5/14/2021-5/14/2021  
5/7/2021-5/7/2021  
4/27/2021-4/27/2021  
4/23/2021-4/23/2021  
4/13/2021-4/13/2021  
4/8/2021-4/8/2021  
3/5/2021-3/5/2021  
3/4/2021-3/4/2021  
2/24/2021-2/24/2021  
2/17/2021-2/17/2021  
2/9/2021-2/9/2021  
2/3/2021-2/3/2021

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**CL2021-0147**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/03/2021**                      **\$1,520.00**                      Mental Health  
Payee: **Summit Counseling**  
Date(s) of Service (If Applicable)  
1/26/2021-1/26/2021  
1/13/2021-1/13/2021  
1/6/2021-1/6/2021  
12/24/2020-12/24/2020  
12/16/2020-12/16/2020  
12/9/2020-12/9/2020  
12/2/2020-12/2/2020  
11/16/2020-11/16/2020  
11/9/2020-11/9/2020  
10/26/2020-10/26/2020  
10/22/2020-10/22/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-C7C8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$340.00	Mental Health	
Payee: <b>Summit Counseling</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/4/2020-8/4/2020			
7/29/2020-7/29/2020			

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**Case ID Number: CS2020-3DF4**

**Victim Initials: T.L.**

Case Payment Totals: **\$115.20**

Claim Payments:

### CL2020-6DB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$115.20	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2020-8/24/2020			

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**Case ID Number: CS2020-4080**

**Victim Initials: M.T.**

Case Payment Totals: **\$265.34**

Claim Payments:

### CL2021-40FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$265.34	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2021-3/30/2021			
12/3/2020-12/3/2020			
10/21/2020-10/21/2020			
10/14/2020-10/14/2020			
10/7/2020-10/7/2020			
10/1/2020-10/1/2020			
9/24/2020-9/24/2020			

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**Case ID Number: CS2020-4215**

**Victim Initials: G.S.**

Case Payment Totals: **\$2,569.81**

Claim Payments:

### CL2020-8AA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/10/2020	\$698.11	Medical	Dental
Payee: <b>N.K.</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2020-3/17/2020			
1/15/2020-1/15/2020			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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### CL2020-B8E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/10/2020	\$628.70	Medical	Dental
Payee: <b>Aspen Dental</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			
3/17/2020-3/17/2020			

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### CL2020-B2A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/09/2020	\$775.00	Medical	Dental
Payee: <b>N.K.</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

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### CL2020-9721

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$468.00	Medical	Dental
Payee: <b>Institute Of Facial Surgery</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2020-1/16/2020			

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Case ID Number: **CS2020-43CB**

Victim Initials: **E.H.**

Case Payment Totals: **\$966.83**

Claim Payments:

### CL2021-2D3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$315.07	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2020-12/17/2020			
12/2/2020-12/2/2020			
7/8/2020-7/8/2020			

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### CL2021-E68A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$163.39	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2020-12/21/2020			
12/9/2020-12/9/2020			
11/19/2020-11/19/2020			

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### CL2021-0654

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$182.83	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			
11/4/2020-11/4/2020			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-A2B2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$305.54	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/30/2020-9/30/2020

9/23/2020-9/23/2020

9/9/2020-9/9/2020

9/2/2020-9/2/2020

8/20/2020-8/20/2020

Case ID Number: **CS2020-4482**

Victim Initials: **M.F.**

Case Payment Totals: **\$1,140.56**

Claim Payments:

### CL2020-2B86

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$42.35	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

1/15/2020-1/15/2020

### CL2020-2D66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$65.37	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

### CL2020-445B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$40.21	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/12/2020-2/12/2020

### CL2020-6AAB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$5.88	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/12/2020-2/12/2020

### CL2020-7610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$40.21	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-A684

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$414.11	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

1/15/2020-1/15/2020

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### CL2020-B1B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$228.31	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/12/2020-2/12/2020

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### CL2020-DD13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$69.93	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/12/2020-2/12/2020

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### CL2020-85DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$5.88	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

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### CL2020-EE6A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$228.31	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

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**Case ID Number: CS2020-449D**

**Victim Initials: J.C.**

Case Payment Totals: **\$318.94**

Claim Payments:

### CL2020-3F5C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/28/2020	\$52.24	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

9/2/2020-9/2/2020

9/4/2020-9/4/2020

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### CL2020-8139

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

7/9/2020-7/9/2020

7/2/2020-7/2/2020

6/25/2020-6/25/2020

6/16/2020-6/16/2020

4/28/2020-4/28/2020

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### CL2020-42DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/13/2020</b>	<b>\$406.75</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

6/4/2020-6/4/2020

5/21/2020-5/21/2020

5/12/2020-5/12/2020

5/5/2020-5/5/2020

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### CL2020-4BFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/20/2020</b>	<b>\$610.13</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

4/21/2020-4/21/2020

4/13/2020-4/13/2020

4/9/2020-4/9/2020

3/31/2020-3/31/2020

3/24/2020-3/24/2020

3/17/2020-3/17/2020

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### CL2020-CAB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/15/2020</b>	<b>\$508.44</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

3/10/2020-3/10/2020

3/5/2020-3/5/2020

2/25/2020-2/25/2020

2/17/2020-2/17/2020

2/10/2020-2/10/2020

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### CL2020-5426

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/27/2020</b>	<b>\$360.84</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

1/29/2020-1/29/2020

1/22/2020-1/22/2020

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2020-4E12**

**Victim Initials: D.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-A79E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/21/2020-4/21/2020			

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**Case ID Number: CS2020-5182**

**Victim Initials: B.C.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

**CL2020-8DC8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$22,064.80	Medical	Hospital or Clinic
Payee: <b>Guardian Flight Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2019-12/28/2019			

**CL2020-9C2E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/06/2020	\$2,736.80	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2019-1/1/2020			

**CL2020-5327**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2020	\$198.40	Medical	Hospital or Clinic
Payee: <b>B.C.</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2020-1/9/2020			

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**Case ID Number: CS2020-51E3**

**Victim Initials: T.P.**

Case Payment Totals: **\$6,949.85**

Claim Payments:

**CL2021-3A91**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2021	\$84.82	Medical	Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2020-9/28/2020			



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2021-8D14

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2021	\$16.78	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

9/21/2020-9/21/2020

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### CL2021-FDFA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2021	\$8.25	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

9/21/2020-9/21/2020

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### CL2020-2100

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$4,200.00	Wage Loss	

Payee: **T.P.**

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### CL2020-F6FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2020	\$2,640.00	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

9/14/2020-9/14/2020

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**Case ID Number: CS2020-535F**

**Victim Initials: R.R.**

Case Payment Totals: **\$780.00**

Claim Payments:

### CL2021-FC3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$120.00	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

12/18/2020-12/18/2020

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### CL2020-F2CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$660.00	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

7/3/2020-7/3/2020

6/5/2020-6/5/2020

3/6/2020-3/6/2020

2/28/2020-2/28/2020

2/25/2020-2/25/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2020-538C**

**Victim Initials: S.T.**

Case Payment Totals: **\$352.89**

Claim Payments:

**CL2021-A7C7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$21.22	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/17/2020-8/17/2020			

**CL2021-C6CC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$3.67	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 12/7/2020-12/7/2020 11/23/2020-11/23/2020 11/9/2020-11/9/2020			

**CL2020-9C19**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$40.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 10/12/2020-10/12/2020 8/31/2020-8/31/2020			

**CL2020-8161**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 8/20/2020-8/20/2020			

**Case ID Number: CS2020-5412**

**Victim Initials: B.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2C2E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 6/8/2020-6/8/2020			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-54CD**

**Victim Initials: P.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-68B8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/4/2019-12/4/2019

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**Case ID Number: CS2020-5569**

**Victim Initials: Z.O.**

Case Payment Totals: **\$564.80**

Claim Payments:

**CL2021-232B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2021	\$29.96	Mental Health	

Payee: **Laidlaw Psychological Services**

Date(s) of Service (If Applicable)

8/9/2021-8/9/2021

**CL2021-8D65**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2021	\$29.96	Mental Health	

Payee: **Laidlaw Psychological Services**

Date(s) of Service (If Applicable)

7/19/2021-7/19/2021

**CL2021-92C1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$29.96	Mental Health	

Payee: **Laidlaw Psychological Services**

Date(s) of Service (If Applicable)

6/28/2021-6/28/2021

**CL2021-16A1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/15/2021	\$59.92	Mental Health	

Payee: **Laidlaw Psychological Services**

Date(s) of Service (If Applicable)

5/24/2021-5/24/2021

5/10/2021-5/10/2021

**CL2021-178A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$29.96	Mental Health	

Payee: **Laidlaw Psychological Services**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

4/26/2021-4/26/2021

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### CL2021-46F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2021	\$209.72	Mental Health	

Payee: **Laidlaw Psychological Services**

Date(s) of Service (If Applicable)

4/12/2021-4/12/2021

3/15/2021-3/15/2021

3/8/2021-3/8/2021

3/1/2021-3/1/2021

2/22/2021-2/22/2021

2/8/2021-2/8/2021

1/28/2021-1/28/2021

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### CL2020-0284

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$175.32	Mental Health	

Payee: **Assessment & Therapy Associates**

Date(s) of Service (If Applicable)

7/14/2020-7/14/2020

7/7/2020-7/7/2020

7/1/2020-7/1/2020

6/16/2020-6/16/2020

6/9/2020-6/9/2020

6/2/2020-6/2/2020

5/26/2020-5/26/2020

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**Case ID Number: CS2020-59CF**

**Victim Initials: K.B.**

Case Payment Totals: **\$153.17**

Claim Payments:

### CL2021-1FA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$153.17	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/10/2020-8/10/2020

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**Case ID Number: CS2020-5B7A**

**Victim Initials: J.G.**

Case Payment Totals: **\$6,922.55**

Claim Payments:

### CL2021-90D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$464.00	Medical	Hospital or Clinic

Payee: **Pain Treatment Center**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

4/12/2021-4/12/2021

4/1/2021-4/1/2021

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### CL2021-84F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2021	\$1,802.89	Medical	Hospital or Clinic

Payee: **Independent Doctors, Pc**

Date(s) of Service (If Applicable)

4/6/2020-10/9/2020

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### CL2021-059A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/03/2021	\$1,151.00	Medical	Hospital or Clinic

Payee: **Bismarck Surgical Associates**

Date(s) of Service (If Applicable)

4/12/2021-4/12/2021

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### CL2021-7026

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/10/2021	\$580.00	Medical	Hospital or Clinic

Payee: **Pain Treatment Center**

Date(s) of Service (If Applicable)

1/22/2021-1/22/2021

1/20/2021-1/20/2021

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### CL2021-2167

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2021	\$796.66	Medical	Hospital or Clinic

Payee: **Bismarck Surgical Associates**

Date(s) of Service (If Applicable)

1/22/2021-1/22/2021

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### CL2021-FC29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$32.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

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### CL2021-CA33

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$1,700.00	Mental Health	

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/21/2020-12/21/2020

12/15/2020-12/15/2020

11/13/2020-11/13/2020

10/1/2020-10/1/2020

9/8/2020-9/8/2020

8/28/2020-8/28/2020

8/19/2020-8/19/2020

7/10/2020-7/10/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-D660

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$396.00	Mental Health	

Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

9/17/2020-9/17/2020

8/10/2020-8/10/2020

7/16/2020-7/16/2020

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**Case ID Number: CS2020-5B9A**

**Victim Initials: H.R.**

Case Payment Totals: **\$194.83**

Claim Payments:

### CL2021-06F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$194.83	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

9/21/2021-9/21/2021

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**Case ID Number: CS2020-5BFC**

**Victim Initials: V.M.**

Case Payment Totals: **\$8,739.36**

Claim Payments:

### CL2021-5384

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/03/2021	\$1,440.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

5/19/2021-5/19/2021

4/23/2021-4/23/2021

4/21/2021-4/21/2021

4/7/2021-4/7/2021

3/24/2021-3/24/2021

### CL2021-45AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$2,180.00	Mental Health	

Payee: **Summit Counseling**

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

1/27/2021-1/27/2021  
11/25/2020-11/25/2020  
10/21/2020-10/21/2020  
10/20/2020-10/20/2020  
9/15/2020-9/15/2020  
8/25/2020-8/25/2020  
8/19/2020-8/19/2020  
8/10/2020-8/10/2020  
7/30/2020-7/30/2020  
7/29/2020-7/29/2020  
7/23/2020-7/23/2020

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**CL2020-E0EE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/08/2020</b>	<b>\$3,156.08</b>	Medical	Hospital or Clinic

Payee: **Mercy Medical Center**

Date(s) of Service (If Applicable)  
3/21/2020-3/21/2020

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**CL2020-1F77**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/30/2020</b>	<b>\$582.48</b>	Medical	Hospital or Clinic

Payee: **Mercy Medical Center**

Date(s) of Service (If Applicable)  
7/3/2020-7/3/2020

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**CL2020-3180**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/21/2020</b>	<b>\$218.40</b>	Medical	Hospital or Clinic

Payee: **Mercy Hospital Physicians**

Date(s) of Service (If Applicable)  
7/3/2020-7/3/2020

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**CL2020-42AF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/21/2020</b>	<b>\$218.40</b>	Medical	Hospital or Clinic

Payee: **Mercy Hospital Physicians**

Date(s) of Service (If Applicable)  
3/21/2020-3/21/2020

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**CL2020-54AB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/21/2020</b>	<b>\$190.40</b>	Medical	Hospital or Clinic

Payee: **Mercy Radiology Services**

Date(s) of Service (If Applicable)  
3/21/2020-3/21/2020

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**CL2020-B796**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**09/21/2020**                      **\$129.60**                      Medical                      Hospital or Clinic  
Payee: **Mercy Radiology Services**  
Date(s) of Service (If Applicable)  
3/21/2020-3/21/2020

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### CL2020-3A27

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/19/2020**                      **\$359.20**                      Medical                      Hospital or Clinic  
Payee: **Mercy Medical Center**  
Date(s) of Service (If Applicable)  
7/6/2020-7/6/2020

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### CL2020-C1D4

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/19/2020**                      **\$34.40**                      Medical                      Hospital or Clinic  
Payee: **Mercy Radiology Services**  
Date(s) of Service (If Applicable)  
7/6/2020-7/6/2020

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### CL2020-E330

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/19/2020**                      **\$230.40**                      Medical                      Hospital or Clinic  
Payee: **Craven Hagan Clinic**  
Date(s) of Service (If Applicable)  
7/6/2020-7/6/2020

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**Case ID Number: CS2020-5C3C**

**Victim Initials: S.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-856A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**05/29/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/19/2020-3/19/2020

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**Case ID Number: CS2020-5DEA**

**Victim Initials: A.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-1B03

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**01/04/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/5/2020-10/5/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-6184**

**Victim Initials: A.S.**

Case Payment Totals: **\$3,000.00**

Claim Payments:

**CL2020-91CA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/14/2020</b>	<b>\$120.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2020-11/9/2020			

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**CL2020-4F40**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/08/2020</b>	<b>\$240.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2020-8/17/2020			
8/3/2020-8/3/2020			

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**CL2020-4F68**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/27/2020</b>	<b>\$480.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/3/2020-6/3/2020			
5/18/2020-5/18/2020			
5/11/2020-5/11/2020			
5/5/2020-5/5/2020			

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**CL2020-2980**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/13/2020</b>	<b>\$480.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/3/2020-6/3/2020			
5/18/2020-5/18/2020			
5/11/2020-5/11/2020			
5/5/2020-5/5/2020			

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**CL2020-1FBC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/21/2020</b>	<b>\$1,080.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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Date(s) of Service (If Applicable)

4/27/2020-4/27/2020  
4/21/2020-4/21/2020  
4/6/2020-4/6/2020  
3/31/2020-3/31/2020  
3/25/2020-3/25/2020  
3/18/2020-3/18/2020  
3/11/2020-3/11/2020  
3/2/2020-3/2/2020  
2/25/2020-2/25/2020

**CL2020-C2D7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/22/2020</b>	<b>\$600.00</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

2/17/2020-2/17/2020  
2/10/2020-2/10/2020  
1/27/2020-1/27/2020  
1/20/2020-1/20/2020  
1/7/2020-1/7/2020

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**Case ID Number: CS2020-61A8**

**Victim Initials: H.O.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-84A9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/28/2020-9/28/2020

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**Case ID Number: CS2020-6296**

**Victim Initials: J.R.**

Case Payment Totals: **\$244.29**

Claim Payments:

**CL2021-23B4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/30/2021</b>	<b>\$99.51</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/11/2021-3/11/2021  
3/4/2021-3/4/2021

**CL2021-9447**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/20/2021</b>	<b>\$53.36</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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Date(s) of Service (If Applicable)

2/11/2021-2/11/2021

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### CL2021-F8CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/5/2021-1/5/2021

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**Case ID Number: CS2020-62E0**

**Victim Initials: A.H.**

Case Payment Totals: **\$300.00**

Claim Payments:

### CL2020-CAC6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/30/2020	\$300.00	Wage Loss	

Payee: **A.H.**

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**Case ID Number: CS2020-6543**

**Victim Initials: S.N.**

Case Payment Totals: **\$200.00**

Claim Payments:

### CL2020-D609

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$200.00	Medical	Hospital or Clinic

Payee: **S.N.**

Date(s) of Service (If Applicable)

11/19/2019-11/19/2019

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**Case ID Number: CS2020-6BEC**

**Victim Initials: J.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-126A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/03/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/30/2020-9/30/2020

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**Case ID Number: CS2020-6C93**

**Victim Initials: L.G.**

Case Payment Totals: **\$293.48**

Claim Payments:

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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### CL2020-86CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$293.48	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

1/14/2020-1/14/2020

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### Case ID Number: CS2020-6CE9

Victim Initials: K.L.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-DF61

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/19/2020-8/19/2020

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### Case ID Number: CS2020-6D2C

Victim Initials: K.R.

Case Payment Totals: **\$460.00**

Claim Payments:

### CL2021-C1A6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/17/2021	\$460.00	Mental Health	

Payee: **Red Rock Psychological Health**

Date(s) of Service (If Applicable)

3/24/2021-3/24/2021

3/3/2021-3/3/2021

2/24/2021-2/24/2021

2/10/2021-2/10/2021

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### Case ID Number: CS2020-7004

Victim Initials: A.P.

Case Payment Totals: **\$6,200.00**

Claim Payments:

### CL2021-76D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$1,200.00	Mental Health	

Payee: **North Dakota Human Services - Nc**

Date(s) of Service (If Applicable)

8/18/2020-8/19/2020

### CL2020-028F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2020	\$2,500.00	Funeral	

Payee: **M.C.**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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### CL2020-2830

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2020	\$2,500.00	Funeral	

Payee: J.P.

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### Case ID Number: CS2020-70CA

Victim Initials: M.G.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-E13F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
12/11/2020-12/11/2020

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### Case ID Number: CS2020-7205

Victim Initials: S.B.

Case Payment Totals: **\$650.40**

Claim Payments:

### CL2021-9708

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2021	\$362.40	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
7/22/2021-7/22/2021  
7/12/2021-7/12/2021  
6/7/2021-6/7/2021  
4/30/2021-4/30/2021

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### CL2020-0DEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
9/29/2020-9/29/2020

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### Case ID Number: CS2020-72B6

Victim Initials: M.B.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-C831

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/24/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
9/17/2020-9/17/2020

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**Case ID Number: CS2020-75A9**                      **Victim Initials: J.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-4477**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/22/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
8/27/2020-8/27/2020

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**Case ID Number: CS2020-75B1**                      **Victim Initials: K.B.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2020-70D8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/14/2020</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
4/8/2020-4/8/2020

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**CL2020-5C71**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
2/5/2020-2/5/2020

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**Case ID Number: CS2020-766F**                      **Victim Initials: O.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-179F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
2/1/2020-2/1/2020

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-76DD**

**Victim Initials: J.K.**

Case Payment Totals: **\$6,648.49**

Claim Payments:

**CL2021-8A4E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$31.20	Medical	Hospital or Clinic
Payee: <b>Virtual Radiologic Professionals</b>			
<u>Date(s) of Service (If Applicable)</u> 9/18/2020-9/18/2020			

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**CL2021-7F82**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$4,591.20	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u> 9/18/2020-9/18/2020			

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**CL2021-8A86**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$256.80	Medical	Hospital or Clinic
Payee: <b>St. Alexius Medical Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/18/2020-9/18/2020			

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**CL2021-BD15**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$1,769.29	Medical	Hospital or Clinic
Payee: <b>Metro-Area Ambulance Service</b>			
<u>Date(s) of Service (If Applicable)</u> 9/18/2020-9/18/2020			

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**Case ID Number: CS2020-7CDE**

**Victim Initials: A.R.**

Case Payment Totals: **\$960.00**

Claim Payments:

**CL2021-5069**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/17/2021	\$960.00	Mental Health	
Payee: <b>Red Rock Psychological Health</b>			
<u>Date(s) of Service (If Applicable)</u> 5/12/2021-5/12/2021 5/5/2021-5/5/2021 4/21/2021-4/21/2021 4/14/2021-4/14/2021 3/31/2021-3/31/2021 3/24/2021-3/24/2021 3/3/2021-3/3/2021 2/24/2021-2/24/2021 2/10/2021-2/10/2021			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-7DBF**

**Victim Initials: T.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-6E10**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

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**Case ID Number: CS2020-8081**

**Victim Initials: E.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-630C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2021-10/1/2021

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**Case ID Number: CS2020-819F**

**Victim Initials: R.W.**

Case Payment Totals: **\$1,579.36**

Claim Payments:

**CL2021-13CC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

10/8/2020-10/8/2020

**CL2021-4625**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

**CL2021-6E71**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

10/1/2020-10/1/2020



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-F41D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$40.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2020-10/29/2020			
10/15/2020-10/15/2020			

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### CL2020-1B1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2020-5/21/2020			
4/23/2020-4/23/2020			

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### CL2020-26E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/4/2020-6/4/2020			
5/29/2020-5/29/2020			

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### CL2020-6485

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2020-7/23/2020			
7/16/2020-7/16/2020			

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### CL2020-69B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2020-9/24/2020			
9/17/2020-9/17/2020			

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### CL2020-87B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$20.00	Mental Health	
Payee: <b>Abound Counseling Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/6/2020-8/6/2020			

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### CL2020-8A1A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/24/2020**                      **\$40.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

7/1/2020-7/1/2020

6/26/2020-6/26/2020

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### CL2020-C29C

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$60.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

8/20/2020-8/20/2020

8/13/2020-8/13/2020

8/10/2020-8/10/2020

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### CL2020-D888

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$40.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

7/28/2020-7/28/2020

6/12/2020-6/12/2020

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### CL2020-DDA8

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$20.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

5/7/2020-5/7/2020

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### CL2020-E2CE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$40.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

5/14/2020-5/14/2020

4/30/2020-4/30/2020

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### CL2020-E54C

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$20.00**                      Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

4/16/2020-4/16/2020

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### CL2020-F231

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/24/2020**                      **\$60.00**                      Mental Health

Payee: **Abound Counseling Llc**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

9/10/2020-9/10/2020

9/3/2020-9/3/2020

8/27/2020-8/27/2020

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### CL2020-D980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/07/2020</b>	<b>\$90.71</b>	Medical	Hospital or Clinic

Payee: **J.W.**

Date(s) of Service (If Applicable)

12/31/2019-12/31/2019

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### CL2020-B0C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/30/2020</b>	<b>\$674.40</b>	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

4/2/2020-4/2/2020

3/26/2020-3/26/2020

3/19/2020-3/19/2020

3/12/2020-3/12/2020

3/5/2020-3/5/2020

2/27/2020-2/27/2020

2/13/2020-2/13/2020

2/6/2020-2/6/2020

1/30/2020-1/30/2020

1/23/2020-1/23/2020

1/9/2020-1/9/2020

12/19/2019-12/19/2019

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### CL2020-5622

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/27/2020</b>	<b>\$141.25</b>	Medical	Hospital or Clinic

Payee: **J.W.**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

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### CL2020-693F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2020</b>	<b>\$113.00</b>	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

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**Case ID Number: CS2020-830F**

**Victim Initials: B.C.**

Case Payment Totals: **\$2,414.65**

Claim Payments:

### CL2021-4C7B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/16/2021**                      **\$1,567.92**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/21/2020-10/21/2020

10/15/2020-10/15/2020

7/27/2020-7/27/2020

7/20/2020-7/20/2020

7/13/2020-7/13/2020

7/6/2020-7/6/2020

6/19/2020-6/19/2020

6/12/2020-6/12/2020

6/5/2020-6/5/2020

5/29/2020-5/29/2020

5/22/2020-5/22/2020

5/15/2020-5/15/2020

4/23/2020-4/23/2020

4/16/2020-4/16/2020

2/3/2020-2/3/2020

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### CL2021-1944

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/22/2021</b>	<b>\$152.35</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/11/2020-11/11/2020

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### CL2021-21B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/29/2021</b>	<b>\$694.38</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/9/2020-10/9/2020

9/30/2020-9/30/2020

9/24/2020-9/24/2020

9/16/2020-9/16/2020

9/9/2020-9/9/2020

8/31/2020-8/31/2020

8/26/2020-8/26/2020

8/10/2020-8/10/2020

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**Case ID Number: CS2020-83BA**

**Victim Initials: L.F.**

Case Payment Totals: **\$4,332.00**

Claim Payments:

### CL2021-3D02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/14/2021</b>	<b>\$504.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/30/2021-11/30/2021

11/15/2021-11/15/2021

11/2/2021-11/2/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-9BFA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2021	\$504.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/19/2021-10/19/2021

10/12/2021-10/12/2021

10/5/2021-10/5/2021

### CL2021-7513

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$616.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/28/2021-9/28/2021

9/21/2021-9/21/2021

9/14/2021-9/14/2021

9/7/2021-9/7/2021

### CL2021-0AFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$1,008.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/31/2021-8/31/2021

8/24/2021-8/24/2021

8/17/2021-8/17/2021

8/10/2021-8/10/2021

8/3/2021-8/3/2021

7/27/2021-7/27/2021

### CL2021-0A7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/6/2021-7/6/2021

6/29/2021-6/29/2021

### CL2021-DC77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/15/2021-6/15/2021

6/11/2021-6/11/2021

### CL2021-ACAF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/08/2021**                    **\$168.00**                    Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
5/28/2021-5/28/2021

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**CL2020-A64E**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**12/10/2020**                    **\$168.00**                    Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
11/3/2020-11/3/2020

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**CL2020-674C**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**09/10/2020**                    **\$224.00**                    Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
8/26/2020-8/26/2020  
8/4/2020-8/4/2020

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**CL2020-18F7**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**08/19/2020**                    **\$180.00**                    Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
7/21/2020-7/21/2020

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**CL2020-A53F**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**04/22/2020**                    **\$288.00**                    Medical                    Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
3/11/2020-3/11/2020

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**Case ID Number: CS2020-8551**

**Victim Initials: T.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-6561**

Approval Date                    AmountPaid                    Claim Category                    Medical Category (if applicable)  
**06/04/2020**                    **\$288.00**                    Medical                    Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
12/5/2019-12/5/2019

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**Case ID Number: CS2020-8914**

**Victim Initials: K.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-628A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

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**Case ID Number: CS2020-8A3A**

**Victim Initials: H.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-1756

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

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**Case ID Number: CS2020-8BD8**

**Victim Initials: B.W.**

Case Payment Totals: **\$1,706.72**

Claim Payments:

### CL2020-83C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$245.07	Medical	Hospital or Clinic

Payee: **Minot Center For Family Medicine**

Date(s) of Service (If Applicable)

1/30/2020-1/30/2020

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### CL2020-0141

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$36.58	Medical	Hospital or Clinic

Payee: **Minot Center For Family Medicine**

Date(s) of Service (If Applicable)

2/13/2020-2/13/2020

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### CL2020-7B9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$71.54	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

10/25/2019-10/25/2019

10/11/2019-10/11/2019

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### CL2020-AE7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$54.46	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)  
10/8/2019-10/8/2019

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**CL2020-DAD7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/03/2020</b>	<b>\$48.69</b>	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)  
10/7/2019-10/7/2019

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**CL2020-3EDF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2020</b>	<b>\$812.07</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
10/8/2019-10/9/2019

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**CL2020-8859**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2020</b>	<b>\$52.15</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
10/19/2019-10/19/2019

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**CL2020-8A25**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2020</b>	<b>\$52.69</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
11/2/2019-11/2/2019

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**CL2020-9A15**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2020</b>	<b>\$121.32</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
11/7/2019-11/7/2019

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**CL2020-D8B4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/22/2020</b>	<b>\$212.15</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)  
10/12/2019-10/12/2019

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**Case ID Number: CS2020-8C35**

**Victim Initials: A.D.**

Case Payment Totals: **\$77.60**

Claim Payments:



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-65A3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$77.60	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/19/2020-10/19/2020

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**Case ID Number: CS2020-8DB2**

**Victim Initials: T.C.**

Case Payment Totals: **\$2,553.07**

Claim Payments:

### CL2020-1DAC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$769.27	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

7/29/2020-7/29/2020

7/23/2020-7/23/2020

7/14/2020-7/14/2020

7/13/2020-7/13/2020

7/8/2020-7/8/2020

7/7/2020-7/7/2020

7/1/2020-7/1/2020

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### CL2020-3A95

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/21/2020	\$542.40	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

6/24/2020-6/24/2020

6/17/2020-6/17/2020

6/3/2020-6/3/2020

5/27/2020-5/27/2020

5/20/2020-5/20/2020

5/13/2020-5/13/2020

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### CL2020-8AC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$1,241.40	Mental Health	

Payee: **Chatter Pediatric Therapy**

Date(s) of Service (If Applicable)

5/7/2020-5/7/2020

4/29/2020-4/29/2020

4/22/2020-4/22/2020

4/15/2020-4/15/2020

4/8/2020-4/8/2020

4/1/2020-4/1/2020

3/31/2020-3/31/2020

3/26/2020-3/26/2020

3/16/2020-3/16/2020

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-909C**

**Victim Initials: M.O.**

Case Payment Totals: **\$169.20**

Claim Payments:

**CL2020-681A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$169.20	Mental Health	

Payee: **Assessment & Therapy Associates**

Date(s) of Service (If Applicable)

9/8/2020-9/8/2020

8/20/2020-8/20/2020

7/10/2020-7/10/2020

7/1/2020-7/1/2020

6/24/2020-6/24/2020

6/1/2020-6/1/2020

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**Case ID Number: CS2020-90A7**

**Victim Initials: C.R.**

Case Payment Totals: **\$2,304.30**

Claim Payments:

**CL2020-A447**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$434.30	Funeral	

Payee: **S.E.**

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**CL2020-F694**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$525.00	Funeral	

Payee: **S.E.**

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**CL2020-FED4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$1,345.00	Funeral	

Payee: **S.E.**

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**Case ID Number: CS2020-93C3**

**Victim Initials: J.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-D16B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/14/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
3/12/2020-3/12/2020

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**Case ID Number: CS2020-9415**

**Victim Initials: I.F.**

Case Payment Totals: **\$913.32**

Claim Payments:

**CL2021-5B48**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/15/2021</b>	<b>\$112.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
11/8/2021-11/8/2021

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**CL2021-F820**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/26/2021</b>	<b>\$224.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
10/25/2021-10/25/2021  
10/6/2021-10/6/2021

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**CL2021-77D9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$224.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
9/22/2021-9/22/2021  
9/8/2021-9/8/2021

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**CL2021-D6D8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/17/2021</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
8/24/2021-8/24/2021

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**CL2021-2F88**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/07/2021</b>	<b>\$113.22</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
1/8/2021-1/8/2021  
12/4/2020-12/4/2020

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**CL2020-4ABF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/24/2020**                      **\$57.60**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/1/2020-9/1/2020

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### CL2020-DE24

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/24/2020**                      **\$2.50**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/1/2020-10/1/2020

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**Case ID Number: CS2020-96D2**

**Victim Initials: A.H.**

Case Payment Totals: **\$1,778.67**

Claim Payments:

### CL2021-E782

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**01/29/2021**                      **\$383.18**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/20/2020-11/20/2020

11/6/2020-11/6/2020

10/16/2020-10/16/2020

10/8/2020-10/8/2020

9/28/2020-9/28/2020

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### CL2020-B813

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/10/2020**                      **\$583.52**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/15/2020-9/15/2020

9/11/2020-9/11/2020

8/31/2020-8/31/2020

8/28/2020-8/28/2020

8/27/2020-8/27/2020

8/20/2020-8/20/2020

8/13/2020-8/13/2020

8/6/2020-8/6/2020

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### CL2020-7906

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**08/31/2020**                      **\$811.97**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/30/2020-7/30/2020

7/8/2020-7/8/2020

6/25/2020-6/25/2020

6/16/2020-6/16/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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**Case ID Number: CS2020-9ABF**

**Victim Initials: T.P.**

Case Payment Totals: **\$7,531.99**

Claim Payments:

**CL2021-14ED**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2021	\$4,500.00	Wage Loss	

Payee: T.L.

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**CL2020-0312**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$1,032.83	Medical	Hospital or Clinic

Payee: T.L.

Date(s) of Service (If Applicable)

1/15/2020-1/15/2020

1/3/2020-1/3/2020

2/14/2020-2/14/2020

1/23/2020-1/23/2020

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**CL2020-2671**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$123.99	Medical	Home Health Services

Payee: T.L.

Date(s) of Service (If Applicable)

1/3/2020-1/3/2020

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**CL2020-A49B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$983.94	Medical	Hospital or Clinic

Payee: T.L.

Date(s) of Service (If Applicable)

1/3/2020-1/3/2020

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**CL2020-E739**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$891.23	Medical	Hospital or Clinic

Payee: T.L.

Date(s) of Service (If Applicable)

1/3/2020-1/3/2020

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**Case ID Number: CS2020-9B3F**

**Victim Initials: R.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-BA65**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/22/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
3/4/2020-3/4/2020

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**Case ID Number: CS2020-9CCB**

**Victim Initials: J.V.**

Case Payment Totals: **\$14,821.15**

Claim Payments:

**CL2020-D56B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/05/2020</b>	<b>\$149.60</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			

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**CL2020-D78A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/05/2020</b>	<b>\$6,219.31</b>	Medical	Hospital or Clinic
Payee: <b>Mercy Medical Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2019-12/24/2019			

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**CL2020-C2DE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/22/2020</b>	<b>\$40.80</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

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**CL2020-E7D1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/22/2020</b>	<b>\$188.80</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

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**CL2020-032F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/21/2020</b>	<b>\$219.20</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

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**CL2020-E0AE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/21/2020</b>	<b>\$144.80</b>	Medical	Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2020-63CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$994.40	Medical	Hospital or Clinic

Payee: **Mercy Radiology Services**

Date(s) of Service (If Applicable)

12/24/2019-12/24/2019

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### CL2020-780D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$1,157.60	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

12/24/2019-12/24/2019

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### CL2020-06FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$149.60	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

2/24/2020-2/24/2020

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### CL2020-0ECE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$1,862.40	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

12/24/2019-12/24/2019

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### CL2020-4335

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$2,271.00	Medical	Hospital or Clinic

Payee: **City Of Williston**

Date(s) of Service (If Applicable)

12/24/2019-12/24/2019

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### CL2020-72F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$308.80	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/31/2020-1/31/2020

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### CL2020-9D7B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$876.44	Medical	Hospital or Clinic

Payee: **City Of Williston**

Date(s) of Service (If Applicable)

12/24/2019-12/24/2019

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### CL2020-A198

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/03/2020**                      **\$238.40**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
12/27/2019-12/27/2019

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**Case ID Number: CS2020-9D9F**

**Victim Initials: E.H.**

Case Payment Totals: **\$2,684.68**

Claim Payments:

**CL2021-C38B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/16/2020-6/16/2020

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**CL2021-6834**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2021</b>	<b>\$425.51</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/12/2021-4/12/2021  
4/5/2021-4/5/2021  
10/23/2020-10/23/2020  
10/16/2020-10/16/2020  
10/2/2020-10/2/2020

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**CL2021-BC53**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/30/2021</b>	<b>\$193.30</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/15/2021-3/15/2021  
3/8/2021-3/8/2021

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**CL2021-CF0D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/16/2021</b>	<b>\$289.94</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/1/2021-3/1/2021  
2/17/2021-2/17/2021  
2/12/2021-2/12/2021

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**CL2021-456C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/16/2021</b>	<b>\$193.30</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/3/2021-2/3/2021  
1/27/2021-1/27/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-4CF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$357.72	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021  
12/21/2020-12/21/2020  
12/9/2020-12/9/2020  
12/2/2020-12/2/2020

### CL2021-3A1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$188.06	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/24/2020-11/24/2020  
7/30/2020-7/30/2020

### CL2020-4385

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2020	\$652.20	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/21/2020-9/21/2020  
9/15/2020-9/15/2020  
9/9/2020-9/9/2020  
8/31/2020-8/31/2020  
8/21/2020-8/21/2020  
6/25/2020-6/25/2020

### CL2020-0ACC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$96.65	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/13/2020-8/13/2020

**Case ID Number: CS2020-9DB8**

**Victim Initials: M.N.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-95BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/9/2020-6/9/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-9F23**

**Victim Initials: E.W.**

Case Payment Totals: **\$257.67**

Claim Payments:

**CL2021-6922**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/08/2021	\$193.25	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/21/2021-10/21/2021

10/14/2021-10/14/2021

9/30/2021-9/30/2021

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**CL2021-F692**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/08/2021	\$64.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/28/2021-10/28/2021

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**Case ID Number: CS2020-9FFE**

**Victim Initials: A.J.**

Case Payment Totals: **\$1,442.97**

Claim Payments:

**CL2021-BB2C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2021	\$85.78	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/6/2020-4/6/2020

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**CL2021-B159**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/2/2020-12/2/2020

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**CL2021-4C0F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$420.97	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/30/2020-7/30/2020

7/14/2020-7/14/2020

7/7/2020-7/7/2020

6/30/2020-6/30/2020

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2020-AE4A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/31/2020</b>	<b>\$844.80</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/23/2020-6/23/2020

6/9/2020-6/9/2020

6/2/2020-6/2/2020

5/27/2020-5/27/2020

4/13/2020-4/13/2020

3/30/2020-3/30/2020

2/21/2020-2/21/2020

2/5/2020-2/5/2020

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**Case ID Number: CS2020-A0D0**

**Victim Initials: S.S.**

Case Payment Totals: **\$4,868.80**

Claim Payments:

**CL2021-B0A1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/02/2021</b>	<b>\$4,868.80</b>	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

8/22/2020-8/22/2020

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**Case ID Number: CS2020-A214**

**Victim Initials: M.G.**

Case Payment Totals: **\$4,290.73**

Claim Payments:

**CL2020-1719**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/28/2020</b>	<b>\$140.51</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

1/13/2020-1/13/2020

**CL2020-9C77**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/28/2020</b>	<b>\$453.02</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

1/13/2020-1/13/2020

**CL2020-D44E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/28/2020</b>	<b>\$2,656.53</b>	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

1/13/2020-1/21/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-E510

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$264.11	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

2/18/2020-2/20/2020

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### CL2020-F530

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$90.60	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

2/18/2020-2/18/2020

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### CL2020-035B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$167.82	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/14/2020-1/17/2020

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### CL2020-15CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$2.78	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/13/2020-1/13/2020

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### CL2020-44DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$20.18	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/19/2020-1/19/2020

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### CL2020-5590

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$109.90	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

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### CL2020-837D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$21.98	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

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### CL2020-B75D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/27/2020**                      **\$20.18**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
1/18/2020-1/18/2020

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**CL2020-D2F4**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/27/2020**                      **\$21.98**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
2/12/2020-2/12/2020

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**CL2020-EBBE**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/27/2020**                      **\$20.28**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
1/21/2020-1/21/2020

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**CL2020-F7EE**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**04/27/2020**                      **\$12.86**                      Medical                      Hospital or Clinic  
Payee: **Trinity Medical Group**  
Date(s) of Service (If Applicable)  
1/20/2020-1/20/2020

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**CL2020-0E83**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**03/06/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
2/4/2020-2/4/2020

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**Case ID Number: CS2020-A34C**

**Victim Initials: T.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-9C1D**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**02/27/2020**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/9/2020-1/9/2020

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**Case ID Number: CS2020-A383**

**Victim Initials: C.A.**

Case Payment Totals: **\$3,099.20**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-22B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$84.80	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/19/2020-2/19/2020

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### CL2020-A06E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,014.40	Medical	Hospital or Clinic

Payee: **Mid Dakota Clinic**

Date(s) of Service (If Applicable)

2/20/2020-2/20/2020

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**Case ID Number: CS2020-A41D**

**Victim Initials: B.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-E92C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/18/2020-8/18/2020

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**Case ID Number: CS2020-A513**

**Victim Initials: J.C.**

Case Payment Totals: **\$2,280.00**

Claim Payments:

### CL2021-782F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$2,280.00	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

12/23/2020-12/23/2020

12/10/2020-12/10/2020

11/24/2020-11/24/2020

11/17/2020-11/17/2020

9/28/2020-9/28/2020

9/22/2020-9/22/2020

9/11/2020-9/11/2020

8/12/2020-8/12/2020

7/21/2020-7/21/2020

7/7/2020-7/7/2020

6/30/2020-6/30/2020

3/10/2020-3/10/2020

2/18/2020-2/18/2020

2/11/2020-2/11/2020

1/29/2020-1/29/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-A611**

**Victim Initials: M.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-375A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2020-2/10/2020			

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**Case ID Number: CS2020-A75E**

**Victim Initials: A.J.**

Case Payment Totals: **\$57.60**

Claim Payments:

**CL2020-036B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$57.60	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

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**Case ID Number: CS2020-ABB5**

**Victim Initials: P.M.**

Case Payment Totals: **\$57.60**

Claim Payments:

**CL2020-EDE6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$57.60	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2019-12/11/2019			

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**Case ID Number: CS2020-AF1D**

**Victim Initials: R.M.**

Case Payment Totals: **\$2,941.26**

Claim Payments:

**CL2021-9D4F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$115.40	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/8/2021-11/8/2021			

**CL2021-F44F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/22/2021**                      **\$2,810.66**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/10/2021-2/10/2021

2/3/2021-2/3/2021

1/27/2021-1/27/2021

1/21/2021-1/21/2021

1/12/2021-1/12/2021

1/6/2021-1/6/2021

12/29/2020-12/29/2020

12/21/2020-12/21/2020

12/17/2020-12/17/2020

12/3/2020-12/3/2020

11/25/2020-11/25/2020

11/19/2020-11/19/2020

11/11/2020-11/11/2020

10/22/2020-10/22/2020

10/5/2020-10/5/2020

9/24/2020-9/24/2020

9/16/2020-9/16/2020

9/10/2020-9/10/2020

9/1/2020-9/1/2020

8/28/2020-8/28/2020

8/12/2020-8/12/2020

8/5/2020-8/5/2020

7/29/2020-7/29/2020

7/10/2020-7/10/2020

6/3/2020-6/3/2020

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### CL2021-84CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>02/04/2021</b>	<b>\$15.20</b>	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/16/2020-6/16/2020

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**Case ID Number: CS2020-B07A**

**Victim Initials: L.L.**

Case Payment Totals: **\$5,350.24**

Claim Payments:

### CL2020-4E0A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>11/10/2020</b>	<b>\$36.01</b>	Medical	Hospital or Clinic
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Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/17/2019-12/17/2019

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### CL2020-5242

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>11/10/2020</b>	<b>\$89.04</b>	Medical	Hospital or Clinic
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Payee: **Sanford Health**



**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)  
6/22/2020-6/22/2020

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**CL2020-67D1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$500.00	Medical	Hospital or Clinic

Payee: L.L.

Date(s) of Service (If Applicable)  
12/17/2019-12/17/2019

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**CL2020-6BE0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$2,019.01	Medical	Hospital or Clinic

Payee: Sanford Health

Date(s) of Service (If Applicable)  
12/20/2019-12/20/2019

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**CL2020-799D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$420.22	Medical	Hospital or Clinic

Payee: Sanford Health

Date(s) of Service (If Applicable)  
12/20/2019-12/20/2019

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**CL2020-9E07**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$156.14	Medical	Hospital or Clinic

Payee: Sanford Health

Date(s) of Service (If Applicable)  
12/19/2019-12/19/2019

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**CL2020-B1A4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$40.00	Medical	Hospital or Clinic

Payee: L.L.

Date(s) of Service (If Applicable)  
6/22/2020-6/22/2020

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**CL2020-B285**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$140.00	Medical	Hospital or Clinic

Payee: L.L.

Date(s) of Service (If Applicable)  
12/19/2019-12/19/2019

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**CL2020-C5F2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$40.00	Medical	Hospital or Clinic

Payee: L.L.

Date(s) of Service (If Applicable)  
12/31/2019-12/31/2019

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-E44B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$221.80	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 12/20/2019-12/20/2019			

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### CL2020-FBCC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$30.52	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 12/31/2019-12/31/2019			

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### CL2020-4A1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$637.50	Medical	Dental
Payee: <b>L.L.</b>			
<u>Date(s) of Service (If Applicable)</u> 3/5/2020-3/5/2020			

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### CL2020-FA2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$720.00	Medical	Dental
Payee: <b>Dickinson Dental Center</b>			
<u>Date(s) of Service (If Applicable)</u> 3/5/2020-3/5/2020			

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### CL2020-4FEF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2020	\$300.00	Wage Loss	
Payee: <b>L.L.</b>			

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Case ID Number: **CS2020-B0A3**

Victim Initials: **E.B.**

Case Payment Totals: **\$164.37**

Claim Payments:

### CL2020-0667

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$28.85	Mental Health	
Payee: <b>L.B.</b>			
<u>Date(s) of Service (If Applicable)</u> 8/4/2020-8/4/2020			

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### CL2020-1DA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**09/30/2020**                      **\$93.28**                      Mental Health

Payee: **L.B.**

Date(s) of Service (If Applicable)

5/12/2020-5/12/2020

5/5/2020-5/5/2020

4/28/2020-4/28/2020

4/23/2020-4/23/2020

4/14/2020-4/14/2020

4/9/2020-4/9/2020

3/31/2020-3/31/2020

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**CL2020-7F8B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>09/30/2020</b>	<b>\$42.24</b>	Mental Health	
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Payee: **L.B.**

Date(s) of Service (If Applicable)

3/5/2020-3/5/2020

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**Case ID Number: CS2020-B3F0**

**Victim Initials: T.W.**

Case Payment Totals: **\$73.60**

Claim Payments:

**CL2021-951C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>03/23/2021</b>	<b>\$73.60</b>	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/12/2020-10/12/2020

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**Case ID Number: CS2020-B43F**

**Victim Initials: J.A.**

Case Payment Totals: **\$195.20**

Claim Payments:

**CL2020-A3CF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>03/23/2020</b>	<b>\$195.20</b>	Medical	Dental
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Payee: **Spectra Health**

Date(s) of Service (If Applicable)

2/27/2020-2/27/2020

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**Case ID Number: CS2020-B550**

**Victim Initials: E.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-C446**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/11/2020**                      **\$288.00**                      Mental Health  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
5/4/2020-5/4/2020

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**Case ID Number: CS2020-B669**

**Victim Initials: J.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-244D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2020-9/30/2020			

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**Case ID Number: CS2020-B771**

**Victim Initials: J.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-6037**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			

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**Case ID Number: CS2020-B9F4**

**Victim Initials: A.A.**

Case Payment Totals: **\$355.00**

Claim Payments:

**CL2021-4947**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/18/2021</b>	<b>\$355.00</b>	Mental Health	
Payee: <b>L.A.</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2020-3/18/2020			
3/5/2020-3/5/2020			
2/17/2020-2/17/2020			
2/6/2020-2/6/2020			
1/30/2020-1/30/2020			
1/23/2020-1/23/2020			
1/15/2020-1/15/2020			
12/31/2019-12/31/2019			
11/12/2019-11/12/2019			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-BB0F**

**Victim Initials: M.N.**

Case Payment Totals: **\$544.00**

Claim Payments:

**CL2021-ACE9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/10/2021</b>	<b>\$172.00</b>	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

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**CL2021-877B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/19/2021</b>	<b>\$372.00</b>	Mental Health	
Payee: <b>K.N.</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2020-11/12/2020			
10/26/2020-10/26/2020			

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**Case ID Number: CS2020-BB66**

**Victim Initials: A.K.**

Case Payment Totals: **\$308.03**

Claim Payments:

**CL2021-4B8B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/03/2021</b>	<b>\$115.51</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2021-10/18/2021			
10/4/2021-10/4/2021			
9/30/2021-9/30/2021			
9/13/2021-9/13/2021			
9/9/2021-9/9/2021			

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**CL2021-159C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/19/2021</b>	<b>\$192.52</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2021-8/16/2021			
8/2/2021-8/2/2021			
7/26/2021-7/26/2021			
7/12/2021-7/12/2021			
7/7/2021-7/7/2021			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-BC9E**

**Victim Initials: R.W.**

Case Payment Totals: **\$900.00**

Claim Payments:

**CL2021-23CB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2021	\$900.00	Wage Loss	

Payee: **R.W.**

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**Case ID Number: CS2020-BCC3**

**Victim Initials: A.Y.**

Case Payment Totals: **\$1,229.38**

Claim Payments:

**CL2021-F285**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2021	\$408.95	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/10/2020-8/10/2020

8/6/2020-8/6/2020

7/22/2020-7/22/2020

7/14/2020-7/14/2020

6/30/2020-6/30/2020

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**CL2021-4573**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$168.96	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/22/2020-6/22/2020

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**CL2021-77E4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/15/2021	\$127.52	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/21/2021-1/21/2021

6/23/2020-6/23/2020

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**CL2021-F35B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$277.95	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/7/2021-1/7/2021

12/15/2020-12/15/2020

12/11/2020-12/11/2020

11/19/2020-11/19/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-B6AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$79.49	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			

### CL2020-7AE0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$166.51	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2020-10/8/2020			
9/24/2020-9/24/2020			

Case ID Number: **CS2020-BFAE**

Victim Initials: **R.C.**

Case Payment Totals: **\$1,072.06**

Claim Payments:

### CL2021-65BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2021	\$89.78	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2021-9/28/2021			

### CL2021-C460

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$197.54	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2021-4/7/2021			
3/31/2021-3/31/2021			
3/22/2021-3/22/2021			
3/15/2021-3/15/2021			

### CL2021-D5F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$275.12	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/8/2021-3/8/2021			
3/1/2021-3/1/2021			
2/17/2021-2/17/2021			
2/12/2021-2/12/2021			

### CL2021-20C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/23/2021**                      **\$108.93**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/3/2021-2/3/2021

1/27/2021-1/27/2021

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### CL2021-C8C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/24/2021</b>	<b>\$400.69</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/20/2021-1/20/2021

1/12/2021-1/12/2021

1/5/2021-1/5/2021

12/21/2020-12/21/2020

12/18/2020-12/18/2020

11/12/2020-11/12/2020

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**Case ID Number: CS2020-C1F2**

**Victim Initials: S.Q.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-70DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/04/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/5/2020-8/5/2020

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**Case ID Number: CS2020-C1F4**

**Victim Initials: C.E.**

Case Payment Totals: **\$4,282.50**

Claim Payments:

### CL2020-6D1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/16/2020</b>	<b>\$4,282.50</b>	Funeral	

Payee: **D.E.**

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**Case ID Number: CS2020-C225**

**Victim Initials: N.C.**

Case Payment Totals: **\$2,345.60**

Claim Payments:

### CL2021-9190

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/27/2021**                      **\$2,345.60**                      Wage Loss  
Payee: **N.C.**

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**Case ID Number: CS2020-C248**

**Victim Initials: O.J.**

Case Payment Totals: **\$572.97**

Claim Payments:

**CL2021-CB1E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/20/2021</b>	<b>\$36.42</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2021-6/22/2021			
5/18/2021-5/18/2021			

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**CL2021-00D4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2021</b>	<b>\$82.53</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2021-5/3/2021			
4/20/2021-4/20/2021			
2/16/2021-2/16/2021			
2/9/2021-2/9/2021			

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**CL2020-CC8E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/13/2020</b>	<b>\$120.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/15/2020-6/15/2020			
6/9/2020-6/9/2020			
6/2/2020-6/2/2020			
5/20/2020-5/20/2020			
5/12/2020-5/12/2020			

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**CL2020-9C9C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/20/2020</b>	<b>\$70.02</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			
3/24/2020-3/24/2020			

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**CL2020-8B01**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/15/2020</b>	<b>\$96.00</b>	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

3/17/2020-3/17/2020

3/10/2020-3/10/2020

2/18/2020-2/18/2020

2/11/2020-2/11/2020

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### CL2020-5E9F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/25/2020</b>	<b>\$96.00</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

1/28/2020-1/28/2020

1/21/2020-1/21/2020

1/14/2020-1/14/2020

1/7/2020-1/7/2020

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### CL2020-A355

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>01/27/2020</b>	<b>\$72.00</b>	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

12/30/2019-12/30/2019

12/23/2019-12/23/2019

12/20/2019-12/20/2019

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**Case ID Number: CS2020-C769**

**Victim Initials: S.J.**

Case Payment Totals: **\$1,088.00**

Claim Payments:

### CL2021-6D7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/19/2021</b>	<b>\$120.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/27/2021-5/27/2021

5/19/2021-5/19/2021

4/27/2021-4/27/2021

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### CL2021-569D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/18/2021</b>	<b>\$200.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

3/29/2021-3/29/2021

3/15/2021-3/15/2021

3/10/2021-3/10/2021

2/16/2021-2/16/2021

2/4/2021-2/4/2021

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### CL2021-B799

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/10/2021**                      **\$280.00**                      Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

1/25/2021-1/25/2021

1/18/2021-1/18/2021

1/4/2021-1/4/2021

12/16/2020-12/16/2020

12/10/2020-12/10/2020

11/30/2020-11/30/2020

11/10/2020-11/10/2020

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### CL2020-1ED2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/14/2020</b>	<b>\$80.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

10/22/2020-10/22/2020

10/8/2020-10/8/2020

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### CL2020-BBF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/09/2020</b>	<b>\$80.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

9/23/2020-9/23/2020

9/10/2020-9/10/2020

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### CL2020-6BD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/30/2020</b>	<b>\$328.00</b>	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

9/3/2020-9/3/2020

8/20/2020-8/20/2020

8/6/2020-8/6/2020

7/29/2020-7/29/2020

7/22/2020-7/22/2020

6/29/2020-6/29/2020

6/11/2020-6/11/2020

6/1/2020-6/1/2020

3/19/2020-3/19/2020

3/3/2020-3/3/2020

2/13/2020-2/13/2020

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**Case ID Number: CS2020-CB07**

**Victim Initials: Y.R.**

Case Payment Totals: **\$1,542.55**

Claim Payments:

### CL2021-7146

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/18/2021**                      **\$994.07**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/9/2020-9/9/2020

9/2/2020-9/2/2020

8/26/2020-8/26/2020

8/19/2020-8/19/2020

8/12/2020-8/12/2020

8/5/2020-8/5/2020

7/22/2020-7/22/2020

7/15/2020-7/15/2020

7/7/2020-7/7/2020

7/1/2020-7/1/2020

6/3/2020-6/3/2020

### CL2021-6168

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/20/2021**                      **\$91.42**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/18/2021-2/18/2021

### CL2021-D363

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/23/2021**                      **\$365.64**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/11/2021-2/11/2021

2/4/2021-2/4/2021

1/28/2021-1/28/2021

1/21/2021-1/21/2021

### CL2021-E2FA

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**02/19/2021**                      **\$91.42**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2020-10/1/2020

**Case ID Number: CS2020-CB7F**

**Victim Initials: K.B.**

Case Payment Totals: **\$298.31**

Claim Payments:

### CL2020-D6F5

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/14/2020**                      **\$10.31**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/5/2020-2/5/2020

1/29/2020-1/29/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-6635

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/31/2019-12/31/2019

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**Case ID Number: CS2020-CBF6**

**Victim Initials: T.K.**

Case Payment Totals: **\$1,739.75**

Claim Payments:

### CL2021-79E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2021	\$71.82	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/5/2020-8/5/2020

6/10/2020-6/10/2020

### CL2021-226B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/27/2020-5/27/2020

### CL2021-D0C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$69.25	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/24/2020-11/24/2020

11/17/2020-11/17/2020

### CL2021-BD7C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$383.22	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/19/2020-8/19/2020

8/12/2020-8/12/2020

### CL2020-30DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$927.46	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

7/15/2020-7/15/2020

7/8/2020-7/8/2020

6/25/2020-6/25/2020

6/17/2020-6/17/2020

6/5/2020-6/5/2020

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**Case ID Number: CS2020-CC41**

**Victim Initials: S.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-D72B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/28/2020-7/28/2020

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**Case ID Number: CS2020-CCBB**

**Victim Initials: K.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2128**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/29/2020-7/29/2020

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**Case ID Number: CS2020-CD8A**

**Victim Initials: R.P.**

Case Payment Totals: **\$250.61**

Claim Payments:

**CL2020-544A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$31.74	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

3/11/2020-3/11/2020

**CL2020-F72D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$93.57	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

3/10/2020-3/10/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2020-38D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2020	\$125.30	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

3/11/2020-3/11/2020

3/10/2020-3/10/2020

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**Case ID Number: CS2020-CE43**

**Victim Initials: S.R.**

Case Payment Totals: **\$560.00**

Claim Payments:

### CL2021-3C22

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/17/2021	\$560.00	Mental Health	

Payee: **Red Rock Psychological Health**

Date(s) of Service (If Applicable)

3/31/2021-3/31/2021

3/24/2021-3/24/2021

3/3/2021-3/3/2021

2/24/2021-2/24/2021

2/10/2021-2/10/2021

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**Case ID Number: CS2020-CFD6**

**Victim Initials: J.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-C53A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/19/2020-8/19/2020

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**Case ID Number: CS2020-D029**

**Victim Initials: T.K.**

Case Payment Totals: **\$1,756.62**

Claim Payments:

### CL2021-C1E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$552.18	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/28/2020-8/28/2020

8/19/2020-8/19/2020

3/5/2020-3/5/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-3DB3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$916.44	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

4/16/2020-4/16/2020

4/9/2020-4/9/2020

4/2/2020-4/2/2020

3/26/2020-3/26/2020

### CL2020-623B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020

Case ID Number: CS2020-D1CF

Victim Initials: A.T.

Case Payment Totals: **\$381.27**

Claim Payments:

### CL2021-E327

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$60.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/4/2021-3/4/2021

2/26/2021-2/26/2021

2/18/2021-2/18/2021

### CL2021-4966

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$20.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/4/2021-2/4/2021

### CL2021-F6F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2021	\$41.22	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/21/2021-1/21/2021

1/7/2021-1/7/2021

### CL2021-634D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**01/04/2021**                      **\$2.45**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/10/2020-12/10/2020

11/12/2020-11/12/2020

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**CL2020-A630**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2020</b>	<b>\$40.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/29/2020-10/29/2020

10/15/2020-10/15/2020

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**CL2020-4E27**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/24/2020</b>	<b>\$20.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/1/2020-10/1/2020

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**CL2020-A391**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2020</b>	<b>\$97.60</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/17/2020-8/17/2020

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**CL2020-B263**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2020</b>	<b>\$100.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/17/2020-9/17/2020

9/9/2020-9/9/2020

9/3/2020-9/3/2020

8/26/2020-8/26/2020

8/20/2020-8/20/2020

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**Case ID Number: CS2020-D2EE**

**Victim Initials: T.C.**

Case Payment Totals: **\$824.00**

Claim Payments:

**CL2020-C0DD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/20/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/7/2020-1/7/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

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### CL2020-DF3C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$148.00	Mental Health	
Payee: <b>Red Door Pediatric Therapy</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/18/2020			

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### CL2020-D6E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/21/2020	\$388.00	Mental Health	
Payee: <b>Red Door Pediatric Therapy</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2020-2/11/2020			
2/6/2020-2/6/2020			

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**Case ID Number: CS2020-D35A**

**Victim Initials: M.W.**

Case Payment Totals: **\$185.34**

Claim Payments:

### CL2021-E5DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$81.66	Mental Health	
Payee: <b>Nuvation Health Services, P.C.</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/2/2020-12/2/2020			
11/18/2020-11/18/2020			
10/19/2020-10/19/2020			

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### CL2021-C75D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$103.68	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2020-10/5/2020			

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**Case ID Number: CS2020-D4C1**

**Victim Initials: K.B.**

Case Payment Totals: **\$377.78**

Claim Payments:

### CL2021-DA23

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$328.55	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2021-5/13/2021			
11/20/2020-11/20/2020			
8/3/2020-8/3/2020			
7/16/2020-7/16/2020			

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
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**CL2021-E0EC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$49.23	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			
8/25/2020-8/25/2020			

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**Case ID Number: CS2020-D4E9**

**Victim Initials: N.R.**

Case Payment Totals: **\$460.00**

Claim Payments:

**CL2021-7532**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/17/2021	\$460.00	Mental Health	
Payee: <b>Red Rock Psychological Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2021-3/24/2021			
3/3/2021-3/3/2021			
2/24/2021-2/24/2021			
2/10/2021-2/10/2021			

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**Case ID Number: CS2020-D561**

**Victim Initials: S.G.**

Case Payment Totals: **\$132.80**

Claim Payments:

**CL2020-AAA6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2020	\$132.80	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

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**Case ID Number: CS2020-D5FA**

**Victim Initials: N.U.**

Case Payment Totals: **\$3,265.40**

Claim Payments:

**CL2021-0DE3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$224.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2021-11/10/2021			
11/5/2021-11/5/2021			

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**CL2021-B699**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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**11/29/2021**                      **\$224.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/29/2021-10/29/2021

10/1/2021-10/1/2021

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### CL2021-372D

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**10/11/2021**                      **\$224.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/24/2021-9/24/2021

9/17/2021-9/17/2021

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### CL2021-4A78

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**09/20/2021**                      **\$45.60**                      Mental Health

Payee: **State Of Nd/ North Central Human**

Date(s) of Service (If Applicable)

3/15/2021-3/15/2021

3/5/2021-3/5/2021

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### CL2021-AC84

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**09/17/2021**                      **\$560.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/31/2021-8/31/2021

8/16/2021-8/16/2021

8/9/2021-8/9/2021

8/2/2021-8/2/2021

7/26/2021-7/26/2021

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### CL2021-2415

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**08/19/2021**                      **\$292.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/19/2021-7/19/2021

7/13/2021-7/13/2021

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### CL2021-16CE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**07/28/2021**                      **\$1,177.40**                      Mental Health

Payee: **State Of Nd/ North Central Human**

Date(s) of Service (If Applicable)

9/24/2020-9/24/2020

9/17/2020-9/17/2020

9/10/2020-9/10/2020

9/3/2020-9/3/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
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### CL2021-D717

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/28/2021	\$230.40	Mental Health	

Payee: **State Of Nd/ North Central Human**

Date(s) of Service (If Applicable)

2/26/2021-2/26/2021

2/19/2021-2/19/2021

1/22/2021-1/22/2021

1/15/2021-1/15/2021

1/5/2021-1/5/2021

### CL2020-D19F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/8/2020-7/8/2020

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**Case ID Number: CS2020-D601**

**Victim Initials: H.Z.**

Case Payment Totals: **\$240.00**

Claim Payments:

### CL2020-B4DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$240.00	Mental Health	

Payee: **Winds Of Change Counseling Center, Llc**

Date(s) of Service (If Applicable)

10/7/2020-10/7/2020

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**Case ID Number: CS2020-D6FF**

**Victim Initials: J.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2020-908A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/2/2020-9/2/2020

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**Case ID Number: CS2020-DAC5**

**Victim Initials: E.B.**

Case Payment Totals: **\$1,380.90**

Claim Payments:

### CL2020-7043

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**06/04/2020**                    **\$412.35**                    Medical                    Hospital or Clinic  
Payee: **The Bone & Joint Center**  
Date(s) of Service (If Applicable)  
10/16/2019-10/16/2019  
10/15/2019-10/15/2019  
10/31/2019-10/31/2019  
8/27/2019-8/27/2019

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**CL2020-A514**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/04/2020</b>	<b>\$968.55</b>	Medical	Hospital or Clinic

Payee: **St. Alexius Medical Center**  
Date(s) of Service (If Applicable)  
10/16/2019-10/17/2019

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**Case ID Number: CS2020-E0EB**

**Victim Initials: I.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-31B7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/10/2020</b>	<b>\$288.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
1/8/2020-1/8/2020

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**Case ID Number: CS2020-E373**

**Victim Initials: K.E.**

Case Payment Totals: **\$240.00**

Claim Payments:

**CL2020-550C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/04/2020</b>	<b>\$240.00</b>	Wage Loss	

Payee: **K.E.**

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**Case ID Number: CS2020-E405**

**Victim Initials: V.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-17EC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/08/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/22/2020-7/22/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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**Case ID Number: CS2020-E4E4**

**Victim Initials: H.B.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

**CL2021-6F8C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$25,000.00	Medical	Hospital or Clinic
Payee: <b>Altru Health System</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/26/2019-12/12/2019			

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**Case ID Number: CS2020-E5C8**

**Victim Initials: I.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-28CC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

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**Case ID Number: CS2020-E7B3**

**Victim Initials: A.H.**

Case Payment Totals: **\$1,144.00**

Claim Payments:

**CL2021-E131**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$224.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2021-10/7/2021			
10/1/2021-10/1/2021			

**CL2021-9AB2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$112.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2021-9/20/2021			

**CL2021-AE45**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$336.00	Mental Health	

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/12/2021-8/12/2021

8/3/2021-8/3/2021

7/30/2021-7/30/2021

### CL2021-0761

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$292.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/14/2021-7/14/2021

7/2/2021-7/2/2021

### CL2021-2D35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/21/2021-6/21/2021

**Case ID Number: CS2020-E882**

**Victim Initials: J.Z.**

Case Payment Totals: **\$240.00**

Claim Payments:

### CL2020-264E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$240.00	Mental Health	

Payee: **Winds Of Change Counseling Center, Llc**

Date(s) of Service (If Applicable)

10/12/2020-10/12/2020

**Case ID Number: CS2020-E916**

**Victim Initials: J.G.**

Case Payment Totals: **\$110.61**

Claim Payments:

### CL2020-A27B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2020	\$19.01	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

### CL2020-1C3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$91.60	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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**Case ID Number: CS2020-EC3B**

**Victim Initials: D.G.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2021-AA3B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/7/2021-1/7/2021

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**CL2020-2D79**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/22/2020-10/22/2020

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**Case ID Number: CS2020-EF19**

**Victim Initials: K.S.**

Case Payment Totals: **\$3,421.85**

Claim Payments:

**CL2021-0FCC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/12/2021	\$2,361.85	Wage Loss	

Payee: **K.S.**

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**CL2021-4F2E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$1,000.00	Travel	

Payee: **K.S.**

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**CL2021-7CA4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$60.00	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

8/29/2019-9/5/2019

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**Case ID Number: CS2020-F049**

**Victim Initials: R.H.**

Case Payment Totals: **\$1,744.14**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-BB2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$359.14	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/8/2021-11/8/2021

11/1/2021-11/1/2021

10/25/2021-10/25/2021

10/11/2021-10/11/2021

### CL2021-056E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/16/2020-6/16/2020

### CL2021-D4B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$182.83	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/15/2021-3/15/2021

3/1/2021-3/1/2021

### CL2021-11FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/22/2021-2/22/2021

### CL2021-CDAB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$274.25	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/12/2021-2/12/2021

2/3/2021-2/3/2021

1/27/2021-1/27/2021

### CL2021-73ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021

### CL2021-CCE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**02/04/2021**                      **\$457.08**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/19/2020-10/19/2020

9/24/2020-9/24/2020

9/1/2020-9/1/2020

8/27/2020-8/27/2020

8/10/2020-8/10/2020

---

**Case ID Number: CS2020-F35C**

**Victim Initials: M.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2020-87A0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/06/2020</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/13/2020-2/13/2020

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**Case ID Number: CS2020-F436**

**Victim Initials: A.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-ED28**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/28/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/17/2020-6/17/2020

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**Case ID Number: CS2020-F857**

**Victim Initials: A.F.**

Case Payment Totals: **\$520.20**

Claim Payments:

**CL2020-9423**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/21/2020</b>	<b>\$520.20</b>	Mental Health	

Payee: **A.F.**

Date(s) of Service (If Applicable)

4/7/2020-4/7/2020

3/31/2020-3/31/2020

3/23/2020-3/23/2020

3/18/2020-3/18/2020

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2020-F990**

**Victim Initials: K.N.**

Case Payment Totals: **\$625.27**

Claim Payments:

**CL2021-E99A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/22/2021</b>	<b>\$625.27</b>	Medical	Hospital or Clinic

Payee: **K.N.**

Date(s) of Service (If Applicable)

4/24/2019-4/24/2019

---

**Case ID Number: CS2020-FF04**

**Victim Initials: N.H.**

Case Payment Totals: **\$4,800.00**

Claim Payments:

**CL2021-4D9D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/20/2021</b>	<b>\$2,210.04</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/10/2021-2/10/2021

1/27/2021-1/27/2021

1/6/2021-1/6/2021

5/27/2020-5/27/2020

5/13/2020-5/13/2020

4/29/2020-4/29/2020

4/15/2020-4/15/2020

4/8/2020-4/8/2020

3/25/2020-3/25/2020

3/18/2020-3/18/2020

3/4/2020-3/4/2020

2/26/2020-2/26/2020

2/19/2020-2/19/2020

2/12/2020-2/12/2020

2/5/2020-2/5/2020

1/22/2020-1/22/2020

**CL2021-8E2D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/01/2021</b>	<b>\$2,589.96</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

12/7/2020-12/7/2020  
12/2/2020-12/2/2020  
11/4/2020-11/4/2020  
10/13/2020-10/13/2020  
10/7/2020-10/7/2020  
9/30/2020-9/30/2020  
9/23/2020-9/23/2020  
9/14/2020-9/14/2020  
9/9/2020-9/9/2020  
9/2/2020-9/2/2020  
8/26/2020-8/26/2020  
8/19/2020-8/19/2020  
8/12/2020-8/12/2020  
8/5/2020-8/5/2020  
7/29/2020-7/29/2020

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**Case ID Number: CS2021-012C**

**Victim Initials: C.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-1E71**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
5/19/2021-5/19/2021

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**Case ID Number: CS2021-02D9**

**Victim Initials: B.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-FF1F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
1/11/2021-1/11/2021

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**Case ID Number: CS2021-031C**

**Victim Initials: W.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-EC3F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
11/3/2021-11/3/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-03BA**

**Victim Initials: A.Y.**

Case Payment Totals: **\$91.42**

Claim Payments:

**CL2021-D832**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/15/2021-3/15/2021

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**Case ID Number: CS2021-05D3**

**Victim Initials: A.S.**

Case Payment Totals: **\$1,076.00**

Claim Payments:

**CL2021-5FC9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$560.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/22/2021-11/22/2021

11/15/2021-11/15/2021

11/10/2021-11/10/2021

11/3/2021-11/3/2021

**CL2021-1FB9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/28/2021-10/28/2021

10/12/2021-10/12/2021

10/5/2021-10/5/2021

**CL2021-A214**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/11/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/27/2021-9/27/2021

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**Case ID Number: CS2021-0BB2**

**Victim Initials: A.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-73C4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**09/29/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/27/2021-7/27/2021

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**Case ID Number: CS2021-0E02**                      **Victim Initials: A.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-4A8B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
9/22/2021-9/22/2021

---

**Case ID Number: CS2021-0E36**                      **Victim Initials: J.D.**

Case Payment Totals: **\$579.73**

Claim Payments:

**CL2021-08BC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/08/2021</b>	<b>\$542.46</b>	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Willston**  
Date(s) of Service (If Applicable)  
7/27/2021-7/27/2021

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**CL2021-11FA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/08/2021</b>	<b>\$37.27</b>	Medical	Prescription

Payee: **J.D.**  
Date(s) of Service (If Applicable)  
7/27/2021-7/27/2021

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**Case ID Number: CS2021-0EFF**                      **Victim Initials: S.C.**

Case Payment Totals: **\$337.69**

Claim Payments:

**CL2021-0016**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$337.69</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/12/2021-8/12/2021  
8/4/2021-8/4/2021  
7/29/2021-7/29/2021  
7/22/2021-7/22/2021  
7/15/2021-7/15/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-0FE8**

**Victim Initials: R.J.**

Case Payment Totals: **\$392.31**

Claim Payments:

**CL2021-88C8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$392.31	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2020-11/5/2020

10/19/2020-10/19/2020

10/8/2020-10/8/2020

9/17/2020-9/17/2020

9/11/2020-9/11/2020

9/2/2020-9/2/2020

8/24/2020-8/24/2020

8/18/2020-8/18/2020

8/13/2020-8/13/2020

7/29/2020-7/29/2020

7/13/2020-7/13/2020

7/6/2020-7/6/2020

6/29/2020-6/29/2020

6/22/2020-6/22/2020

6/1/2020-6/1/2020

5/18/2020-5/18/2020

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**Case ID Number: CS2021-147F**

**Victim Initials: C.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2F61**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/27/2021-7/27/2021

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**Case ID Number: CS2021-15DA**

**Victim Initials: M.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-1D3A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/23/2021-11/23/2021



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-167A**

**Victim Initials: P.A.**

Case Payment Totals: **\$2,720.32**

Claim Payments:

**CL2021-E2EF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/06/2021</b>	<b>\$143.02</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/20/2021-10/20/2021

10/6/2021-10/6/2021

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**CL2021-30CD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/02/2021</b>	<b>\$1,649.38</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/15/2021-9/15/2021

9/8/2021-9/8/2021

8/31/2021-8/31/2021

8/25/2021-8/25/2021

8/18/2021-8/18/2021

8/11/2021-8/11/2021

7/14/2021-7/14/2021

7/8/2021-7/8/2021

6/30/2021-6/30/2021

6/23/2021-6/23/2021

6/14/2021-6/14/2021

6/7/2021-6/7/2021

5/27/2021-5/27/2021

5/17/2021-5/17/2021

4/1/2021-4/1/2021

3/30/2021-3/30/2021

2/19/2021-2/19/2021

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**CL2021-48F0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2021</b>	<b>\$548.50</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/13/2021-5/13/2021

4/29/2021-4/29/2021

4/15/2021-4/15/2021

4/8/2021-4/8/2021

3/25/2021-3/25/2021

3/11/2021-3/11/2021

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**CL2021-55E2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/07/2021**                      **\$91.42**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/18/2021-3/18/2021

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### CL2021-8F00

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/20/2021**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/26/2021-2/26/2021

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**Case ID Number: CS2021-1682**

**Victim Initials: J.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-F5F9

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/06/2021**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/13/2021-4/13/2021

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**Case ID Number: CS2021-17A7**

**Victim Initials: H.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-2647

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/01/2021**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/2/2021-2/2/2021

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**Case ID Number: CS2021-1837**

**Victim Initials: J.J.**

Case Payment Totals: **\$169.72**

Claim Payments:

### CL2021-5BF8

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/16/2021**                      **\$113.79**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/26/2021-4/26/2021

4/16/2021-4/16/2021

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### CL2021-2FEC

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/30/2021**                      **\$55.93**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/29/2021-3/29/2021

3/15/2021-3/15/2021

3/3/2021-3/3/2021

---

**Case ID Number: CS2021-1D00**

**Victim Initials: K.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-A2CE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/28/2021-7/28/2021

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**Case ID Number: CS2021-1D35**

**Victim Initials: K.W.**

Case Payment Totals: **\$180.00**

Claim Payments:

**CL2021-C755**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2021</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/10/2021-6/10/2021

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**Case ID Number: CS2021-1E7B**

**Victim Initials: K.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-11F0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/9/2021-4/9/2021

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**Case ID Number: CS2021-2224**

**Victim Initials: J.E.**

Case Payment Totals: **\$553.86**

Claim Payments:

**CL2021-38DC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/01/2021**                      **\$67.78**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/2/2021-6/2/2021

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### CL2021-3DAE

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/16/2021**                      **\$321.65**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/10/2021-5/10/2021

4/28/2021-4/28/2021

4/12/2021-4/12/2021

2/19/2021-2/19/2021

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### CL2021-8394

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/30/2021**                      **\$164.43**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/31/2021-3/31/2021

3/24/2021-3/24/2021

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**Case ID Number: CS2021-22EB**

**Victim Initials: J.G.**

Case Payment Totals: **\$804.00**

Claim Payments:

### CL2021-D13A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**12/15/2021**                      **\$112.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2021-11/5/2021

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### CL2021-34EF

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/09/2021**                      **\$404.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021

10/4/2021-10/4/2021

9/27/2021-9/27/2021

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### CL2021-EE14

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/09/2021**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/16/2021-9/16/2021

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2021-232B**

**Victim Initials: C.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-442B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2021-7/19/2021			

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**Case ID Number: CS2021-2531**

**Victim Initials: J.L.**

Case Payment Totals: **\$888.60**

Claim Payments:

**CL2021-275B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2021	\$60.00	Mental Health	
Payee: <b>K.L.</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2021-4/28/2021			
4/14/2021-4/14/2021			

**CL2021-2EFC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$540.60	Mental Health	
Payee: <b>Winds Of Change Counseling Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2021-5/26/2021			
5/19/2021-5/19/2021			
5/12/2021-5/12/2021			
4/28/2021-4/28/2021			

**CL2021-8854**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2020-5/18/2020			

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**Case ID Number: CS2021-25CC**

**Victim Initials: J.S.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-465B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**03/02/2021**                      **\$5,000.00**                      Funeral  
Payee: **M.R.**

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**Case ID Number: CS2021-2671**                      **Victim Initials: M.K.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-0658**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2021-8/9/2021

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**Case ID Number: CS2021-2B82**                      **Victim Initials: S.Z.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-9F65**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/17/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/25/2021-10/25/2021

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**Case ID Number: CS2021-2BA5**                      **Victim Initials: E.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-B7B3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/27/2021-4/27/2021

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**Case ID Number: CS2021-2C14**                      **Victim Initials: M.W.**

Case Payment Totals: **\$1,140.00**

Claim Payments:

**CL2021-0F57**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/16/2021**                      **\$112.00**                      Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
11/12/2021-11/12/2021

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**CL2021-21F9**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**11/29/2021**                      **\$224.00**                      Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
10/25/2021-10/25/2021  
9/1/2021-9/1/2021

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**CL2021-5562**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**09/17/2021**                      **\$112.00**                      Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
8/3/2021-8/3/2021

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**CL2021-58B6**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**08/17/2021**                      **\$404.00**                      Mental Health  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/19/2021-7/19/2021  
7/7/2021-7/7/2021  
6/29/2021-6/29/2021

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**CL2021-0E58**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**07/19/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
6/14/2021-6/14/2021

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**Case ID Number: CS2021-31BF**

**Victim Initials: L.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-7A3F**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)  
**06/18/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/19/2021-4/19/2021

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-31CF**

**Victim Initials: E.H.**

Case Payment Totals: **\$7,314.66**

Claim Payments:

**CL2021-2CC0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$570.74	Medical	Hospital or Clinic
Payee: <b>E.H.</b>			
<u>Date(s) of Service (If Applicable)</u> 11/19/2020-11/19/2020			

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**CL2021-3790**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$1,121.98	Medical	Hospital or Clinic
Payee: <b>E.H.</b>			
<u>Date(s) of Service (If Applicable)</u> 11/19/2020-11/19/2020			

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**CL2021-F8FF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$5,621.94	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health Willston</b>			
<u>Date(s) of Service (If Applicable)</u> 11/19/2020-11/19/2020			

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**Case ID Number: CS2021-3430**

**Victim Initials: N.D.**

Case Payment Totals: **\$180.00**

Claim Payments:

**CL2021-BEDB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$180.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/20/2021-7/20/2021			

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**Case ID Number: CS2021-3489**

**Victim Initials: K.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-7152**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/2/2020-9/2/2020			



**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**Case ID Number: CS2021-3491**

**Victim Initials: D.M.**

Case Payment Totals: **\$2,265.76**

Claim Payments:

**CL2021-0339**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2021	\$359.14	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2021-10/28/2021			
10/21/2021-10/21/2021			
10/14/2021-10/14/2021			
9/30/2021-9/30/2021			

**CL2021-6B04**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/27/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2020-8/25/2020			

**CL2021-88CB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/27/2021	\$795.88	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2021-9/7/2021			
7/29/2021-7/29/2021			
7/22/2021-7/22/2021			
7/15/2021-7/15/2021			
2/23/2021-2/23/2021			
10/12/2020-10/12/2020			
9/28/2020-9/28/2020			

**CL2021-EDAC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$822.74	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/12/2021-5/12/2021			
4/26/2021-4/26/2021			
4/19/2021-4/19/2021			
4/9/2021-4/9/2021			
3/18/2021-3/18/2021			
12/7/2020-12/7/2020			
12/1/2020-12/1/2020			
11/25/2020-11/25/2020			
10/22/2020-10/22/2020			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-351E**

**Victim Initials: S.S.**

Case Payment Totals: **\$614.20**

Claim Payments:

**CL2021-C877**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$13.00	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2021-6/22/2021			

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**CL2021-6BF1**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2021	\$13.00	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2021-6/2/2021			

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**CL2021-3EDB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$250.00	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2021-4/28/2021			
4/21/2021-4/21/2021			
4/12/2021-4/12/2021			
3/30/2021-3/30/2021			

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**CL2021-8F3D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$122.00	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/23/2021-2/23/2021			
2/9/2021-2/9/2021			

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**CL2021-A5B4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$216.20	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			
1/19/2021-1/19/2021			
1/4/2021-1/4/2021			

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**Case ID Number: CS2021-35A1**

**Victim Initials: M.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-F339

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
6/23/2021-6/23/2021

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**Case ID Number: CS2021-3608**

**Victim Initials: L.F.**

Case Payment Totals: **\$468.00**

Claim Payments:

### CL2021-FE06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
2/5/2021-2/5/2021

### CL2021-4634

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
1/11/2021-1/11/2021

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**Case ID Number: CS2021-368E**

**Victim Initials: J.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-A980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
11/1/2021-11/1/2021

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**Case ID Number: CS2021-372B**

**Victim Initials: Y.M.**

Case Payment Totals: **\$10,766.04**

Claim Payments:

### CL2021-2EBD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$9,557.39	Medical	Hospital or Clinic

Payee: **Chi St. Alexis Health (Dickinson Address)**

Date(s) of Service (If Applicable)  
3/24/2021-3/26/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-8006

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,208.65	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/20/2021-8/20/2021

8/12/2021-8/12/2021

8/4/2021-8/4/2021

7/29/2021-7/29/2021

6/28/2021-6/28/2021

6/24/2021-6/24/2021

6/18/2021-6/18/2021

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**Case ID Number: CS2021-374A**

**Victim Initials: M.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-9531

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/6/2021-1/6/2021

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**Case ID Number: CS2021-3B28**

**Victim Initials: H.H.**

Case Payment Totals: **\$177.50**

Claim Payments:

### CL2021-1BF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$177.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/13/2021-4/13/2021

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**Case ID Number: CS2021-3CBB**

**Victim Initials: J.D.**

Case Payment Totals: **\$20,953.92**

Claim Payments:

### CL2021-09BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2021	\$3,620.52	Medical	Hospital or Clinic

Payee: **Valley Oral & Facial Surgery**

Date(s) of Service (If Applicable)

4/20/2021-6/29/2021

### CL2021-2990

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/24/2021**                      **\$17,333.40**              Medical                      Hospital or Clinic  
Payee: **Altru Health System**  
Date(s) of Service (If Applicable)  
4/19/2021-5/28/2021

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**Case ID Number: CS2021-3CBD**                      **Victim Initials: D.H.**

Case Payment Totals: **\$180.00**

Claim Payments:

**CL2021-6893**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/16/2021</b>	<b>\$180.00</b>	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 1/28/2021-1/28/2021			

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**Case ID Number: CS2021-3CCB**                      **Victim Initials: J.T.**

Case Payment Totals: **\$1,790.07**

Claim Payments:

**CL2021-D4AC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/27/2021</b>	<b>\$266.61</b>	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health Clinics</b>			
<u>Date(s) of Service (If Applicable)</u> 5/5/2021-5/11/2021			

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**CL2021-F859**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/27/2021</b>	<b>\$1,523.46</b>	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u> 5/5/2021-5/5/2021			

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**Case ID Number: CS2021-3FF5**                      **Victim Initials: M.J.**

Case Payment Totals: **\$768.00**

Claim Payments:

**CL2021-6722**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/16/2021</b>	<b>\$768.00</b>	Mental Health	
Payee: <b>Winds Of Change Counseling Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u> 11/4/2021-11/4/2021 10/25/2021-10/25/2021 10/21/2021-10/21/2021			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-403C**

**Victim Initials: M.G.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-9CD5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$5,000.00	Funeral	

Payee: **Amundson Family Funeral Home, Inc**

---

**Case ID Number: CS2021-4069**

**Victim Initials: E.Y.**

Case Payment Totals: **\$1,501.48**

Claim Payments:

**CL2021-F87C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2021	\$177.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
5/18/2021-5/18/2021

**CL2021-CA38**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,035.98	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/2/2021-11/2/2021  
10/26/2021-10/26/2021  
10/12/2021-10/12/2021  
9/14/2021-9/14/2021  
9/7/2021-9/7/2021  
8/24/2021-8/24/2021

**CL2021-3F4B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
4/13/2021-4/13/2021

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**Case ID Number: CS2021-406D**

**Victim Initials: B.S.**

Case Payment Totals: **\$692.40**

Claim Payments:

**CL2021-1E0C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/29/2021**                      **\$692.40**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/7/2021-4/7/2021

3/22/2021-3/22/2021

3/12/2021-3/12/2021

3/5/2021-3/5/2021

2/26/2021-2/26/2021

2/19/2021-2/19/2021

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**Case ID Number: CS2021-414C**

**Victim Initials: A.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3C91**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/16/2021-8/16/2021

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**Case ID Number: CS2021-43D7**

**Victim Initials: A.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-79EE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/16/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021

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**Case ID Number: CS2021-444F**

**Victim Initials: N.A.**

Case Payment Totals: **\$1,000.00**

Claim Payments:

**CL2021-3C40**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/27/2021</b>	<b>\$532.00</b>	Mental Health	

Payee: **Aurora Mental Health, PLLC**

Date(s) of Service (If Applicable)

8/4/2021-8/4/2021

7/23/2021-7/23/2021

7/6/2021-7/6/2021

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**CL2021-E01A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/17/2021**                      **\$180.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/2/2021-7/2/2021

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### CL2021-A686

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>06/08/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/5/2021-5/5/2021

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**Case ID Number: CS2021-44AF**

**Victim Initials: K.A.**

Case Payment Totals: **\$508.80**

Claim Payments:

### CL2021-0DE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>11/08/2021</b>	<b>\$508.80</b>	Medical	Hospital or Clinic
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Payee: **Billings Clinic**

Date(s) of Service (If Applicable)

6/22/2021-6/22/2021

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**Case ID Number: CS2021-48E1**

**Victim Initials: J.M.**

Case Payment Totals: **\$300.00**

Claim Payments:

### CL2021-95E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>06/01/2021</b>	<b>\$300.00</b>	Wage Loss	
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Payee: **J.M.**

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**Case ID Number: CS2021-4908**

**Victim Initials: W.E.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-B928

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/14/2021-9/14/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-4A76**

**Victim Initials: M.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-09BD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/29/2021-9/29/2021

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**Case ID Number: CS2021-4A9B**

**Victim Initials: S.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-222D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2021	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/4/2021-10/4/2021

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**Case ID Number: CS2021-4B03**

**Victim Initials: I.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-54B7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/16/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021

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**Case ID Number: CS2021-4EEF**

**Victim Initials: A.S.**

Case Payment Totals: **\$3,207.20**

Claim Payments:

**CL2021-1D56**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,651.20	Mental Health	

Payee: **Sara Stallman, PIIC**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

11/15/2021-11/15/2021  
11/8/2021-11/8/2021  
10/18/2021-10/18/2021  
10/11/2021-10/11/2021  
9/27/2021-9/27/2021  
9/13/2021-9/13/2021  
8/25/2021-8/25/2021  
7/27/2021-7/27/2021

**CL2021-B99D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/03/2021</b>	<b>\$1,556.00</b>	Mental Health	

Payee: **Sara Stallman, PIIC**

Date(s) of Service (If Applicable)

6/29/2021-6/29/2021  
6/22/2021-6/22/2021  
6/15/2021-6/15/2021  
6/1/2021-6/1/2021  
5/25/2021-5/25/2021  
5/18/2021-5/18/2021  
5/11/2021-5/11/2021  
5/4/2021-5/4/2021  
4/27/2021-4/27/2021

**Case ID Number: CS2021-50A8**

**Victim Initials: A.B.**

Case Payment Totals: **\$2,196.00**

Claim Payments:

**CL2021-88E5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/09/2021</b>	<b>\$448.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/24/2021-11/24/2021  
11/17/2021-11/17/2021  
11/10/2021-11/10/2021  
11/3/2021-11/3/2021

**CL2021-E40B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/26/2021</b>	<b>\$336.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021  
10/13/2021-10/13/2021  
10/6/2021-10/6/2021

**CL2021-A654**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**10/13/2021**                      **\$448.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/22/2021-9/22/2021

9/15/2021-9/15/2021

9/9/2021-9/9/2021

9/1/2021-9/1/2021

### CL2021-D4C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/17/2021</b>	<b>\$448.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/18/2021-8/18/2021

8/11/2021-8/11/2021

8/4/2021-8/4/2021

7/28/2021-7/28/2021

### CL2021-9682

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/11/2021</b>	<b>\$336.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/21/2021-7/21/2021

7/14/2021-7/14/2021

6/30/2021-6/30/2021

### CL2021-2391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2021</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/10/2021-6/10/2021

**Case ID Number: CS2021-536B**

**Victim Initials: D.H.**

Case Payment Totals: **\$1,120.00**

Claim Payments:

### CL2021-A7D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/27/2021</b>	<b>\$256.00</b>	Mental Health	

Payee: **Winds Of Change Counseling Center, Llc**

Date(s) of Service (If Applicable)

8/11/2021-8/11/2021

### CL2021-3172

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/03/2021</b>	<b>\$864.00</b>	Mental Health	

Payee: **Winds Of Change Counseling Center, Llc**

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

7/12/2021-7/12/2021

6/21/2021-6/21/2021

6/14/2021-6/14/2021

6/11/2021-6/11/2021

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**Case ID Number: CS2021-53E7**

**Victim Initials: T.P.**

Case Payment Totals: **\$2,196.50**

Claim Payments:

**CL2021-2365**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/03/2021</b>	<b>\$1,331.50</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/19/2021-4/19/2021

4/12/2021-4/12/2021

4/5/2021-4/5/2021

3/23/2021-3/23/2021

3/18/2021-3/18/2021

3/1/2021-3/1/2021

1/19/2021-1/19/2021

1/13/2021-1/13/2021

1/4/2021-1/4/2021

12/21/2020-12/21/2020

12/9/2020-12/9/2020

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**CL2021-854C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/23/2021</b>	<b>\$230.80</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/16/2021-5/16/2021

5/10/2021-5/10/2021

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**CL2021-F13C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>04/20/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2020-11/5/2020

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**CL2021-3854**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$346.20</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/12/2021-2/12/2021

2/1/2021-2/1/2021

1/25/2021-1/25/2021

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-56F9**

**Victim Initials: L.G.**

Case Payment Totals: **\$13,578.77**

Claim Payments:

**CL2021-3B83**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2021	\$1,686.40	Medical	Hospital or Clinic
Payee: <b>Institute Of Facial Surgery</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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**CL2021-EC27**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$1,397.50	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health Clinics</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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**CL2021-F00B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$10,314.87	Medical	Hospital or Clinic
Payee: <b>Chi St. Alexius Health</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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**CL2021-FFCE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$180.00	Medical	Hospital or Clinic
Payee: <b>Institute Of Facial Surgery</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2021-1/14/2021			

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**Case ID Number: CS2021-57BE**

**Victim Initials: M.B.**

Case Payment Totals: **\$310.22**

Claim Payments:

**CL2021-6C08**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$310.22	Mental Health	
Payee: <b>Nuvation Health Services, P.C.</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2021-3/11/2021			
3/4/2021-3/4/2021			

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**Case ID Number: CS2021-589B**

**Victim Initials: E.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-5E9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/9/2021-8/9/2021

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### Case ID Number: CS2021-62AC

Victim Initials: M.G.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-7982

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/5/2021-1/5/2021

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### Case ID Number: CS2021-6315

Victim Initials: T.P.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-17A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/8/2021-4/8/2021

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### Case ID Number: CS2021-64F3

Victim Initials: T.J.

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-FD4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/3/2021-3/3/2021

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### Case ID Number: CS2021-69EB

Victim Initials: A.B.

Case Payment Totals: **\$1,060.00**

Claim Payments:

### CL2021-79F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/03/2021**                      **\$304.00**                      Mental Health

Payee: **Aurora Mental Health, PLLC**

Date(s) of Service (If Applicable)

5/10/2021-5/10/2021

4/26/2021-4/26/2021

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**CL2021-ABE9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/18/2021</b>	<b>\$756.00</b>	Mental Health	

Payee: **Aurora Mental Health, PLLC**

Date(s) of Service (If Applicable)

4/12/2021-4/12/2021

3/30/2021-3/30/2021

3/23/2021-3/23/2021

3/18/2021-3/18/2021

3/4/2021-3/4/2021

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**Case ID Number: CS2021-6A67**

**Victim Initials: J.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-88D5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/18/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/10/2021-5/10/2021

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**Case ID Number: CS2021-6B32**

**Victim Initials: S.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-8729**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/19/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

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**Case ID Number: CS2021-6B5C**

**Victim Initials: C.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-CB2E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/16/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)  
4/28/2021-4/28/2021

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**Case ID Number: CS2021-6BFB**

**Victim Initials: A.W.**

Case Payment Totals: **\$180.00**

Claim Payments:

**CL2021-C587**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
11/5/2021-11/5/2021

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**Case ID Number: CS2021-6C23**

**Victim Initials: R.R.**

Case Payment Totals: **\$57.60**

Claim Payments:

**CL2021-6C23**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2021	\$57.60	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
3/24/2021-3/24/2021

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**Case ID Number: CS2021-6EEA**

**Victim Initials: D.M.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-F149**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/12/2021	\$5,000.00	Funeral	

Payee: **T.A.**

---

**Case ID Number: CS2021-7076**

**Victim Initials: P.C.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2021-DE3F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)  
11/29/2021-11/29/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-7D75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/6/2021-7/6/2021

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**Case ID Number: CS2021-7106**

**Victim Initials: M.S.**

Case Payment Totals: **\$655.40**

Claim Payments:

### CL2021-242D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$134.20	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

5/3/2021-5/3/2021

4/27/2021-4/27/2021

4/19/2021-4/19/2021

### CL2021-9249

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2021	\$521.20	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

4/6/2021-4/6/2021

3/29/2021-3/29/2021

3/22/2021-3/22/2021

3/15/2021-3/15/2021

2/23/2021-2/23/2021

2/4/2021-2/4/2021

1/20/2021-1/20/2021

1/4/2021-1/4/2021

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**Case ID Number: CS2021-721E**

**Victim Initials: T.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-B17D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/17/2021-5/17/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-7256**

**Victim Initials: N.S.**

Case Payment Totals: **\$72.00**

Claim Payments:

**CL2021-532B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/19/2021</b>	<b>\$72.00</b>	Mental Health	

Payee: **Playworks Individual & Family Therapy**

Date(s) of Service (If Applicable)

3/1/2021-3/1/2021

2/22/2021-2/22/2021

2/15/2021-2/15/2021

---

**Case ID Number: CS2021-729A**

**Victim Initials: E.H.**

Case Payment Totals: **\$1,756.00**

Claim Payments:

**CL2021-6766**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/15/2021</b>	<b>\$392.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/22/2021-11/22/2021

11/12/2021-11/12/2021

11/4/2021-11/4/2021

**CL2021-C5F0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/26/2021</b>	<b>\$224.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/29/2021-10/29/2021

10/14/2021-10/14/2021

**CL2021-088D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$336.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/30/2021-9/30/2021

9/16/2021-9/16/2021

9/2/2021-9/2/2021

**CL2021-8C2A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/17/2021</b>	<b>\$224.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/18/2021-8/18/2021

8/4/2021-8/4/2021

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2021-A50D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/12/2021	\$292.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2021-7/20/2021			
7/8/2021-7/8/2021			

**CL2021-5907**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/24/2021			

**Case ID Number: CS2021-72CC**

**Victim Initials: C.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3715**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2020-9/21/2020			

**Case ID Number: CS2021-737A**

**Victim Initials: V.V.**

Case Payment Totals: **\$5,860.76**

Claim Payments:

**CL2021-6828**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$3,453.90	Medical	Hospital or Clinic
Payee: <b>Mckenzie County Healthcare System</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/7/2021-6/7/2021			

**CL2021-EBAB**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$2,406.86	Medical	Hospital or Clinic
Payee: <b>Mercy Medical Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2021-5/28/2021			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-754A**

**Victim Initials: B.L.**

Case Payment Totals: **\$1,200.00**

Claim Payments:

**CL2021-BE33**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,200.00	Wage Loss	

Payee: **B.L.**

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**Case ID Number: CS2021-7576**

**Victim Initials: T.M.**

Case Payment Totals: **\$404.00**

Claim Payments:

**CL2021-3685**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$224.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/14/2021-10/14/2021

10/5/2021-10/5/2021

**CL2021-0379**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/27/2021-9/27/2021

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**Case ID Number: CS2021-775B**

**Victim Initials: E.S.**

Case Payment Totals: **\$177.50**

Claim Payments:

**CL2021-C241**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$177.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/5/2021-4/5/2021

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**Case ID Number: CS2021-7761**

**Victim Initials: G.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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### CL2021-EBA2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
11/10/2021-11/10/2021

---

**Case ID Number: CS2021-77AB**

**Victim Initials: A.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-5B5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)  
7/27/2021-7/27/2021

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**Case ID Number: CS2021-79A7**

**Victim Initials: F.V.**

Case Payment Totals: **\$3,188.00**

Claim Payments:

### CL2021-F959

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$260.00	Mental Health	

Payee: **Chambers & Blohm**

Date(s) of Service (If Applicable)  
11/18/2021-11/18/2021

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### CL2021-80C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$192.00	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)  
8/5/2021-8/5/2021

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### CL2021-97F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$260.00	Mental Health	

Payee: **Chambers & Blohm**

Date(s) of Service (If Applicable)  
10/28/2021-10/28/2021

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### CL2021-C1DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$260.00	Mental Health	

Payee: **Chambers & Blohm**

Date(s) of Service (If Applicable)  
10/14/2021-10/14/2021

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2021-6084**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/25/2021	\$780.00	Mental Health	
Payee: <b>Chambers &amp; Blohm</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2021-9/30/2021			
9/23/2021-9/23/2021			
9/15/2021-9/15/2021			

**CL2021-4C5E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$576.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2021-7/22/2021			
7/12/2021-7/12/2021			
7/1/2021-7/1/2021			

**CL2021-C6B3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/06/2021	\$860.00	Mental Health	
Payee: <b>Soul Survivor</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/23/2021-6/23/2021			
6/17/2021-6/17/2021			
6/9/2021-6/9/2021			
6/1/2021-6/1/2021			
5/27/2021-5/27/2021			

**Case ID Number: CS2021-79B3**

**Victim Initials: K.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-8F05**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
4/23/2021-4/23/2021			

**Case ID Number: CS2021-7A12**

**Victim Initials: B.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2F6E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**10/20/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/28/2021-6/28/2021

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**Case ID Number: CS2021-7A95**                      **Victim Initials: J.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3502**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/22/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
4/28/2021-4/28/2021

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**Case ID Number: CS2021-7C0B**                      **Victim Initials: T.B.**

Case Payment Totals: **\$2,364.00**

Claim Payments:

**CL2021-48A4**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/15/2021</b>	<b>\$448.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/24/2021-11/24/2021  
11/17/2021-11/17/2021  
11/10/2021-11/10/2021  
11/3/2021-11/3/2021

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**CL2021-C894**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$504.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/27/2021-10/27/2021  
10/20/2021-10/20/2021  
10/13/2021-10/13/2021  
10/6/2021-10/6/2021

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**CL2021-74C9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$448.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/22/2021-9/22/2021  
9/15/2021-9/15/2021  
9/9/2021-9/9/2021  
9/1/2021-9/1/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

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Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-9CF6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$448.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/18/2021-8/18/2021

8/11/2021-8/11/2021

8/4/2021-8/4/2021

7/28/2021-7/28/2021

### CL2021-3842

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/21/2021-7/21/2021

7/14/2021-7/14/2021

6/30/2021-6/30/2021

### CL2021-B641

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/10/2021-6/10/2021

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**Case ID Number: CS2021-7EB5**

**Victim Initials: N.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-B1B9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/13/2021-7/13/2021

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**Case ID Number: CS2021-7F60**

**Victim Initials: M.L.**

Case Payment Totals: **\$754.48**

Claim Payments:

### CL2021-8AE7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$648.76	Mental Health	

Payee: **Dakota Children'S Advocacy Center**



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

12/22/2020-12/22/2020

12/2/2020-12/2/2020

11/25/2020-11/25/2020

10/19/2020-10/19/2020

10/8/2020-10/8/2020

10/1/2020-10/1/2020

9/14/2020-9/14/2020

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**CL2021-AB32**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2021	\$105.72	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/21/2020-9/21/2020

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**Case ID Number: CS2021-81C3**

**Victim Initials: D.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-12CD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2021-8/9/2021

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**Case ID Number: CS2021-82F4**

**Victim Initials: A.M.**

Case Payment Totals: **\$694.38**

Claim Payments:

**CL2021-272D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/27/2021-5/27/2021

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**CL2021-D28C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2021	\$511.54	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/13/2021-5/13/2021

4/28/2021-4/28/2021

4/19/2021-4/19/2021

4/8/2021-4/8/2021

3/29/2021-3/29/2021

3/24/2021-3/24/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-3E15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$91.42	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/4/2021-3/4/2021

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**Case ID Number: CS2021-837B**

**Victim Initials: J.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-1BBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/27/2021-4/27/2021

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**Case ID Number: CS2021-84DE**

**Victim Initials: J.T.**

Case Payment Totals: **\$731.33**

Claim Payments:

### CL2021-4A75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2021	\$731.33	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/25/2021-2/25/2021

2/18/2021-2/18/2021

2/11/2021-2/11/2021

2/4/2021-2/4/2021

1/28/2021-1/28/2021

1/14/2021-1/14/2021

1/7/2021-1/7/2021

12/28/2020-12/28/2020

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**Case ID Number: CS2021-862C**

**Victim Initials: H.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-8EBA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/10/2021-2/10/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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**Case ID Number: CS2021-88A5**

**Victim Initials: A.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-1AC3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/4/2021-11/4/2021

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**Case ID Number: CS2021-88B2**

**Victim Initials: A.F.**

Case Payment Totals: **\$687.36**

Claim Payments:

**CL2021-7E81**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2021	\$632.90	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/2/2021-8/2/2021

7/27/2021-7/27/2021

7/21/2021-7/21/2021

7/13/2021-7/13/2021

6/16/2021-6/16/2021

6/11/2021-6/11/2021

5/28/2021-5/28/2021

**CL2021-90FA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$54.46	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/27/2021-4/27/2021

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**Case ID Number: CS2021-8951**

**Victim Initials: J.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-6666**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/23/2021-2/23/2021

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

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**Case ID Number: CS2021-8D0C**

**Victim Initials: L.J.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-7370**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2021-7/19/2021			

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**Case ID Number: CS2021-8DC8**

**Victim Initials: C.B.**

Case Payment Totals: **\$1,069.25**

Claim Payments:

**CL2021-7881**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$305.50	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2021-10/4/2021			
9/21/2021-9/21/2021			

**CL2021-358A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/25/2021	\$152.75	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/13/2021-9/13/2021			

**CL2021-423B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2021	\$305.50	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2021-8/10/2021			
7/28/2021-7/28/2021			

**CL2021-6D30**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$305.50	Mental Health	
Payee: <b>The Kids Therapy Center, Llc</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2021-7/5/2021			
6/17/2021-6/17/2021			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-8E8F**

**Victim Initials: K.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-2C2F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 4/7/2021-4/7/2021			

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**Case ID Number: CS2021-8FC4**

**Victim Initials: A.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-9C5C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 7/15/2020-7/15/2020			

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**Case ID Number: CS2021-9252**

**Victim Initials: T.K.**

Case Payment Totals: **\$2,333.31**

Claim Payments:

**CL2021-A950**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2021	\$289.94	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 6/28/2021-6/28/2021 5/24/2021-5/24/2021 5/17/2021-5/17/2021			

**CL2021-2E34**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2021	\$280.32	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 4/26/2021-4/26/2021 4/19/2021-4/19/2021 4/12/2021-4/12/2021			

**CL2021-3F31**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

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Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/07/2021**                      **\$207.32**                      Mental Health

Payee: **J.K.**

Date(s) of Service (If Applicable)

5/26/2021-5/26/2021

5/12/2021-5/12/2021

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### CL2021-3AED

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/13/2021**                      **\$450.00**                      Mental Health

Payee: **J.K.**

Date(s) of Service (If Applicable)

4/21/2021-4/21/2021

4/14/2021-4/14/2021

4/7/2021-4/7/2021

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### CL2021-E19C

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/12/2021**                      **\$542.68**                      Mental Health

Payee: **Pediatric Partners**

Date(s) of Service (If Applicable)

3/24/2021-3/24/2021

3/17/2021-3/17/2021

3/10/2021-3/10/2021

3/3/2021-3/3/2021

2/16/2021-2/16/2021

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### CL2021-E0C9

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**05/07/2021**                      **\$563.05**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/22/2021-3/22/2021

3/15/2021-3/15/2021

3/8/2021-3/8/2021

3/1/2021-3/1/2021

2/17/2021-2/17/2021

2/8/2021-2/8/2021

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**Case ID Number: CS2021-9613**

**Victim Initials: G.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-9B28

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**11/01/2021**                      **\$288.00**                      Medical                      Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/20/2021-9/20/2021

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-97FC**

**Victim Initials: A.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-012E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 5/6/2021-5/6/2021			

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**Case ID Number: CS2021-98F7**

**Victim Initials: K.W.**

Case Payment Totals: **\$766.43**

Claim Payments:

**CL2021-04A5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$191.61	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 11/19/2021-11/19/2021			

**CL2021-A0EE**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$574.82	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 11/3/2021-11/3/2021 10/27/2021-10/27/2021 10/19/2021-10/19/2021			

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**Case ID Number: CS2021-9AB7**

**Victim Initials: B.L.**

Case Payment Totals: **\$509.53**

Claim Payments:

**CL2021-8A3B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/10/2021	\$66.90	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 1/13/2021-1/13/2021			

**CL2021-219C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2021	\$442.63	Medical	Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 1/13/2021-1/13/2021			

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-9DF3**

**Victim Initials: J.S.**

Case Payment Totals: **\$1,104.75**

Claim Payments:

**CL2021-14C8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$1,104.75	Medical	Hospital or Clinic
Payee: <b>Metro-Area Ambulance Service</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/23/2020-12/23/2020			

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**Case ID Number: CS2021-9F56**

**Victim Initials: C.L.**

Case Payment Totals: **\$3,148.02**

Claim Payments:

**CL2021-470F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$191.61	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2021-11/19/2021			

**CL2021-ACA5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$752.33	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2021-11/4/2021			
10/22/2021-10/22/2021			
10/15/2021-10/15/2021			
6/30/2021-6/30/2021			

**CL2021-399B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2021-6/1/2021			

**CL2021-47B6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2021	\$191.61	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2021-9/29/2021			

**CL2021-BBD9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**10/21/2021**                      **\$1,724.47**                      Mental Health

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/17/2021-9/17/2021

9/10/2021-9/10/2021

9/3/2021-9/3/2021

8/27/2021-8/27/2021

8/20/2021-8/20/2021

8/12/2021-8/12/2021

8/3/2021-8/3/2021

7/23/2021-7/23/2021

7/16/2021-7/16/2021

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**Case ID Number: CS2021-9FCC**

**Victim Initials: M.T.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2021-A15A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/22/2021-9/22/2021

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**CL2021-B0D9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/8/2021-10/8/2021

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**Case ID Number: CS2021-A1CF**

**Victim Initials: W.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-FC6B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/23/2021-6/23/2021

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**Case ID Number: CS2021-A23C**

**Victim Initials: H.E.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-EBF7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/29/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
11/8/2021-11/8/2021

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**Case ID Number: CS2021-A451**

**Victim Initials: A.M.**

Case Payment Totals: **\$4,636.54**

Claim Payments:

**CL2021-54D0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$50.00</b>	Medical	Hospital or Clinic

Payee: **A.M.**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**CL2021-5EF6**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$29.25</b>	Medical	Hospital or Clinic

Payee: **A.M.**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**CL2021-6D7E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$40.00</b>	Medical	Hospital or Clinic

Payee: **A.M.**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**CL2021-768B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$70.75</b>	Medical	Hospital or Clinic

Payee: **A.M.**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**CL2021-86C5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$148.60</b>	Medical	Hospital or Clinic

Payee: **Sanford Health**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**CL2021-BC92**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/23/2021</b>	<b>\$291.66</b>	Medical	Hospital or Clinic

Payee: **Fm Ambulance**  
Date(s) of Service (If Applicable)  
5/23/2020-5/23/2020

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2021-C0B4**

<u>Approval Date</u> <b>03/23/2021</b>	<u>AmountPaid</u> <b>\$2,014.84</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 5/23/2020-5/23/2020			

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**CL2021-CF3E**

<u>Approval Date</u> <b>03/23/2021</b>	<u>AmountPaid</u> <b>\$1,991.44</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Sanford Health</b>			
<u>Date(s) of Service (If Applicable)</u> 5/23/2020-5/23/2020			

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**Case ID Number: CS2021-A5E2**

**Victim Initials: K.H.**

Case Payment Totals: **\$12,547.12**

Claim Payments:

**CL2021-1A93**

<u>Approval Date</u> <b>12/16/2021</b>	<u>AmountPaid</u> <b>\$935.20</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u> 8/14/2020-8/14/2020			

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**CL2021-2857**

<u>Approval Date</u> <b>12/16/2021</b>	<u>AmountPaid</u> <b>\$8,642.36</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u> 8/14/2020-8/18/2020			

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**CL2021-743C**

<u>Approval Date</u> <b>12/16/2021</b>	<u>AmountPaid</u> <b>\$1,544.00</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Medical Group</b>			
<u>Date(s) of Service (If Applicable)</u> 8/13/2020-8/18/2020			

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**CL2021-F7D0**

<u>Approval Date</u> <b>12/16/2021</b>	<u>AmountPaid</u> <b>\$1,376.80</b>	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: <b>Trinity Hospital</b>			
<u>Date(s) of Service (If Applicable)</u> 8/13/2020-8/13/2020			

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**CL2021-FD60**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/29/2021**                      **\$48.76**                      Mental Health  
Payee: **Nd Dept. Of Human Services**  
Date(s) of Service (If Applicable)  
12/16/2020-12/16/2020

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**Case ID Number: CS2021-A608**                      **Victim Initials: M.H.**

Case Payment Totals: **\$695.50**

Claim Payments:

**CL2021-FCD3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/06/2021</b>	<b>\$695.50</b>	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/23/2020-12/23/2020			
12/16/2020-12/16/2020			
12/9/2020-12/9/2020			
12/2/2020-12/2/2020			

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**Case ID Number: CS2021-A7E1**                      **Victim Initials: T.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3769**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2021-6/2/2021			

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**Case ID Number: CS2021-A8A1**                      **Victim Initials: M.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-6BF5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/15/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2021-11/30/2021			

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**Case ID Number: CS2021-AA1E**                      **Victim Initials: A.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-CF7B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**09/29/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
7/28/2021-7/28/2021

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**Case ID Number: CS2021-AC74**                      **Victim Initials: G.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-B8EC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/12/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
3/30/2021-3/30/2021

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**Case ID Number: CS2021-AD63**                      **Victim Initials: D.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-0288**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/01/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/22/2021-6/22/2021

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**Case ID Number: CS2021-AEBF**                      **Victim Initials: B.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-09CA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/18/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
8/30/2021-8/30/2021

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**Case ID Number: CS2021-AFBC**                      **Victim Initials: A.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-9743**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**05/12/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/29/2021-3/29/2021

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**Case ID Number: CS2021-B2AD**                      **Victim Initials: I.O.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3013**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/18/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/5/2020-10/5/2020

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**Case ID Number: CS2021-B3F9**                      **Victim Initials: E.M.**

Case Payment Totals: **\$468.00**

Claim Payments:

**CL2021-2057**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$180.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
9/1/2021-9/1/2021

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**CL2021-3330**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
7/28/2021-7/28/2021

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**Case ID Number: CS2021-B58D**                      **Victim Initials: J.B.**

Case Payment Totals: **\$5,088.00**

Claim Payments:

**CL2021-5E39**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$3,591.35</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

8/16/2021-8/16/2021  
8/10/2021-8/10/2021  
7/28/2021-7/28/2021  
7/22/2021-7/22/2021  
7/6/2021-7/6/2021  
6/14/2021-6/14/2021  
6/7/2021-6/7/2021  
5/27/2021-5/27/2021  
5/21/2021-5/21/2021  
5/14/2021-5/14/2021  
5/13/2021-5/13/2021  
4/19/2021-4/19/2021  
3/18/2021-3/18/2021  
3/9/2021-3/9/2021  
3/2/2021-3/2/2021  
2/16/2021-2/16/2021  
2/8/2021-2/8/2021  
1/25/2021-1/25/2021  
11/19/2020-11/19/2020  
11/12/2020-11/12/2020  
11/6/2020-11/6/2020

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### CL2021-9889

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/14/2020-9/14/2020

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### CL2021-E036

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$517.99	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/12/2021-4/12/2021  
4/6/2021-4/6/2021  
3/25/2021-3/25/2021

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### CL2021-9D45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$690.66	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021  
1/6/2021-1/6/2021  
12/22/2020-12/22/2020  
12/7/2020-12/7/2020

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-B60C**

**Victim Initials: C.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-3C13**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			

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**Case ID Number: CS2021-B6D8**

**Victim Initials: B.F.**

Case Payment Totals: **\$4,020.00**

Claim Payments:

**CL2021-9DB5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$4,020.00	Wage Loss	
Payee: <b>B.F.</b>			

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**Case ID Number: CS2021-B973**

**Victim Initials: K.U.**

Case Payment Totals: **\$4,834.22**

Claim Payments:

**CL2021-CBE9**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$1,188.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2021-10/7/2021			
9/29/2021-9/29/2021			
9/24/2021-9/24/2021			
9/14/2021-9/14/2021			
8/25/2021-8/25/2021			
8/19/2021-8/19/2021			
8/5/2021-8/5/2021			
7/14/2021-7/14/2021			
7/7/2021-7/7/2021			
6/29/2021-6/29/2021			

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**CL2021-1F6C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$1,461.48	Medical	Hospital or Clinic
Payee: <b>K.U.</b>			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2021-6/18/2021			



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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### CL2021-7B4F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$17.62	Medical	Hospital or Clinic
Payee: <b>K.U.</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/24/2021			

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### CL2021-B55D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$870.13	Medical	Hospital or Clinic
Payee: <b>K.U.</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/26/2021			

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### CL2021-D33A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$20.00	Mental Health	
Payee: <b>Northland Health Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2021-8/25/2021			

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### CL2021-37D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/25/2021	\$20.00	Mental Health	
Payee: <b>Northland Health Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2021-9/14/2021			

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### CL2021-68E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/25/2021	\$968.99	Mental Health	
Payee: <b>Northland Health Center</b>			

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

8/11/2021-8/11/2021  
8/4/2021-8/4/2021  
7/27/2021-7/27/2021  
7/12/2021-7/12/2021  
7/6/2021-7/6/2021  
7/1/2021-7/1/2021  
6/22/2021-6/22/2021  
6/9/2021-6/9/2021  
5/24/2021-5/24/2021  
5/14/2021-5/14/2021  
4/15/2021-4/15/2021  
4/7/2021-4/7/2021  
3/22/2021-3/22/2021  
3/2/2021-3/2/2021  
2/17/2021-2/17/2021  
2/8/2021-2/8/2021  
12/23/2020-12/23/2020  
12/11/2020-12/11/2020  
11/23/2020-11/23/2020  
11/11/2020-11/11/2020  
11/3/2020-11/3/2020  
10/23/2020-10/23/2020  
10/14/2020-10/14/2020  
10/8/2020-10/8/2020  
9/28/2020-9/28/2020

**CL2021-A11E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/12/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/16/2021-6/16/2021

**Case ID Number: CS2021-B9F0**

**Victim Initials: J.G.**

Case Payment Totals: **\$852.10**

Claim Payments:

**CL2021-70F2**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/15/2020-12/15/2020

**CL2021-C799**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$177.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/5/2021-1/5/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-2957

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$193.30	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2021-5/14/2021			
4/9/2021-4/9/2021			

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### CL2021-36B9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$193.30	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			
2/1/2021-2/1/2021			

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**Case ID Number: CS2021-BA45**

**Victim Initials: A.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-15BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			

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**Case ID Number: CS2021-BA70**

**Victim Initials: K.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-FA96

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2021-3/30/2021			

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**Case ID Number: CS2021-BC4C**

**Victim Initials: C.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-FE16

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
5/11/2021-5/11/2021			

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-BC75**

**Victim Initials: D.G.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-5F7C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$1,812.50	Funeral	
Payee: <b>Elick Funeral Home</b>			

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**CL2021-9717**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$3,187.50	Funeral	
Payee: <b>T.P.</b>			

---

**Case ID Number: CS2021-BC7B**

**Victim Initials: M.C.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

**CL2021-90CD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$5,000.00	Funeral	
Payee: <b>Korsmo Funeral Service</b>			

---

**Case ID Number: CS2021-BFF3**

**Victim Initials: M.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-D584**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u> 9/20/2021-9/20/2021			

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**Case ID Number: CS2021-C019**

**Victim Initials: A.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-C548

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/26/2021-3/26/2021

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**Case ID Number: CS2021-C23D**

**Victim Initials: A.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-B9DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/19/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/24/2021-6/24/2021

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**Case ID Number: CS2021-C398**

**Victim Initials: K.V.**

Case Payment Totals: **\$1,028.00**

Claim Payments:

### CL2021-D645

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/11/2021	\$224.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/20/2021-9/20/2021

9/7/2021-9/7/2021

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### CL2021-8C7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/23/2021-8/23/2021

8/16/2021-8/16/2021

8/3/2021-8/3/2021

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### CL2021-2298

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/12/2021	\$180.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/19/2021-7/19/2021

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### CL2021-873B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**08/12/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
6/16/2021-6/16/2021

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**Case ID Number: CS2021-C4BB**                      **Victim Initials: R.E.**

Case Payment Totals: **\$345.60**

Claim Payments:

**CL2021-8438**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/28/2021</b>	<b>\$57.60</b>	Mental Health	

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/25/2021-3/25/2021

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**CL2021-3945**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/23/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
3/25/2021-3/25/2021

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**Case ID Number: CS2021-CB13**                      **Victim Initials: K.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-25B5**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/9/2021-8/9/2021

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**Case ID Number: CS2021-CB84**                      **Victim Initials: E.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-9027**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/29/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
8/16/2021-8/16/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-CB87**

**Victim Initials: A.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-36AD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/1/2021-9/1/2021			

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**Case ID Number: CS2021-CE4B**

**Victim Initials: C.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-874F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
9/23/2021-9/23/2021			

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**Case ID Number: CS2021-CF0F**

**Victim Initials: W.E.**

Case Payment Totals: **\$1,476.00**

Claim Payments:

**CL2021-E234**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2021	\$504.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
11/23/2021-11/23/2021			
11/10/2021-11/10/2021			
11/5/2021-11/5/2021			

**CL2021-A19D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/19/2021	\$684.00	Mental Health	
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2021-10/27/2021			
10/11/2021-10/11/2021			
10/5/2021-10/5/2021			
9/21/2021-9/21/2021			

**CL2021-6325**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**10/13/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
9/8/2021-9/8/2021

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**Case ID Number: CS2021-CF84**                      **Victim Initials: K.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-ED41**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>07/19/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
5/19/2021-5/19/2021

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**Case ID Number: CS2021-CFE2**                      **Victim Initials: M.B.**

Case Payment Totals: **\$241.83**

Claim Payments:

**CL2021-BEDC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/18/2021</b>	<b>\$241.83</b>	Medical	Hospital or Clinic

Payee: **M.B.**  
Date(s) of Service (If Applicable)  
9/3/2020-9/3/2020

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**Case ID Number: CS2021-D3AF**                      **Victim Initials: S.D.**

Case Payment Totals: **\$474.48**

Claim Payments:

**CL2021-7ED7**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/18/2021</b>	<b>\$61.10</b>	Mental Health	

Payee: **Soul Survivor**  
Date(s) of Service (If Applicable)  
8/4/2021-8/4/2021  
7/28/2021-7/28/2021

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**CL2021-8362**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/19/2021</b>	<b>\$413.38</b>	Mental Health	

Payee: **Soul Survivor**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

6/28/2021-6/28/2021

6/7/2021-6/7/2021

6/3/2021-6/3/2021

5/26/2021-5/26/2021

5/13/2021-5/13/2021

5/5/2021-5/5/2021

3/16/2021-3/16/2021

3/10/2021-3/10/2021

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**Case ID Number: CS2021-D48F**

**Victim Initials: N.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-408F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/28/2021-4/28/2021

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**Case ID Number: CS2021-D519**

**Victim Initials: R.L.**

Case Payment Totals: **\$2,710.17**

Claim Payments:

**CL2021-C254**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2021	\$172.67	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/19/2021-11/19/2021

**CL2021-F673**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2021	\$690.66	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/29/2021-10/29/2021

10/22/2021-10/22/2021

10/15/2021-10/15/2021

10/8/2021-10/8/2021

**CL2021-72E3**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2021	\$177.50	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/23/2021-7/23/2021

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-1ACF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/22/2021-6/22/2021

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### CL2021-FB1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$1,381.34	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2021-10/1/2021

9/17/2021-9/17/2021

9/10/2021-9/10/2021

9/3/2021-9/3/2021

8/27/2021-8/27/2021

8/20/2021-8/20/2021

8/12/2021-8/12/2021

8/3/2021-8/3/2021

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**Case ID Number: CS2021-D6EF**

**Victim Initials: M.T.**

Case Payment Totals: **\$2,240.01**

Claim Payments:

### CL2021-16B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2021	\$308.59	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

1/17/2021-1/17/2021

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### CL2021-DC4B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2021	\$218.98	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

1/16/2021-1/16/2021

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### CL2021-E4B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2021	\$286.32	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

1/16/2021-1/16/2021

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### CL2021-E927

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-DF06**

**Victim Initials: I.M.**

Case Payment Totals: **\$748.00**

Claim Payments:

**CL2021-08A0**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/28/2020-12/28/2020

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**CL2021-EC51**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2021	\$60.00	Mental Health	

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

8/27/2021-8/27/2021

7/30/2021-7/30/2021

7/2/2021-7/2/2021

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**CL2021-3714**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/15/2021	\$40.00	Mental Health	

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

6/3/2021-6/3/2021

5/27/2021-5/27/2021

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**CL2021-1085**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2021	\$80.00	Mental Health	

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

5/21/2021-5/21/2021

5/7/2021-5/7/2021

4/30/2021-4/30/2021

4/23/2021-4/23/2021

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**CL2021-F197**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2021	\$20.00	Mental Health	

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

4/9/2021-4/9/2021

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**CL2021-7EFD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**04/07/2021**                      **\$140.00**                      Mental Health

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

3/19/2021-3/19/2021

3/12/2021-3/12/2021

3/5/2021-3/5/2021

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### CL2021-6869

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/29/2021**                      **\$60.00**                      Mental Health

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

2/26/2021-2/26/2021

2/12/2021-2/12/2021

2/5/2021-2/5/2021

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### CL2021-B091

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/01/2021**                      **\$20.00**                      Mental Health

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

1/22/2021-1/22/2021

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### CL2021-DE78

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/01/2021**                      **\$20.00**                      Mental Health

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

1/29/2021-1/29/2021

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### CL2021-ECDD

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**03/01/2021**                      **\$20.00**                      Mental Health

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

1/15/2021-1/15/2021

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**Case ID Number: CS2021-E58C**

**Victim Initials: J.L.**

Case Payment Totals: **\$2,274.12**

Claim Payments:

### CL2021-04E9

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/24/2021**                      **\$337.00**                      Medical                      Dental

Payee: **J.L.**

Date(s) of Service (If Applicable)

4/19/2021-4/19/2021

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### CL2021-2A3A

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/24/2021**                      **\$1,812.32**                      Medical                      Dental  
Payee: **Crossroads Dental**  
Date(s) of Service (If Applicable)  
4/19/2021-4/19/2021

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**CL2021-0F78**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>03/09/2021</b>	<b>\$124.80</b>	Medical	Dental

Payee: **Crossroads Dental**  
Date(s) of Service (If Applicable)  
11/30/2020-11/30/2020

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**Case ID Number: CS2021-E633**

**Victim Initials: J.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-6FDF**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/19/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**  
Date(s) of Service (If Applicable)  
10/25/2021-10/25/2021

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**Case ID Number: CS2021-E634**

**Victim Initials: M.K.**

Case Payment Totals: **\$2,224.05**

Claim Payments:

**CL2021-16BC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/19/2021</b>	<b>\$1,224.05</b>	Medical	Hospital or Clinic

Payee: **M.K.**  
Date(s) of Service (If Applicable)  
3/26/2020-4/20/2020

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**CL2021-14AC**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/09/2021</b>	<b>\$1,000.00</b>	Medical	Prescription

Payee: **Allina Health Pharmacy**  
Date(s) of Service (If Applicable)  
7/13/2020-3/15/2021

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**Case ID Number: CS2021-E655**

**Victim Initials: C.K.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-5F0A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**07/19/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
6/14/2021-6/14/2021

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**Case ID Number: CS2021-E661**

**Victim Initials: P.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-A57E**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>02/12/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
1/6/2021-1/6/2021

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**Case ID Number: CS2021-E6A7**

**Victim Initials: J.C.**

Case Payment Totals: **\$1,636.00**

Claim Payments:

**CL2021-6AFD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>12/14/2021</b>	<b>\$280.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
11/17/2021-11/17/2021  
11/1/2021-11/1/2021

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**CL2021-C117**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>11/29/2021</b>	<b>\$112.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
10/11/2021-10/11/2021

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**CL2021-E06A**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$336.00</b>	Mental Health	

Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Contact (If Applicable)  
9/28/2021-9/28/2021  
9/13/2021-9/13/2021  
9/8/2021-9/8/2021

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**CL2021-D72F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>09/17/2021</b>	<b>\$560.00</b>	Mental Health	

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/30/2021-8/30/2021

8/24/2021-8/24/2021

8/20/2021-8/20/2021

8/12/2021-8/12/2021

8/5/2021-8/5/2021

### CL2021-66C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2021	\$348.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/24/2021-6/24/2021

6/17/2021-6/17/2021

**Case ID Number: CS2021-E7D1**

**Victim Initials: E.M.**

Case Payment Totals: **\$318.41**

Claim Payments:

### CL2021-EDDB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2021	\$318.41	Medical	Hospital or Clinic

Payee: **F-M Ambulance**

Date(s) of Service (If Applicable)

2/17/2021-2/17/2021

**Case ID Number: CS2021-E82F**

**Victim Initials: A.Y.**

Case Payment Totals: **\$3,542.23**

Claim Payments:

### CL2021-AA30

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$134.34	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/2/2021-12/2/2021

### CL2021-7E41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,212.62	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/9/2021-11/9/2021

11/2/2021-11/2/2021

10/26/2021-10/26/2021

10/19/2021-10/19/2021

10/12/2021-10/12/2021

6/28/2021-6/28/2021

5/18/2021-5/18/2021



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-B2C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$1,907.27	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/14/2021-9/14/2021

9/7/2021-9/7/2021

8/17/2021-8/17/2021

8/10/2021-8/10/2021

8/3/2021-8/3/2021

7/20/2021-7/20/2021

7/13/2021-7/13/2021

7/6/2021-7/6/2021

6/15/2021-6/15/2021

6/1/2021-6/1/2021

5/24/2021-5/24/2021

### CL2021-FEF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/13/2021-4/13/2021

**Case ID Number: CS2021-E926**

**Victim Initials: T.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-4534

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/16/2021-8/16/2021

**Case ID Number: CS2021-E93C**

**Victim Initials: B.A.**

Case Payment Totals: **\$459.03**

Claim Payments:

### CL2021-E3B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2021	\$350.10	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/3/2021-3/3/2021

2/23/2021-2/23/2021

7/23/2020-7/23/2020

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-A973

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$108.93	Mental Health	

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2021-4/15/2021

4/1/2021-4/1/2021

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**Case ID Number: CS2021-E991**

**Victim Initials: J.S.**

Case Payment Totals: **\$396.85**

Claim Payments:

### CL2021-0CEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/04/2021	\$396.85	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

3/30/2021-3/30/2021

3/24/2021-3/24/2021

3/7/2021-3/7/2021

3/10/2021-3/10/2021

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**Case ID Number: CS2021-E99D**

**Victim Initials: V.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-872F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/25/2021-5/25/2021

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**Case ID Number: CS2021-EA12**

**Victim Initials: A.G.**

Case Payment Totals: **\$972.00**

Claim Payments:

### CL2021-794F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$280.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2021-11/5/2021

### CL2021-91B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**11/26/2021**                      **\$404.00**                      Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021

10/5/2021-10/5/2021

9/21/2021-9/21/2021

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### CL2021-A26B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/13/2021</b>	<b>\$288.00</b>	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/16/2021-9/16/2021

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**Case ID Number: CS2021-EC2E**

**Victim Initials: M.W.**

Case Payment Totals: **\$8,535.02**

Claim Payments:

### CL2021-E4B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/07/2021</b>	<b>\$84.38</b>	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

8/3/2021-8/3/2021

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### CL2021-0433

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/23/2021</b>	<b>\$1,241.36</b>	Medical	Hospital or Clinic

Payee: **A.P.**

Date(s) of Service (If Applicable)

7/1/2021-7/31/2021

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### CL2021-DFBD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>08/12/2021</b>	<b>\$33.60</b>	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

7/7/2021-7/7/2021

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### CL2021-F480

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>06/24/2021</b>	<b>\$1,241.36</b>	Medical	Hospital or Clinic

Payee: **A.P.**

Date(s) of Service (If Applicable)

6/1/2021-6/30/2021

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### CL2021-68F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**06/09/2021**                      **\$2,482.72**                      Medical                      Hospital or Clinic

Payee: **A.P.**

Date(s) of Service (If Applicable)

4/1/2021-5/1/2021

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**CL2021-C7C0**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/27/2021**                      **\$1,030.00**                      Medical                      Hospital or Clinic

Payee: **A.P.**

Date(s) of Service (If Applicable)

8/26/2020-9/27/2020

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**CL2021-CCA6**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/27/2021**                      **\$21.60**                      Medical                      Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

9/4/2020-9/4/2020

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**CL2021-662A**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**04/06/2021**                      **\$2,400.00**                      Wage Loss                     

Payee: **A.P.**

---

**Case ID Number: CS2021-EE19**

**Victim Initials: G.W.**

Case Payment Totals: **\$691.53**

Claim Payments:

**CL2021-4CF3**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**06/18/2021**                      **\$691.53**                      Mental Health                     

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/9/2021-3/9/2021  
11/19/2020-11/19/2020  
10/23/2020-10/23/2020  
9/25/2020-9/25/2020  
8/27/2020-8/27/2020

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**Case ID Number: CS2021-EF91**

**Victim Initials: A.Z.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-4BDC**

Approval Date                      AmountPaid                      Claim Category                      Medical Category (if applicable)

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

**12/16/2021**                      **\$288.00**                      Medical                      Hospital or Clinic  
Payee: **Northern Plains Children'S Advocacy**  
Date(s) of Service (If Applicable)  
10/21/2021-10/21/2021

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**Case ID Number: CS2021-F1DF**

**Victim Initials: K.S.**

Case Payment Totals: **\$1,055.50**

Claim Payments:

**CL2021-04DA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>10/25/2021</b>	<b>\$507.94</b>	Medical	Hospital or Clinic

Payee: **Chatter Pediatric Therapy**  
Date(s) of Service (If Applicable)  
5/18/2021-5/18/2021  
6/23/2021-6/23/2021  
4/27/2021-4/27/2021  
4/13/2021-4/13/2021  
4/20/2021-4/20/2021  
5/11/2021-5/11/2021  
5/25/2021-5/25/2021  
5/4/2021-5/4/2021

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**CL2021-A7B8**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/05/2021</b>	<b>\$273.78</b>	Medical	Hospital or Clinic

Payee: **Chatter Pediatric Therapy**  
Date(s) of Service (If Applicable)  
3/16/2021-3/16/2021  
3/30/2021-3/30/2021  
3/15/2021-3/15/2021  
3/11/2021-3/11/2021  
3/9/2021-3/9/2021  
3/25/2021-3/25/2021  
3/23/2021-3/23/2021

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**CL2021-436B**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
<b>05/04/2021</b>	<b>\$273.78</b>	Medical	Hospital or Clinic

Payee: **Chatter Pediatric Therapy**  
Date(s) of Service (If Applicable)  
3/2/2021-3/2/2021  
2/18/2021-2/18/2021  
2/9/2021-2/9/2021  
2/11/2021-2/11/2021  
2/4/2021-2/4/2021  
2/23/2021-2/23/2021  
2/2/2021-2/2/2021

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

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**Case ID Number: CS2021-F1F3**

**Victim Initials: P.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-7C4C**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/27/2021-9/27/2021

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**Case ID Number: CS2021-F2C7**

**Victim Initials: D.G.**

Case Payment Totals: **\$1,873.68**

Claim Payments:

**CL2021-BD75**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$198.50	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

2/14/2021-2/15/2021

**CL2021-E99F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$71.65	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

2/14/2021-2/15/2021

**CL2021-1B9D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2021	\$60.00	Medical	Hospital or Clinic

Payee: **D.G.**

Date(s) of Service (If Applicable)

2/15/2021-2/15/2021

**CL2021-BF72**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2021	\$1,237.70	Medical	Hospital or Clinic

Payee: **D.G.**

Date(s) of Service (If Applicable)

2/14/2021-2/15/2021

**CL2021-D66F**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2021	\$166.15	Medical	Hospital or Clinic

Payee: **D.G.**

Date(s) of Service (If Applicable)

2/19/2021-2/19/2021

**North Dakota Crime Victims Compensation**  
**Claim Payments: Service Providers & Personal Reimbursements, by Case**

01/06/2022  
1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.  
Document can be searched by clicking **CTRL+F**, then entering text to search.

**CL2021-FE95**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2021	\$139.68	Medical	Hospital or Clinic
Payee: <b>D.G.</b>			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2021-2/14/2021			

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**Case ID Number: CS2021-F3A0**

**Victim Initials: S.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-11DA**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: <b>Northern Plains Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2021-7/20/2021			

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**Case ID Number: CS2021-F3BB**

**Victim Initials: C.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

**CL2021-E9BD**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2021	\$288.00	Mental Health	
Payee: <b>Dakota Children'S Advocacy Center</b>			
<u>Date(s) of Service (If Applicable)</u>			
12/14/2020-12/14/2020			

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**Case ID Number: CS2021-F3E0**

**Victim Initials: D.L.**

Case Payment Totals: **\$4,513.76**

Claim Payments:

**CL2021-F27D**

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$4,513.76	Funeral	
Payee: <b>Weigel Funeral &amp; Cremation Service</b>			

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**Case ID Number: CS2021-F4A1**

**Victim Initials: K.O.**

Case Payment Totals: **\$692.00**

Claim Payments:

# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022

1:02:38AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

### CL2021-84CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$112.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/29/2021-11/29/2021

### CL2021-2DD5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/30/2021-9/30/2021

### CL2021-43BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2021	\$292.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/29/2021-10/29/2021

10/13/2021-10/13/2021

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**Case ID Number: CS2021-F4D8**

**Victim Initials: J.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-9F76

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/9/2021-9/9/2021

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**Case ID Number: CS2021-F5B6**

**Victim Initials: T.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-1322

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/2/2021-11/2/2021

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**Case ID Number: CS2021-F667**

**Victim Initials: C.B.**

Case Payment Totals: **\$2,245.35**

Claim Payments:



# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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### CL2021-5010

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/25/2021	\$152.75	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

9/4/2021-9/4/2021

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### CL2021-7CD0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2021	\$1,052.52	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

8/18/2021-8/18/2021

8/11/2021-8/11/2021

8/5/2021-8/5/2021

8/5/2021-8/5/2021

8/4/2021-8/4/2021

7/28/2021-7/28/2021

7/28/2021-7/28/2021

7/22/2021-7/22/2021

7/13/2021-7/13/2021

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### CL2021-9FA3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$475.42	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

7/7/2021-7/7/2021

7/7/2021-7/7/2021

7/1/2021-7/1/2021

6/23/2021-6/23/2021

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### CL2021-4E31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2021	\$564.66	Mental Health	

Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

6/3/2021-6/3/2021

5/27/2021-5/27/2021

5/21/2021-5/21/2021

5/19/2021-5/19/2021

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**Case ID Number: CS2021-F7C6**

**Victim Initials: M.A.**

Case Payment Totals: **\$278.40**

Claim Payments:

### CL2021-CF4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$176.00	Medical	Dental

Payee: **Bridging The Dental Gap**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)

6/1/2021-6/1/2021

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### CL2021-BD63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2021	\$102.40	Medical	Dental

Payee: **Valley Oral & Facial Surgery**

Date(s) of Service (If Applicable)

7/1/2021-7/1/2021

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**Case ID Number: CS2021-FB13**

**Victim Initials: P.C.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

### CL2021-393A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$5,000.00	Funeral	

Payee: **F.B.**

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**Case ID Number: CS2021-FCEE**

**Victim Initials: M.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-B257

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2021-10/1/2021

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**Case ID Number: CS2021-FD2C**

**Victim Initials: A.J.**

Case Payment Totals: **\$5,293.38**

Claim Payments:

### CL2021-644B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$181.41	Medical	Hospital or Clinic

Payee: **Ophthalmology Ltd**

Date(s) of Service (If Applicable)

3/10/2021-3/10/2021

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### CL2021-7736

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$848.44	Medical	Hospital or Clinic

Payee: **Dakota Eye Institute**

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# North Dakota Crime Victims Compensation

## Claim Payments: Service Providers & Personal Reimbursements, by Case

01/06/2022  
1:02:38AM

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Date(s) of Service (If Applicable)

3/1/2021-3/17/2021

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### CL2021-D6C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$4,263.53	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

3/1/2021-3/28/2021

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### CL2021-FA4B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/04/2021	\$0.00	Medical	Hospital or Clinic

Payee: **A.J.**

Date(s) of Service (If Applicable)

3/1/2021-3/1/2021

3/17/2021-3/17/2021

3/12/2021-3/12/2021

3/4/2021-3/4/2021

3/9/2021-3/9/2021

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**Case ID Number: CS2021-FDA7**

**Victim Initials: J.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-BF94

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/12/2021-10/12/2021

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**Case ID Number: CS2021-FFCD**

**Victim Initials: I.E.**

Case Payment Totals: **\$288.00**

Claim Payments:

### CL2021-6297

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2021	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/6/2021-5/6/2021

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