

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

07/03/2025
1:05:50AM

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: CS2018-4011

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>
09/09/2019	\$164.80	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2019-7/31/2019			

CL2019-E72E

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

CL2019-FAE5

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

CL2019-BD72

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

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

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

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>
01/30/2019	\$46.23	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

CL2019-e9d2

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

CL2018-10a9

<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2018-10/24/2018			

CL2018-25c4

<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2018-9/21/2018			

CL2018-32c0

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

CL2018-6323

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$70.07	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2018-9/28/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2018-10/9/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2018-8/17/2018			

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

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2018-8/24/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2018-7/25/2018			

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

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

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

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

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

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

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

Case ID Number: CS2018-4065

Victim Initials: A.S.

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

Claim Payments:

ND Crime Victims Compensation, DOCR
PO Box 1898
Bismarck, ND 58502-1898

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

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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ND Crime Victims Compensation, DOCR

PO Box 1898

Bismarck, ND 58502-1898

Phone: (701)-328-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

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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

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

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

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

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

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

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

CL2018-7754

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

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Date(s) of Service (If Applicable)
7/23/2018-7/23/2018

CL2018-898c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$147.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2018-7/5/2018			

CL2018-f7b3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$147.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2018-7/19/2018			

CL2018-2525

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$147.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

CL2018-50d9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2018-5/10/2018			

CL2018-6557

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$147.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2018-6/14/2018			

CL2018-7ed5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$147.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2018-5/31/2018			

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			
<u>Date(s) of Service (If Applicable)</u> 9/4/2018-9/4/2018			

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			
<u>Date(s) of Service (If Applicable)</u> 8/24/2018-8/24/2018			

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			
<u>Date(s) of Service (If Applicable)</u> 8/14/2018-8/14/2018			

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			
<u>Date(s) of Service (If Applicable)</u> 11/19/2017-11/19/2017			

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			
<u>Date(s) of Service (If Applicable)</u> 11/19/2017-11/19/2017			

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			
<u>Date(s) of Service (If Applicable)</u> 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>
02/25/2020	\$109.90	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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>
01/14/2020	\$439.58	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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>
11/13/2019	\$219.79	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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>
10/02/2019	\$65.93	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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>
08/07/2019	\$41.81	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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>
06/24/2019	\$424.50	Mental Health	
Payee: The Kids Therapy Center, Llc			

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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

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

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

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

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

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

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2018-8/3/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2018-10/3/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2018-10/3/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			

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Claim Payments: Service Providers & Personal Reimbursements, by Case

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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

CL2019-C198

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

CL2019-B4AB

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

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>
11/28/2018	\$87.74	Mental Health	

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

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

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

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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

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>
08/15/2018	\$470.00	Medical	Dental
Payee: J.T.			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2018-5/18/2018			

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>
01/16/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2018-5/24/2018			

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>
08/31/2018	\$496.63	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2017-10/18/2017			

CL2018-3168

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$83.57	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/29/2017-11/29/2017			

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

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

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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

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

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

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

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

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

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

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

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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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2018-6/16/2018			

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: C.S.			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/6/2018-11/6/2018			

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

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

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

CL2020-810B

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

CL2019-A84B

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

CL2019-FD8C

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

Case ID Number: CS2018-447d

Victim Initials: J.M.

Case Payment Totals: **\$434.85**

Claim Payments:

CL2021-6BCB

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

CL2020-46D2

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

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.

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.			

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.			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2019-10/28/2019			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
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 Center			
<u>Date(s) of Service (If Applicable)</u>			
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

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

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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

CL2020-3EB2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2020-D70F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2020-4358

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2020-4D04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2020-128C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2020-DB9B

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

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

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

Date(s) of Service (If Applicable)

3/23/2020-3/23/2020

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

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

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

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

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

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

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

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

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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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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

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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.

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

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

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

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

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

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

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

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

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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.

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

Date(s) of Service (If Applicable)

10/2/2018-10/2/2018

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

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

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

Case ID Number: CS2018-44f4

Victim Initials: C.F.

Case Payment Totals: **\$3,666.79**

Claim Payments:

CL2022-EE44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$1,483.28	Mental Health	

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

Date(s) of Service (If Applicable)

1/26/2021-1/26/2021

1/19/2021-1/19/2021

8/11/2020-8/11/2020

7/28/2020-7/28/2020

6/23/2020-6/23/2020

6/16/2020-6/16/2020

6/3/2020-6/3/2020

5/27/2020-5/27/2020

5/20/2020-5/20/2020

4/20/2020-4/20/2020

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

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CL2022-760F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$333.10	Mental Health	

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

Date(s) of Service (If Applicable)

4/11/2022-4/11/2022

3/28/2022-3/28/2022

12/21/2021-12/21/2021

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

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

Case ID Number: CS2018-4532

Victim Initials: A.S.

Case Payment Totals: **\$600.00**

Claim Payments:

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

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CL2018-5eec

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

Case ID Number: CS2018-453a

Victim Initials: C.W.

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

Claim Payments:

CL2018-1919

<u>Approval Date</u> 11/09/2018	<u>AmountPaid</u> \$564.36	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u> 1/15/2018-1/15/2018			

CL2018-8125

<u>Approval Date</u> 11/09/2018	<u>AmountPaid</u> \$1,605.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u> 1/15/2018-1/15/2018			

Case ID Number: CS2018-4566

Victim Initials: B.S.

Case Payment Totals: **\$57.60**

Claim Payments:

CL2018-6b7c

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

Case ID Number: CS2018-45bd

Victim Initials: M.F.

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

Claim Payments:

CL2021-7B57

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

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

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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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2018-8/16/2018			

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>
01/30/2019	\$78.26	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/27/2018-11/27/2018			

CL2019-31d3

<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2018-11/2/2018			

CL2019-48f6

<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

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

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01/30/2019 **\$79.14** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/7/2018-12/7/2018

CL2019-6b7a

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/30/2019 **\$78.26** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/9/2018-11/9/2018

CL2019-99df

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)
12/14/2018-12/14/2018

CL2019-b98d

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/30/2019 **\$46.23** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/20/2018-12/20/2018

CL2019-bf8d

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

CL2019-ed0d

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

CL2018-1fbe

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)
9/7/2018-9/7/2018

CL2018-28ec

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

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Date(s) of Service (If Applicable)

9/21/2018-9/21/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

7/5/2018-7/5/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/1/2018-8/1/2018

CL2018-41c6

<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)

9/14/2018-9/14/2018

CL2018-48d0

<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)

9/28/2018-9/28/2018

CL2018-5579

<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)

8/24/2018-8/24/2018

CL2018-7b73

<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)

7/11/2018-7/11/2018

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

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CL2018-7c2a

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2018-10/9/2018			

CL2018-ded2

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2018-10/24/2018			

CL2018-e282

<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			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2018-7/25/2018			

CL2018-e35f

<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			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2018-8/31/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2018-7/20/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2018-8/17/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/4/2018-6/4/2018			

CL2018-345c

<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

07/03/2025
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Document can be searched by clicking **CTRL+F**, then entering text to search.

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

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			
<u>Date(s) of Service (If Applicable)</u>			
5/2/2018-5/2/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2018-5/15/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2018-6/26/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2018-6/13/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2018-5/30/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2018-6/11/2018			

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			
9/26/2018-9/26/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			
9/14/2018-9/14/2018			

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.			

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.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

CL2019-84E2

<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

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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.

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

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

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

CL2018-7809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$64.23	Medical	Prescription

Payee: **L.G.**
Date(s) of Service (If Applicable)
5/14/2018-5/15/2018

CL2018-8506

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$50.00	Medical	Hospital or Clinic

Payee: **L.G.**
Date(s) of Service (If Applicable)
5/14/2018-5/14/2018

Case ID Number: CS2018-46c2

Victim Initials: O.Z.

Case Payment Totals: **\$493.48**

Claim Payments:

CL2019-534E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$188.10	Mental Health	

Payee: **Summit Counseling**

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.

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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

CL2019-5185

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2019	\$128.80	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

11/5/2018-11/5/2018

CL2018-b020

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$176.58	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Williston**

Date(s) of Service (If Applicable)

9/30/2018-9/30/2018

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>
07/17/2018	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/11/2018-4/11/2018

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>
03/06/2020	\$648.00	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

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.
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CL2020-4498

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$712.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
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>
01/14/2020	\$1,800.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2019-9/12/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2018-9/28/2018			

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2018-7/20/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			
10/21/2019-10/21/2019			
9/23/2019-9/23/2019			
8/27/2019-8/27/2019			

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.			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2019-7/16/2019			
5/2/2019-5/2/2019			
4/25/2019-4/25/2019			
4/8/2019-4/8/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/20/2019			

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

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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.			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/17/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2019-4/23/2019			

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: Summit Counseling			
<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			

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: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2018-8/24/2018			

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: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
8/20/2018-8/20/2018			

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: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
9/11/2018-9/11/2018			

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: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2018-8/27/2018			

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.

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2018-8/13/2018			

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: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2018-7/22/2018			

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: J.L.			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2018-11/28/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2018-10/18/2018			

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.
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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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2018-10/4/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2018-9/4/2018			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

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10/04/2018 **\$87.79** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

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>
04/11/2019	\$760.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
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>
04/11/2019	\$456.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
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>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
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>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2018-11/14/2018			

North Dakota Crime Victims Compensation
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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.

CL2018-5d89

<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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
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>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2018-11/20/2018			

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2018-11/28/2018			

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2018-10/12/2018			

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
10/23/2018-10/23/2018			

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2018-10/16/2018			

CL2018-e787

<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

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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.

11/28/2018 **\$152.00** Mental Health
Payee: **Kaleidoscope Behavioral Health**
Date(s) of Service (If Applicable)
10/12/2018-10/12/2018

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: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2018-10/24/2018			

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>
06/21/2019	\$104.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
06/21/2019	\$156.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
05/30/2019	\$156.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
05/10/2019	\$156.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
05/10/2019	\$104.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

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

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CL2019-61DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$104.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
05/10/2019	\$156.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2019-4/25/2019			

CL2019-A96C

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

CL2019-B05C

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

CL2019-FA34

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

CL2019-612C

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

CL2019-26DA

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

CL2019-CF8C

<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

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

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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

CL2019-02b7

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)
12/28/2018-12/28/2018

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

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

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

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

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

CL2019-6184

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/30/2019 **\$174.17** Mental Health
Payee: **Dakota Children'S Advocacy Center**

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

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Date(s) of Service (If Applicable)

1/3/2019-1/3/2019

CL2019-b4d1

<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)

11/5/2018-11/5/2018

CL2019-d648

<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)

10/22/2018-10/22/2018

CL2019-d95c

<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)

12/12/2018-12/12/2018

CL2019-87b3

<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)

10/17/2018-10/17/2018

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>
01/30/2019	\$87.74	Mental Health	

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

Date(s) of Service (If Applicable)

9/4/2018-9/4/2018

CL2019-43d8

<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)

10/24/2018-10/24/2018

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

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1:05:50AM

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.

CL2019-56b9

<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			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2018-11/7/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2018-11/1/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2018-10/18/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2018-8/30/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/29/2018-11/29/2018			

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

07/03/2025
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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.

08/15/2018 **\$418.56** Travel
Payee: **T.S.**

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: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2018-9/17/2018			

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: J.P.			
<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: Chi St. Alexius Health Williston			
<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: Williston Ambulance Service			
<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: Chi Mercy Medical Center Clinic			
<u>Date(s) of Service (If Applicable)</u>			
4/10/2019-4/10/2019			

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

07/03/2025
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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.

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: Sidney Health Center			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2019-1/28/2019			

CL2019-DA72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$118.05	Medical	Hospital or Clinic
Payee: Chi Mercy Medical Center Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2019-2/19/2019			
2/15/2019-2/15/2019			

CL2018-695d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$606.36	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2018-8/20/2018			

CL2018-d0db

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$183.52	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2018-8/19/2018			

CL2018-d9b9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$73.74	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
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>	<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			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2019-1/3/2019			

CL2019-f973

<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

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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.

01/14/2019 **\$174.17** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/14/2018-12/14/2018

CL2019-304a

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2019-998d

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/02/2019 **\$174.17** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/6/2018-12/6/2018

CL2019-a251

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/02/2019 **\$161.00** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/25/2018-10/25/2018

CL2019-d0ca

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/02/2019 **\$174.17** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/30/2018-10/30/2018

Case ID Number: CS2018-4a97

Victim Initials: D.I.

Case Payment Totals: **\$329.03**

Claim Payments:

CL2018-53e7

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/04/2018 **\$30.45** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
4/10/2018-4/10/2018

CL2018-adf1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/04/2018 **\$141.22** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/29/2018-3/29/2018

North Dakota Crime Victims Compensation
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Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2018-d81a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$29.54	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2018-4/26/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2018-5/29/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/9/2018-5/9/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2018-5/23/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2018-12/1/2018			

CL2018-86bd

<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

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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.

11/21/2018 **\$120.00** Mental Health
Payee: **Playfully You**
Date(s) of Service (If Applicable)
11/17/2018-11/17/2018

CL2018-ec4f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2018	\$88.00	Mental Health	
Payee: Playfully You			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2018-11/3/2018			

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>
10/31/2018	\$118.34	Medical	Hospital or Clinic
Payee: Mckenzie County Ambulance Services			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2018-7/29/2018			

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>
10/08/2020	\$203.38	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2020-8/25/2020			
8/21/2020-8/21/2020			

CL2019-0A87

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$161.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2018-8/1/2018			

CL2019-34FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$75.62	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2019-6/13/2019			

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.

CL2019-4A84

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2018-10/19/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2018-10/27/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2018-8/30/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2019-5/22/2019			
5/13/2019-5/13/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			
4/9/2019-4/9/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2018-12/6/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2018-10/3/2018			

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

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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			
<u>Date(s) of Service (If Applicable)</u>			
11/21/2018-11/21/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2018-10/16/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2018-8/14/2018			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/12/2019-7/12/2019			

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: J.H.			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

CL2019-0269

<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

07/03/2025
1:05:50AM

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

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05/10/2019 **\$37.74** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/25/2019-3/25/2019

CL2019-3088

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

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

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

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

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

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

CL2019-362f

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/30/2019 **\$79.14** Mental Health
Payee: **Dakota Children'S Advocacy Center**

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

07/03/2025
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Date(s) of Service (If Applicable)

11/8/2018-11/8/2018

CL2019-69b2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$515.53	Travel	

Payee: **J.H.**

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/2/2018-11/2/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/26/2018-9/26/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/27/2018-8/27/2018

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/3/2019-1/3/2019

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: **J.H.**

Case ID Number: CS2018-4c56

Victim Initials: B.B.

Case Payment Totals: **\$832.87**

Claim Payments:

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

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1:05:50AM

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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: Assessment & Therapy Associates			
<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			

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			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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			

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

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1:05:50AM

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

CL2018-8276

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

CL2018-aa8e

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

CL2018-1979

<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

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

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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

CL2018-3086

<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			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

CL2018-55f1

<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			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

CL2018-871e

<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			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

CL2018-a38b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/15/2018	\$74.08	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2018-8/9/2018			

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			

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

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Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

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

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

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>
12/13/2019	\$48.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

9/23/2019-9/23/2019

7/22/2019-7/22/2019

CL2019-34E4

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

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

6/19/2019-6/19/2019

6/6/2019-6/6/2019

5/20/2019-5/20/2019

CL2019-D603

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

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

5/2/2019-5/2/2019

4/18/2019-4/18/2019

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.

CL2019-C12C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$80.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2019-5/14/2019			

CL2019-810B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$24.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
4/3/2019-4/3/2019			

CL2019-B3E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$48.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2019-3/7/2019			
2/5/2019-2/5/2019			

CL2019-91AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2019	\$48.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2019-1/16/2019			
1/7/2019-1/7/2019			

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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/23/2018-10/23/2018			

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.

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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<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>
01/15/2019	\$24.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2018-11/12/2018			

CL2019-da35

<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: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2018-12/5/2018			

CL2019-e2b6

<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: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2018-12/31/2018			

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.

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>
11/29/2021	\$250.99	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2020-5/5/2020			
4/6/2020-4/6/2020			

CL2021-1BE3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$531.84	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-991C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$1,087.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			

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.

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020

1/23/2020-1/23/2020

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

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

CL2019-36C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$75.00	Mental Health	

Payee: **A.S.**

Date(s) of Service (If Applicable)

3/21/2019-3/21/2019

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>
08/20/2018	\$2,050.00	Funeral	

Payee: **M.P.**

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.

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>
07/27/2020	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2020-5/28/2020			

CL2020-473B

<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			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2020-5/18/2020			

CL2019-53F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2019	\$216.08	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<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			

CL2019-30A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$1,301.64	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
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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.

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.			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2019-1/25/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2018-11/2/2018			
10/26/2018-10/26/2018			

CL2018-3b12

<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

07/03/2025
1:05:50AM

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 **\$42.50** Medical Chiropractic or Massage
Payee: **Peters Chiropractic**
Date(s) of Service (If Applicable)
9/19/2018-9/19/2018

CL2018-53f6

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2018-69ff

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/28/2018 **\$25.00** Medical Hospital or Clinic
Payee: **K.K.**
Date(s) of Service (If Applicable)
9/27/2018-9/27/2018

CL2018-7231

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2018-8857

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)
9/24/2018-9/24/2018

CL2018-c081

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

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

Case ID Number: CS2018-4d98

Victim Initials: M.S.

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

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2019-8141

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$1,440.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2018-29b4

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

CL2018-5ae6

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

CL2018-d016

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

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: Summit Counseling			
<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: Summit Counseling			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

10/31/2018 **\$160.00** Mental Health
Payee: **Summit Counseling**
Date(s) of Service (If Applicable)
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: Summit Counseling			
<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: Summit Counseling			
<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: Summit Counseling			
<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: Summit Counseling			
<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>
08/31/2018	\$160.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
8/8/2018-8/8/2018			

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>
11/16/2018	\$6,891.37	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

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.

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>
05/10/2019	\$340.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2018-11/1/2018			
8/2/2018-8/2/2018			

CL2018-254d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2018	\$200.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

CL2018-ce2c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2018	\$140.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2018-11/1/2018			

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>
04/12/2019	\$438.86	Mental Health	
Payee: Creative Therapy			
<u>Date(s) of Service (If Applicable)</u>			
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			

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

07/03/2025
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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.

Case ID Number: CS2018-4f1e

Victim Initials: D.M.

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

Claim Payments:

CL2018-5ddb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$705.60	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u> 9/7/2018-9/7/2018			

CL2018-0af8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$11,981.20	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u> 9/7/2018-9/8/2018			

Case ID Number: CS2018-4f70

Victim Initials: K.V.

Case Payment Totals: **\$288.00**

Claim Payments:

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 Center			
<u>Date(s) of Service (If Applicable)</u> 4/10/2018-4/10/2018			

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>
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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.

12/23/2019 **\$26.40** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
12/5/2019-12/5/2019

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
11/14/2019-11/14/2019			

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
10/31/2019-10/31/2019			

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
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			

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
9/16/2019-9/16/2019			

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
8/19/2019-8/19/2019			

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 &			
<u>Date(s) of Practice, (If Applicable)</u>			
7/22/2019-7/22/2019			

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

07/03/2025
1:05:50AM

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-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 & Practice, PLLC			
<u>Date(s) of Service, (if applicable)</u>			
6/3/2019-6/3/2019			
5/6/2019-5/6/2019			
3/25/2019-3/25/2019			
3/11/2019-3/11/2019			

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 & Practice, PLLC			
<u>Date(s) of Service, (if applicable)</u>			
4/15/2019-4/15/2019			

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 & Practice, PLLC			
<u>Date(s) of Service, (if applicable)</u>			
11/19/2018-11/19/2018			

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 & Practice, PLLC			
<u>Date(s) of Service, (if applicable)</u>			
8/27/2018-8/27/2018			

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 & Practice, PLLC			
<u>Date(s) of Service, (if applicable)</u>			
8/6/2018-8/6/2018			

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			

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

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1:05:50AM

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)

1/17/2019-1/17/2019
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

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.			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2018-6/25/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2018-4/26/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2018-7/20/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2018-8/8/2018			

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

07/03/2025
1:05:50AM

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.

08/27/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
7/18/2019-7/18/2019

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.			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

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

07/03/2025
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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.

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

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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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>
07/25/2019	\$0.00	Mental Health	
Payee: Advanced Counseling For Change			

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.
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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>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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>
12/16/2021	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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

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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.

11/29/2021 **\$504.00** 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

10/1/2021-10/1/2021

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 Service (If Applicable)

9/24/2021-9/24/2021

9/3/2021-9/3/2021

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 Service (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

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 Service (If Applicable)

7/23/2021-7/23/2021

7/16/2021-7/16/2021

6/29/2021-6/29/2021

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 Service (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

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 Service (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

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.

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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
1/15/2020-1/15/2020			

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.

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			
<u>Date(s) of Service (If Applicable)</u> 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			
<u>Date(s) of Service (If Applicable)</u> 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			
<u>Date(s) of Service (If Applicable)</u> 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			
<u>Date(s) of Service (If Applicable)</u> 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

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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.

Date(s) of Service (If Applicable)

10/3/2019-10/3/2019

9/26/2019-9/26/2019

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

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

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

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

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

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

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.

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			

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: Staci Ekblad Professional			
<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: Katie Shannon Licsw, Llc			
<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: Katie Shannon Licsw, Llc			

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.

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

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

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

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

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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.

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

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>
06/18/2020	\$6,663.08	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/14/2019			

CL2020-CF68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/20/2020	\$1,275.00	Wage Loss	
Payee: K.W.			

CL2020-E737

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$3,165.36	Medical	Hospital or Clinic
Payee: Barnes County Ambulance, Inc			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

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>
07/25/2019	\$890.60	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2019-3/17/2019			
3/22/2019-3/22/2019			

CL2019-8E8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$292.29	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
3/29/2019-3/29/2019			

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

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1:05:50AM

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: CS2019-179E

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: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2019-5/22/2019			

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: Northern Plains Children'S Advocacy			
<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: Northern Plains Children'S Advocacy			
<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: Northern Plains Children'S Advocacy			
<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			

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: Dakota Children'S Advocacy Center			

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.
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Date(s) of Service (If Applicable)
7/11/2019-7/11/2019

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.			

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.			
<u>Date(s) of Service (If Applicable)</u> 4/8/2019-4/8/2019			

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.			
<u>Date(s) of Service (If Applicable)</u> 5/8/2019-5/8/2019			

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			
<u>Date(s) of Service (If Applicable)</u> 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			

Case ID Number: CS2019-1D50

Victim Initials: H.N.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

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

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

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

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

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

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.
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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

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

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

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

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

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.

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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.			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			
12/12/2018-12/12/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2018-10/5/2018			
11/2/2018-11/2/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2019-1/14/2019			
10/5/2018-10/5/2018			
11/2/2018-11/2/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2019-3/18/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2020-4/27/2020			

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

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

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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

CL2020-176C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$46.88	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

CL2019-9474

<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)

7/22/2019-7/22/2019

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>
03/01/2019	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/18/2018-12/18/2018

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>
08/07/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019

Case ID Number: CS2019-3A45

Victim Initials: L.V.

Case Payment Totals: **\$288.00**

Claim Payments:

ND Crime Victims Compensation, DOCR
PO Box 1898
Bismarck, ND 58502-1898

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

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.
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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			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2019-8/27/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/5/2019-4/5/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			

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

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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.

01/23/2019 **\$251.63** Medical Prescription
Payee: **S.B.**
Date(s) of Service (If Applicable)
2/19/2018-2/19/2018

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>
04/30/2020	\$205.43	Mental Health	
Payee: Rural Mental Health Consortium			
<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			

CL2020-5186

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/18/2020	\$284.50	Mental Health	
Payee: Laura Howery Siercks			
<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			

CL2019-F3F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$263.54	Mental Health	
Payee: Laura Howery Siercks			
<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			

CL2019-2888

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$295.39	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2019-7/29/2019			
7/18/2019-7/18/2019			

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

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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.

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

CL2019-E6CE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/07/2019 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/11/2019-4/11/2019

CL2019-D98C

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/25/2019 **\$451.26** 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

Case ID Number: CS2019-41FD

Victim Initials: E.L.

Case Payment Totals: **\$1,647.02**

Claim Payments:

CL2019-9E63

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/24/2019 **\$599.02** 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

CL2019-914E

Approval Date AmountPaid Claim Category Medical Category (if applicable)

05/10/2019 **\$760.00** 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

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.
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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			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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

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1:05:50AM

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: CS2019-4412

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: St. Joseph Hospital & Health			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2018-8/31/2018			

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: Dickinson Area Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2018-8/31/2018			

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: St. Joseph Hospital & Health			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2018-8/31/2018			

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: Dickinson Area Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2018-8/31/2018			

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: Dakota Children'S Advocacy Center			
<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

07/03/2025
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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

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

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

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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

CL2019-C11C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$10,000.00	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

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>
04/11/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/20/2018-12/20/2018

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>
04/11/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
1/14/2019-1/14/2019

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>
08/07/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/26/2019-3/26/2019

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

07/03/2025
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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>
01/30/2019	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/17/2018-12/17/2018

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>
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

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>
11/29/2021	\$110.32	Mental Health	

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

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

CL2021-2C7C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$135.57	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

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

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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>
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

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>
01/22/2019	\$232.80	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>
01/22/2019	\$364.80	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>
01/22/2019	\$2,224.00	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Williston (Mercy**

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2019-9/12/2019			

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: J.K.			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			

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

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

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11/09/2020 **\$156.00** Mental Health
Payee: **Timothy Eaton, Phd**
Date(s) of Service (If Applicable)
10/29/2020-10/29/2020

CL2020-C1EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$468.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2020-8/17/2020			
8/3/2020-8/3/2020			
7/13/2020-7/13/2020			

CL2020-FEEF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$296.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2020-6/8/2020			
4/27/2020-4/27/2020			

CL2020-8BD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$148.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2020-4/27/2020			

CL2020-10D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$148.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2020-3/30/2020			

CL2020-7254

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$148.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
3/2/2020-3/2/2020			

CL2020-AC4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$296.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
12/2/2019-12/2/2019			
11/12/2019-11/12/2019			

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.

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: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
10/30/2019-10/30/2019			

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: Timothy Eaton, Phd			
<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			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2019-7/16/2019			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2020-1/2/2020			

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: Northern Plains Children'S Advocacy Center			
<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			

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: D.D.			
<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			

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

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CL2019-9A10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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>
08/07/2019	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
7/19/2019-7/19/2019			
7/8/2019-7/8/2019			
7/1/2019-7/1/2019			

CL2019-DAF4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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>
06/21/2019	\$464.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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>
05/10/2019	\$232.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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>
04/11/2019	\$256.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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

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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.

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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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

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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.

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

07/03/2025
1:05:50AM

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

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

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

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

07/03/2025
1:05:50AM

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

CL2019-734F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$405.00	Medical	Hospital or Clinic

Payee: **M.L.**

Date(s) of Service (If Applicable)

2/22/2018-2/22/2018

CL2019-C59F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$488.00	Medical	Hospital or Clinic

Payee: **M.L.**

Date(s) of Service (If Applicable)

3/8/2018-3/8/2018

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>
09/20/2019	\$288.00	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

07/03/2025
1:05:50AM

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: CS2019-53A5

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2019-7/30/2019			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2019-7/30/2019			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/23/2019-9/23/2019			

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: Altru Health System			
<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			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2019-8/30/2019			

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

07/03/2025
1:05:50AM

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

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

Case ID Number: CS2019-542C

Victim Initials: L.M.

Case Payment Totals: **\$2,320.80**

Claim Payments:

CL2022-6072

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/09/2022 **\$8.80** Mental Health
Payee: **Staci Ekblad Professional**
Date(s) of Service (If Applicable)
Counseling/Emotional Therapy Wellness
12/16/2021-12/16/2021
10/13/2021-10/13/2021

CL2021-0BFF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/07/2021 **\$24.00** Mental Health
Payee: **Staci Ekblad Professional**
Date(s) of Service (If Applicable)
Counseling/Emotional Therapy Wellness
10/29/2020-10/29/2020

CL2021-17E1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/27/2021 **\$292.00** Mental Health
Payee: **Staci Ekblad Professional**
Date(s) of Service (If Applicable)
Counseling/Emotional Therapy Wellness
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

CL2020-481B

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

11/23/2020 **\$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

CL2020-03EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/13/2020	\$600.00	Mental Health	
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Payee: **Katie Shannon Licsw, Llc**

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

CL2020-AFC0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/04/2020	\$580.00	Mental Health	
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Payee: **Katie Shannon Licsw, Llc**

Date(s) of Service (If Applicable)

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>
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08/07/2019	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

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>
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04/15/2020	\$116.00	Mental Health	
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Payee: **The Village Family Service Center**

Date(s) of Service (If Applicable)

3/18/2020-3/18/2020

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

07/03/2025
1:05:50AM

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-A340

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/09/2020	\$116.00	Mental Health	
Payee: The Village Family Service Center			
<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>
03/19/2020	\$116.00	Mental Health	
Payee: Red Door Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2020-2/28/2020			

CL2020-9669

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$116.00	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2020-2/17/2020			

CL2020-EAB6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$116.00	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
2/7/2020-2/7/2020			

CL2020-20D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2020	\$232.00	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
1/20/2020-1/20/2020			
1/13/2020-1/13/2020			

CL2020-89DC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$177.60	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2019-12/30/2019			

CL2019-2DC5

<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			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2019-7/31/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2019-5B0C

Victim Initials: M.B.

Case Payment Totals: **\$84.13**

Claim Payments:

CL2020-734D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$84.13	Medical	Hospital or Clinic
Payee: Valley Vision Clinic			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2019-11/7/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

Case ID Number: CS2019-5C55

Victim Initials: J.S.

Case Payment Totals: **\$1,484.00**

Claim Payments:

CL2022-138A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$264.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2021-12/15/2021			
12/8/2021-12/8/2021			
12/1/2021-12/1/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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 **\$376.00** Mental Health

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

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**

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**

Date(s) of Service (If Applicable)

8/26/2019-8/26/2019

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/24/2019-4/24/2019

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: **Soul Survivor Counseling Services, Pc**

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

07/03/2025
1:05:50AM

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)

9/17/2019-9/17/2019

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

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

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>
01/21/2020	\$5,000.00	Funeral	

Payee: **S.M.**

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/16/2019-10/16/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2019-6939

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

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>
07/03/2019	\$64.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2019-4/18/2019			

CL2019-272F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$64.00	Medical	Hospital or Clinic
Payee: Lindsey Solberg Herbel, Ci/Ct			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2019-4/18/2019			

Case ID Number: CS2019-6AE2

Victim Initials: R.W.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2019-A355

<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 Center			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

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>
06/18/2020	\$211.20	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/12/2019-8/12/2019			

CL2020-4662

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2020	\$3,082.40	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/12/2019-8/12/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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>
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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.

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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>
09/11/2019	\$590.78	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
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>
09/09/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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>
08/22/2019	\$147.70	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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 **\$147.70** 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>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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>
05/10/2019	\$19.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

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

07/03/2025
1:05:50AM

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: CS2019-7179

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: J.A.			

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: Dakota Children'S Advocacy Center			
<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>
05/10/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/3/2019-4/3/2019			

CL2019-9715

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2019-3/21/2019			

CL2019-E85D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2019-3/7/2019			

CL2019-511A

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

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

07/03/2025
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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.

CL2019-A3CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2019-2/26/2019			

CL2019-D7FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$161.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2019-2/13/2019			

Case ID Number: CS2019-745D

Victim Initials: J.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-C0C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2019-8/28/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2019-1/15/2019			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2019-6/13/2019			

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.

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2019-7/10/2019			
6/27/2019-6/27/2019			

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: Guardian Flight Llc			
<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: Williston Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/4/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/7/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-7BDB

Victim Initials: J.R.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2019-6610

<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**

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

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

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>
12/13/2019	\$12.20	Mental Health	

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

11/1/2019-11/1/2019

CL2019-8F91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2019	\$12.20	Mental Health	

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

11/8/2019-11/8/2019

CL2019-AB3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$57.60	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/12/2019-6/12/2019

Case ID Number: CS2019-7FA1

Victim Initials: B.T.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2019-4831

<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			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2019-7/22/2019			

Case ID Number: CS2019-848B

Victim Initials: J.M.

Case Payment Totals: **\$50.87**

Claim Payments:

CL2020-46C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$50.87	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2020-4/1/2020			

Case ID Number: CS2019-84B2

Victim Initials: S.P.

Case Payment Totals: **\$1,464.80**

Claim Payments:

CL2020-823E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$120.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2020-7/23/2020			

CL2020-AF9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2020	\$122.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			
1/15/2020-1/15/2020			

CL2019-CD07

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$585.80	Travel	
Payee: A.P.			

CL2019-59CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2019	\$69.80	Mental Health	
Payee: The Kids Therapy Center, Llc			

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.

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

CL2019-59CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$279.20	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

CL2019-A6A9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/30/2018-10/30/2018

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>
04/12/2019	\$1,693.20	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

11/11/2018-11/11/2018

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

07/03/2025
1:05:50AM

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: CS2019-8610

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>
08/04/2021	\$56.58	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
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>
06/29/2021	\$172.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2021-5/13/2021			

CL2021-B375

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2021	\$254.60	Mental Health	
Payee: Sanford Health			
<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>
03/10/2021	\$182.00	Mental Health	
Payee: Sanford Health			
<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>
02/04/2021	\$648.79	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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 **\$35.94** Mental Health
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
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>
12/10/2020	\$123.89	Mental Health	
Payee: Sanford Health			
<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>
08/19/2020	\$177.21	Mental Health	
Payee: Sanford Health			
<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>
08/19/2020	\$253.07	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2020-2/20/2020			

CL2020-A11A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2020	\$715.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

Case ID Number: CS2019-896B

Victim Initials: X.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-55FC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/8/2019-8/8/2019			

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

07/03/2025
1:05:50AM

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: CS2019-8A7B

Victim Initials: K.G.

Case Payment Totals: **\$1,278.77**

Claim Payments:

CL2020-E131

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$990.77	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2019-8EC4

<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			
<u>Date(s) of Service (If Applicable)</u>			
9/19/2019-9/19/2019			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2019-1/16/2019			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2019-3/31/2019			
3/8/2019-3/8/2019			
2/5/2019-2/5/2019			

Case ID Number: CS2019-8C83

Victim Initials: S.R.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2019-5/28/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

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.			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2019-2/10/2019			

CL2019-B610

<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

07/03/2025
1:05:50AM

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.

11/06/2019 **\$228.54** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
12/3/2018-12/3/2018

CL2019-C4C4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/06/2019 **\$194.51** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
2/6/2019-2/6/2019

CL2019-E698

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/06/2019 **\$116.46** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
2/10/2019-2/10/2019

CL2019-1BE0

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/11/2019 **\$151.74** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
12/3/2018-12/3/2018

CL2019-247B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2019-8880

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/11/2019 **\$118.20** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
12/3/2018-12/3/2018

CL2019-A691

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Case ID Number: CS2019-9146

Victim Initials: R.K.

Case Payment Totals: **\$348.00**

Claim Payments:

ND Crime Victims Compensation, DOCR
PO Box 1898
Bismarck, ND 58502-1898

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

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2020-6/24/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2020-2/24/2020			
1/29/2020-1/29/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2019-6/5/2019			

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>
05/10/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2019-2/4/2019			

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>
04/11/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

Case ID Number: CS2019-96C8

Victim Initials: K.H.

Case Payment Totals: **\$681.54**

Claim Payments:

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

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1:05:50AM

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-E6E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$9.60	Mental Health	
Payee: Nuvation Health Services, P.C.			
<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>
07/25/2019	\$206.30	Mental Health	
Payee: Chambers & Blohm			
<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>
07/25/2019	\$272.00	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
10/22/2018-10/22/2018			

CL2019-9822

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$193.64	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2019-1/29/2019			

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>
07/08/2019	\$861.22	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
4/5/2019-4/5/2019			
4/9/2019-4/9/2019			

Case ID Number: CS2019-99CB

Victim Initials: P.B.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

CL2019-93D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/19/2019-8/19/2019			

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>
03/23/2021	\$1,318.66	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 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			

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			
<u>Date(s) of Service (If Applicable)</u> 4/15/2019-4/15/2019			

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

07/03/2025
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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.

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

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			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2019-5/22/2019			

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: Mckenzie County Ambulance Services			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2019-4/7/2019			

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: Mckenzie County Healthcare System			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2019-4/8/2019			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2019-4/24/2019			

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.

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2020-10/4/2020			
9/27/2019-9/27/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2019-5/6/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

Case ID Number: CS2019-A477

Victim Initials: O.H.

Case Payment Totals: **\$345.60**

Claim Payments:

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.

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 7/15/2019-7/15/2019			

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>
06/04/2020	\$438.40	Medical	Hospital or Clinic
Payee: Peace Health St. Joseph			
<u>Date(s) of Service (If Applicable)</u> 9/30/2019-9/30/2019			

CL2020-1009

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$3,436.80	Medical	Hospital or Clinic
Payee: Peace Health St. Joseph			
<u>Date(s) of Service (If Applicable)</u> 9/30/2019-9/30/2019			

CL2019-0613

<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			
<u>Date(s) of Service (If Applicable)</u> 9/25/2019-9/25/2019			

Case ID Number: CS2019-A6E3

Victim Initials: M.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-9172

<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			
<u>Date(s) of Service (If Applicable)</u> 2/21/2020-2/21/2020			

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

07/03/2025
1:05:50AM

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-A717

Victim Initials: M.O.

Case Payment Totals: **\$1,593.68**

Claim Payments:

CL2019-27AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$139.34	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2019-2/21/2019			

CL2019-17B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$172.00	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
1/10/2019-1/10/2019			

CL2019-3143

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$156.75	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			

CL2019-3EE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$172.00	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
1/24/2019-1/24/2019			

CL2019-52BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$139.34	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2019-1/3/2019			

CL2019-F7A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$156.75	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
12/27/2018-12/27/2018			

CL2019-F893

<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

07/03/2025
1:05:50AM

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 **\$172.00** Mental Health
Payee: **Mary Solberg, Licsw**
Date(s) of Service (If Applicable)
1/17/2019-1/17/2019

CL2019-FEA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$172.00	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2019-1/31/2019			

CL2019-9B62

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$313.50	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
12/27/2018-12/27/2018			
12/20/2018-12/20/2018			

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: Therapy Solutions			
<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: Therapy Solutions			
<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: Therapy Solutions			
<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: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

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

07/03/2025
1:05:50AM

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.

CL2020-372E

<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: Therapy Solutions			
<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: Therapy Solutions			
<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>
04/22/2020	\$87.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2020-3/26/2020			

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>
10/28/2019	\$450.00	Mental Health	
Payee: E.A.			
<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			

CL2019-0F0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/23/2019	\$3,150.00	Mental Health	
Payee: E.A.			

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.

Date(s) of Service (If Applicable)

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

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>
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

CL2019-E4F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

Case ID Number: CS2019-B2C6

Victim Initials: A.W.

Case Payment Totals: **\$962.85**

Claim Payments:

CL2021-F2FE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-3E15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$247.58	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/25/2019-11/25/2019			
11/6/2019-11/6/2019			

CL2020-5BB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$622.44	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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>
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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.

08/15/2019 **\$165.05** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2018-10/31/2018			

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>
05/10/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2019-3/21/2019			

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>
05/10/2019	\$100.67	Medical	Hospital or Clinic
Payee: Chi St. Alexius			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2018-12/31/2018			
12/23/2018-12/23/2018			

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

07/03/2025
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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.

11/16/2020 **\$70.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
3/20/2020-3/20/2020

CL2020-50A2

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/09/2020 **\$56.00** Medical Chiropractic or Massage
Payee: **Keep In Touch Massage**
Date(s) of Service (If Applicable)
3/20/2020-3/20/2020

CL2020-83E3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/05/2020 **\$70.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
11/25/2019-11/25/2019

CL2019-0D35

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/28/2019 **\$70.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
9/25/2019-9/25/2019

CL2019-2607

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/26/2019 **\$65.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
9/2/2019-9/2/2019

CL2019-2AA2

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/26/2019 **\$65.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
7/31/2019-7/31/2019

CL2019-302B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/26/2019 **\$65.00** Medical Chiropractic or Massage
Payee: **A.E.**
Date(s) of Service (If Applicable)
8/16/2019-8/16/2019

CL2019-488F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/05/2019 **\$65.00** Medical Chiropractic or Massage
Payee: **A.E.**

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

07/03/2025
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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.

Date(s) of Service (If Applicable)
7/13/2019-7/13/2019

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.			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

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.			
<u>Date(s) of Service (If Applicable)</u>			
3/8/2019-3/8/2019			

CL2019-922B

<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.			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2019-5/15/2019			

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>
04/28/2020	\$5,230.00	Medical	Hospital or Clinic
Payee: E.R.			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2018-1/30/2018			
4/27/2018-4/27/2018			
1/29/2018-1/29/2018			
2/12/2018-2/12/2018			

CL2020-AF18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$3,559.95	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2019-1/28/2019			

CL2020-3AC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$412.00	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			

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

07/03/2025
1:05:50AM

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)

1/29/2018-1/30/2018

2/12/2018-2/12/2018

4/27/2018-4/27/2018

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>
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

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 Center**

Date(s) of Service (If Applicable)

5/20/2019-5/20/2019

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.**

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**

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

07/03/2025
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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)

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

Case ID Number: CS2019-C32A

Victim Initials: M.P.

Case Payment Totals: **\$1,386.40**

Claim Payments:

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: **Trinity Medical Group**

Date(s) of Service (If Applicable)

7/18/2019-7/18/2019

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: **Trinity Medical Group**

Date(s) of Service (If Applicable)

7/18/2019-7/18/2019

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/24/2019-7/24/2019

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: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

11/18/2019-11/18/2019

11/12/2019-11/12/2019

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

07/03/2025
1:05:50AM

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.

CL2019-4D19

<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: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/11/2019-9/11/2019			

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: The Kids Therapy Center, Llc			
<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			

CL2019-C08A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$334.40	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/8/2019-7/8/2019			
6/25/2019-6/25/2019			
5/21/2019-5/21/2019			

CL2019-132B

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2019-2/12/2019			

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>
07/05/2019	\$281.60	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2019-5/29/2019			

Case ID Number: CS2019-C3F9

Victim Initials: S.S.

Case Payment Totals: **\$468.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2019-14B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2019-3/15/2019			

CL2019-981A

<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			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2019-1/14/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/18/2019-11/18/2019			
11/12/2019-11/12/2019			
6/18/2019-6/18/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/11/2019-9/11/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2019-8/5/2019			
7/23/2019-7/23/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2019-5/21/2019			

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

07/03/2025
1:05:50AM

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.

CL2019-5B51

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2019-2/12/2019			

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>
05/09/2019	\$560.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2019-1/21/2019			
1/15/2019-1/15/2019			
1/10/2019-1/10/2019			
1/2/2019-1/2/2019			

CL2019-B07A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$849.09	Mental Health	
Payee: L.A.			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2019-F501

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$391.89	Mental Health	
Payee: L.A.			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2018-10/25/2018			
10/11/2018-10/11/2018			
10/2/2018-10/2/2018			

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

07/03/2025
1:05:50AM

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.

03/09/2020 **\$1,678.40** Medical Dental
Payee: **Gregory Evanoff, Dds**
Date(s) of Service (If Applicable)
10/28/2019-10/28/2019

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>
05/30/2019	\$150.44	Medical	Hospital or Clinic
Payee: T.H.			
<u>Date(s) of Service (If Applicable)</u>			
12/10/2018-12/10/2018			

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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

02/16/2021 **\$40.98** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
12/28/2020-12/28/2020

CL2020-D86E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/24/2020 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/14/2020-10/14/2020

CL2020-3655

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/10/2020 **\$88.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
7/29/2020-7/29/2020

CL2020-B0E0

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

02/05/2020 **\$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			
<u>Date(s) of Service (If Applicable)</u>			
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>
12/13/2019	\$51.50	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			

CL2019-8B9B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$180.20	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/23/2019-9/23/2019			
7/31/2019-7/31/2019			

CL2019-3978

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2019	\$198.02	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2019-9/10/2019			
8/19/2019-8/19/2019			
8/12/2019-8/12/2019			
6/12/2019-6/12/2019			

CL2019-356D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$201.60	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

CL2019-A6D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$441.02	Mental Health	

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

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1:05:50AM

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)

5/17/2019-5/17/2019

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

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)

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

Case ID Number: CS2019-DBFD

Victim Initials: R.W.

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

Claim Payments:

CL2019-0C91

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

11/01/2019

\$4,100.00

Funeral

Payee: **R.W.**

Case ID Number: CS2019-DCBB

Victim Initials: H.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-BDF9

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

05/10/2019

\$288.00

Mental Health

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

Date(s) of Service (If Applicable)

3/5/2019-3/5/2019

Case ID Number: CS2019-DE1F

Victim Initials: L.P.

Case Payment Totals: **\$9,254.96**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2020-01B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2020	\$925.00	Mental Health	
Payee: M.S.			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2019-1CE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$740.00	Mental Health	
Payee: N.P.			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2019-4C77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$2,288.01	Medical	Hospital or Clinic
Payee: Emergency Professional Services Pc			
<u>Date(s) of Service (If Applicable)</u>			
4/29/2019-4/29/2019			
4/7/2019-4/7/2019			

CL2019-D0A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$5,301.95	Medical	Hospital or Clinic
Payee: Banner Health			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2019-5/3/2019			
4/30/2019-4/30/2019			
4/29/2019-4/29/2019			

Case ID Number: CS2019-DE32

Victim Initials: O.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-8363

<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

07/03/2025
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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.

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

Case ID Number: CS2019-DE6D

Victim Initials: A.D.

Case Payment Totals: **\$475.57**

Claim Payments:

CL2020-2A57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$109.89	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2019-11/1/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

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

07/03/2025
1:05:50AM

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.

06/26/2019 **\$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

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/27/2019-3/27/2019

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

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: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

9/10/2019-9/10/2019

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>
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07/25/2019	\$22.19	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/25/2019-6/25/2019

CL2019-3D78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/21/2019	\$15.86	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/7/2019-5/7/2019

CL2019-645D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/21/2019	\$15.86	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/21/2019-5/21/2019

CL2019-80D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/21/2019	\$15.86	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/28/2019-5/28/2019

CL2019-FBDD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/10/2019	\$81.18	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/12/2019-3/12/2019

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>
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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

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

07/03/2025
1:05:50AM

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 **\$288.00** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/25/2019-2/25/2019

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2019-9/4/2019			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
4/11/2019-4/11/2019			

Case ID Number: CS2019-EA3B **Victim Initials: G.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2019-4/18/2019			

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>
06/21/2019	\$161.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2019-5/6/2019			

CL2019-CE2E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$104.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2019-5/13/2019			

CL2019-ED10

<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			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-EC95

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-A2B6

<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			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/17/2019			

Case ID Number: CS2019-EDFC

Victim Initials: R.A.

Case Payment Totals: **\$509.20**

Claim Payments:

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

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1:05:50AM

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

CL2021-7A0F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/03/2021	\$221.20	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			
11/7/2019-11/7/2019			
10/30/2019-10/30/2019			

CL2020-1D8D

<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			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2019-8/14/2019			

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: West River Health Services			
<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: West River Health Services			
<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: West River Health Services			
<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: West River Health Services			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

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06/29/2020 **\$109.90** Mental Health
Payee: **West River Health Services**
Date(s) of Service (If Applicable)
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: West River Health Services			
<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>
06/29/2020	\$153.33	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2020-4/27/2020			

CL2020-4C9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$2,307.20	Mental Health	
Payee: West River Health Services			
<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			

CL2019-811D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/31/2019	\$1,101.75	Mental Health	
Payee: West River Health Services			
<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			

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

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CL2019-2E43

<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)

2/14/2019-2/14/2019

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>
11/13/2019	\$5,000.00	Funeral	

Payee: **T.B.**

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>
08/19/2020	\$15.33	Mental Health	

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

Date(s) of Service (If Applicable)

7/2/2020-7/2/2020

CL2020-27E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$11.20	Mental Health	

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

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

CL2020-A0BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$26.56	Mental Health	

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

Date(s) of Service (If Applicable)

12/11/2019-12/11/2019

CL2019-2FCF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$30.65	Mental Health	

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

Date(s) of Service (If Applicable)

10/8/2019-10/8/2019

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.
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CL2019-E4D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2019	\$30.65	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
9/13/2019-9/13/2019			

CL2019-B46A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$30.65	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
8/2/2019-8/2/2019			

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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
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			
<u>Date(s) of Center (If Applicable)</u>			
3/5/2019-3/5/2019			

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
9/16/2019-9/16/2019			

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: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
10/14/2020-10/14/2020			

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: Empowered Therapy By Tara Lorenz			
<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			

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: Empowered Therapy By Tara Lorenz			

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.

Date(s) of Service (If Applicable)

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

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: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

4/21/2020-4/21/2020
4/14/2020-4/14/2020
4/7/2020-4/7/2020

CL2020-A2BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2020	\$884.00	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

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>
05/04/2020	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/23/2019-9/23/2019

Case ID Number: CS2019-F39C

Victim Initials: C.A.

Case Payment Totals: **\$292.21**

Claim Payments:

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.

CL2019-8415

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$4.21	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2019-8/9/2019			

CL2019-B892

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2019-7/10/2019			

Case ID Number: CS2019-F3E5

Victim Initials: B.F.

Case Payment Totals: **\$2,996.92**

Claim Payments:

CL2020-C5B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/03/2020	\$2,996.92	Wage Loss	
Payee: B.F.			

Case ID Number: CS2019-F452

Victim Initials: E.T.

Case Payment Totals: **\$2,019.45**

Claim Payments:

CL2021-1F1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2021	\$611.30	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/30/2019-9/30/2019			
9/23/2019-9/23/2019			
6/26/2019-6/26/2019			

CL2021-EF4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$32.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2021-2/24/2021			
2/15/2021-2/15/2021			

CL2021-F989

<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

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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.

03/29/2021 **\$16.00** Mental Health

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

Date(s) of Service (If Applicable)

2/9/2021-2/9/2021

CL2021-96B0

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/17/2021 **\$64.00** Mental Health

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

CL2020-8508

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

CL2020-4DEC

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/19/2020 **\$634.10** 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

CL2020-59F2

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/24/2020 **\$326.05** 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

CL2019-8F47

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/19/2019 **\$288.00** Medical

Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/4/2019-6/4/2019

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

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1:05:50AM

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-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>
11/13/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 10/21/2019-10/21/2019			

Case ID Number: CS2019-F739

Victim Initials: D.L.

Case Payment Totals: **\$2,102.32**

Claim Payments:

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 1/6/2020-1/6/2020			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 11/23/2019-11/23/2019			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 11/23/2019-11/23/2019			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/24/2019-6/24/2019			

North Dakota Crime Victims Compensation
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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.

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/6/2019-6/6/2019			

Case ID Number: CS2019-FC09

Victim Initials: A.R.

Case Payment Totals: **\$678.61**

Claim Payments:

CL2019-4CF7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$609.26	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u> 7/28/2018-7/28/2018			

CL2019-5704

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$69.35	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u> 7/28/2018-7/28/2018			

Case ID Number: CS2019-FE97

Victim Initials: G.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-A3F8

<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 Center			
<u>Date(s) of Service (If Applicable)</u> 11/18/2019-11/18/2019			

Case ID Number: CS2019-FF10

Victim Initials: S.A.

Case Payment Totals: **\$167.41**

Claim Payments:

CL2020-E24A

<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

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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.

08/31/2020 **\$167.41** Mental Health

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

Date(s) of Service (If Applicable)

3/10/2020-3/10/2020

2/3/2020-2/3/2020

Case ID Number: CS2020-0098

Victim Initials: L.Z.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-AD53

<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)

6/29/2020-6/29/2020

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/3/2020-12/3/2020

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: **M.P.**

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>
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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.

04/22/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
3/24/2020-3/24/2020

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: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2019-12/7/2019			

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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

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: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

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.

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2020-10/8/2020			

Case ID Number: CS2020-0AAB

Victim Initials: J.Z.

Case Payment Totals: **\$1,692.55**

Claim Payments:

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 #184736			
<u>Date(s) of Service (If Applicable)</u>			
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 #184736			
<u>Date(s) of Service (If Applicable)</u>			
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 #184736			
<u>Date(s) of Service (If Applicable)</u>			
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			

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.

Case ID Number: CS2020-1011

Victim Initials: E.K.

Case Payment Totals: **\$453.05**

Claim Payments:

CL2022-C581

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$165.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2020-4/9/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2020-2/10/2020			

Case ID Number: CS2020-1095

Victim Initials: M.G.

Case Payment Totals: **\$24,098.61**

Claim Payments:

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.			
<u>Date(s) of Service (If Applicable)</u>			
6/25/2020-6/25/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/22/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

North Dakota Crime Victims Compensation
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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.

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			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2020-2/28/2020			

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			

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:

North Dakota Crime Victims Compensation
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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.

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**

Date(s) of Service (If Applicable)
12/7/2020-12/7/2020

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

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)
12/1/2020-12/1/2020

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)
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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)
1/12/2021-1/12/2021

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.

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2020-3/30/2020			

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>
05/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

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>
11/01/2021	\$324.27	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2020-12/17/2020			
12/2/2020-12/2/2020			
11/19/2020-11/19/2020			
7/8/2020-7/8/2020			

CL2021-F5FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2021	\$146.77	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2020-12/21/2020			
12/9/2020-12/9/2020			
9/30/2020-9/30/2020			

CL2021-2FA4

<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

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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.

01/29/2021 **\$230.76** 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

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>
10/18/2021	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/13/2020-8/13/2020

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

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>
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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.

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

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			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2019-12/30/2019			

Case ID Number: CS2020-29D8 **Victim Initials: W.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

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			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2020-12/7/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2020-11/4/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2020-10/16/2020			

CL2020-AA5D

<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

07/03/2025
1:05:50AM

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)
9/24/2020-9/24/2020

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.			

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.			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2020-8/10/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/30/2020-4/30/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2020-33DC

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			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2020-4/28/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2020-4/16/2020			
4/1/2020-4/1/2020			
3/25/2020-3/25/2020			

CL2020-C3D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2020	\$110.40	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			
3/12/2020-3/12/2020			
3/5/2020-3/5/2020			

CL2020-5EE4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$332.96	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2020-2/13/2020			
2/6/2020-2/6/2020			
1/29/2020-1/29/2020			

CL2020-6B18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/27/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2020-1/9/2020			

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

07/03/2025
1:05:50AM

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: CS2020-37A6

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>
11/23/2020	\$141.82	Medical	Prescription
Payee: K.K.			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2020-10/7/2020			

CL2020-CE08

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$147.88	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2020-6/12/2020			

CL2020-BF44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$39.02	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2020-5/30/2020			
6/6/2020-6/6/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2020-6/5/2020			
6/1/2020-6/1/2020			
5/29/2020-5/29/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2020-10/26/2020			

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

07/03/2025
1:05:50AM

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: CS2020-39A1

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2020-8/25/2020			

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>
06/11/2020	\$2,337.80	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2019-1/28/2019			

CL2020-766A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2020	\$488.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

Case ID Number: CS2020-3D57

Victim Initials: N.C.

Case Payment Totals: **\$3,600.00**

Claim Payments:

CL2021-1C71

<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

07/03/2025
1:05:50AM

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.

09/20/2021 **\$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

CL2021-0147

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

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: **Summit Counseling**

Date(s) of Service (If Applicable)

8/4/2020-8/4/2020

7/29/2020-7/29/2020

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/24/2020-8/24/2020

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

07/03/2025
1:05:50AM

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: CS2020-4080

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: Dakota Children'S Advocacy Center			
<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			

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: N.K.			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2020-3/17/2020			
1/15/2020-1/15/2020			

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: Aspen Dental			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			
3/17/2020-3/17/2020			

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: N.K.			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

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: Institute Of Facial Surgery			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2020-1/16/2020			

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

07/03/2025
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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.

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: Dakota Children'S Advocacy Center			
<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			

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: Dakota Children'S Advocacy Center			
<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			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			
11/4/2020-11/4/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

05/21/2020 **\$42.35** Medical Hospital or Clinic
Payee: **Mid Dakota Clinic**
Date(s) of Service (If Applicable)
1/15/2020-1/15/2020

CL2020-2D66

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-A684

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-B1B1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-DD13

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/21/2020 **\$69.93** Medical Hospital or Clinic
Payee: **Mid Dakota Clinic**

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

07/03/2025
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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.

Date(s) of Service (If Applicable)
2/12/2020-2/12/2020

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			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2020-9/2/2020			
9/4/2020-9/4/2020			

CL2020-8139

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/28/2020	\$40.79	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2020-8/23/2020			

CL2020-CD01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$119.73	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2020-9/4/2020			

CL2020-F7AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$106.18	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2020-8/23/2020			

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

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1:05:50AM

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: CS2020-46DC

Victim Initials: T.B.

Case Payment Totals: **\$2,036.08**

Claim Payments:

CL2021-748F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$2,036.08	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
3/16/2020-3/23/2020			

Case ID Number: CS2020-492D

Victim Initials: E.B.

Case Payment Totals: **\$2,600.00**

Claim Payments:

CL2024-86D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/24/2024	\$680.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2023-2/6/2023			
1/23/2023-1/23/2023			
1/9/2023-1/9/2023			

CL2022-452D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$1,920.00	Mental Health	
Payee: Rob Schwab, Lcpc			
<u>Date(s) of Service (If Applicable)</u>			
6/30/2022-6/30/2022			
5/12/2022-5/12/2022			
4/28/2022-4/28/2022			
3/3/2022-3/3/2022			
2/17/2022-2/17/2022			
2/3/2022-2/3/2022			
1/20/2022-1/20/2022			
12/23/2021-12/23/2021			
12/9/2021-12/9/2021			
11/11/2021-11/11/2021			
9/30/2021-9/30/2021			
9/16/2021-9/16/2021			
9/4/2021-9/4/2021			
8/21/2021-8/21/2021			
8/14/2021-8/14/2021			
7/3/2021-7/3/2021			
6/12/2021-6/12/2021			
5/22/2021-5/22/2021			
5/8/2021-5/8/2021			
3/20/2021-3/20/2021			

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

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1:05:50AM

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: CS2020-4CA5

Victim Initials: A.L.

Case Payment Totals: **\$2,496.29**

Claim Payments:

CL2020-60AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$101.69	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2020-5/28/2020			

CL2020-93F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$508.44	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-42DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$406.75	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/4/2020-6/4/2020			
5/21/2020-5/21/2020			
5/12/2020-5/12/2020			
5/5/2020-5/5/2020			

CL2020-4BFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$610.13	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-CAB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$508.44	Mental Health	
Payee: The Kids Therapy Center, Llc			

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

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1:05:50AM

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)

3/10/2020-3/10/2020

3/5/2020-3/5/2020

2/25/2020-2/25/2020

2/17/2020-2/17/2020

2/10/2020-2/10/2020

CL2020-5426

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/27/2020	\$360.84	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

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/21/2020-4/21/2020

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: **Guardian Flight Llc**

Date(s) of Service (If Applicable)

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: **Trinity Medical Group**

Date(s) of Service (If Applicable)

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>
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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.

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02/19/2020 **\$198.40** Medical Hospital or Clinic
Payee: **B.C.**
Date(s) of Service (If Applicable)
1/9/2020-1/9/2020

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: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2020-9/28/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2020-9/21/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2020-9/21/2020			

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.			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2020-9/14/2020			

Case ID Number: CS2020-535F

Victim Initials: R.R.

Case Payment Totals: **\$780.00**

Claim Payments:

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2020-12/18/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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: Northern Plains Children'S Advocacy Center			
<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: Northern Plains Children'S Advocacy Center			
<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: Northern Plains Children'S Advocacy Center			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

09/17/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2020-6/8/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2019-12/4/2019			

Case ID Number: CS2020-5569

Victim Initials: Z.O.

Case Payment Totals: **\$737.79**

Claim Payments:

CL2022-9C2C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$24.00	Mental Health	
Payee: Laidlaw Psychological Services			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2022-5/10/2022			

CL2022-E809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$24.00	Mental Health	
Payee: Laidlaw Psychological Services			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2022-5/3/2022			

CL2022-2D27

<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

07/03/2025
1:05:50AM

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.

03/28/2022 **\$24.00** Mental Health
Payee: **Laidlaw Psychological Services**
Date(s) of Service (If Applicable)
2/22/2022-2/22/2022

CL2022-209C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/17/2022 **\$29.25** Mental Health
Payee: **Laidlaw Psychological Services**
Date(s) of Service (If Applicable)
1/17/2022-1/17/2022

CL2022-82C8

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/20/2022 **\$35.87** Mental Health
Payee: **Laidlaw Psychological Services**
Date(s) of Service (If Applicable)
12/8/2021-12/8/2021

CL2022-79F8

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/06/2022 **\$35.87** Mental Health
Payee: **Laidlaw Psychological Services**
Date(s) of Service (If Applicable)
11/10/2021-11/10/2021

CL2021-232B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/15/2021 **\$59.92** Mental Health
Payee: **Laidlaw Psychological Services**

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

07/03/2025
1:05:50AM

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)

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**

Date(s) of Service (If Applicable)

4/26/2021-4/26/2021

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

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

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

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

07/03/2025
1:05:50AM

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: CS2020-5B7A

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			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2021-4/12/2021			
4/1/2021-4/1/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2020-10/9/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2021-4/12/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2021-1/22/2021			
1/20/2021-1/20/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2021-1/22/2021			

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 & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
4/23/2020-4/23/2020			

CL2021-CA33

<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

07/03/2025
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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.

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

CL2021-D660

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/09/2021	\$396.00	Mental Health	
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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

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>
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11/29/2021	\$194.83	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

9/21/2021-9/21/2021

Case ID Number: CS2020-5BFC

Victim Initials: V.M.

Case Payment Totals: **\$9,919.36**

Claim Payments:

CL2022-D1ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/18/2022	\$1,180.00	Mental Health	
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Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

3/2/2022-3/2/2022

2/9/2022-2/9/2022

12/27/2021-12/27/2021

12/2/2021-12/2/2021

9/19/2021-9/19/2021

CL2021-5384

<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

07/03/2025
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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.

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>
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03/09/2021	\$2,180.00	Mental Health	
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Payee: **Summit Counseling**

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

CL2020-E0EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/08/2020	\$3,156.08	Medical	Hospital or Clinic
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Payee: **Chi St. Alexis Health Williston (Mercy**

Date(s) of Service (If Applicable)

3/21/2020-3/21/2020

CL2020-1F77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/30/2020	\$582.48	Medical	Hospital or Clinic
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Payee: **Chi St. Alexis Health Williston (Mercy**

Date(s) of Service (If Applicable)

7/3/2020-7/3/2020

CL2020-3180

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/21/2020	\$218.40	Medical	Hospital or Clinic
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Payee: **Mercy Hospital Physicians**

Date(s) of Service (If Applicable)

7/3/2020-7/3/2020

CL2020-42AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/21/2020	\$218.40	Medical	Hospital or Clinic
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Payee: **Mercy Hospital Physicians**

Date(s) of Service (If Applicable)

3/21/2020-3/21/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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CL2020-54AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$190.40	Medical	Hospital or Clinic
Payee: Mercy Radiology Services			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2020-3/21/2020			

CL2020-B796

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$129.60	Medical	Hospital or Clinic
Payee: Mercy Radiology Services			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2020-3/21/2020			

CL2020-3A27

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$359.20	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy Medical)			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2020-7/6/2020			

CL2020-C1D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$34.40	Medical	Hospital or Clinic
Payee: Mercy Radiology Services			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2020-7/6/2020			

CL2020-E330

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$230.40	Medical	Hospital or Clinic
Payee: Craven Hagan Clinic			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2020-7/6/2020			

Case ID Number: CS2020-5C3C

Victim Initials: S.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-856A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

North Dakota Crime Victims Compensation
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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.

Case ID Number: CS2020-5DEA

Victim Initials: A.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-1B03

<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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2020-10/5/2020			

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>
12/14/2020	\$120.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2020-11/9/2020			

CL2020-4F40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$240.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2020-8/17/2020			
8/3/2020-8/3/2020			

CL2020-4F68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$480.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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			

CL2020-2980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$480.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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			

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.
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CL2020-1FBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$1,080.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
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>
04/22/2020	\$600.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
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			

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>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2020-9/28/2020			

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>
04/30/2021	\$99.51	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2021-3/11/2021			
3/4/2021-3/4/2021			

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

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CL2021-9447

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$53.36	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2021-2/11/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

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.			

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.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2019-11/19/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2020-9/30/2020			

North Dakota Crime Victims Compensation
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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.

Case ID Number: CS2020-6C93

Victim Initials: L.G.

Case Payment Totals: **\$293.48**

Claim Payments:

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			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2020-1/14/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2020-8/19/2020			

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			
<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			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2020-8/19/2020			

North Dakota Crime Victims Compensation
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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.			

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.			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2020-12/11/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2021-7/22/2021			
7/12/2021-7/12/2021			
6/7/2021-6/7/2021			
4/30/2021-4/30/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2020-9/29/2020			

North Dakota Crime Victims Compensation

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

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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>
11/24/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			

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>
10/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2020-8/27/2020			

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>
05/14/2020	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

CL2020-5C71

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2020-2/5/2020			

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

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03/06/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
2/1/2020-2/1/2020

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: Virtual Radiologic Professionals			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

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: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

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: St. Alexius Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

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: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

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: Red Rock Psychological Health			

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

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

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2021-10/1/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

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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			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2020-10/1/2020			

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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2020-10/29/2020			
10/15/2020-10/15/2020			

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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2020-5/21/2020			
4/23/2020-4/23/2020			

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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/4/2020-6/4/2020			
5/29/2020-5/29/2020			

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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2020-7/23/2020			
7/16/2020-7/16/2020			

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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2020-9/24/2020			
9/17/2020-9/17/2020			

North Dakota Crime Victims Compensation
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/6/2020-8/6/2020			

CL2020-8A1A

<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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/1/2020-7/1/2020			
6/26/2020-6/26/2020			

CL2020-C29C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$60.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/20/2020-8/20/2020			
8/13/2020-8/13/2020			
8/10/2020-8/10/2020			

CL2020-D888

<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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2020-7/28/2020			
6/12/2020-6/12/2020			

CL2020-DDA8

<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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/7/2020-5/7/2020			

CL2020-E2CE

<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: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			
4/30/2020-4/30/2020			

CL2020-E54C

<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

07/03/2025
1:05:50AM

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 **\$20.00** Mental Health
Payee: **Abound Counseling Llc**
Date(s) of Service (If Applicable)
4/16/2020-4/16/2020

CL2020-F231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$60.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2020-9/10/2020			
9/3/2020-9/3/2020			
8/27/2020-8/27/2020			

CL2020-D980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2020	\$90.71	Medical	Hospital or Clinic
Payee: J.W.			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

CL2020-B0C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2020	\$674.40	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-5622

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$141.25	Medical	Hospital or Clinic
Payee: J.W.			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

CL2020-693F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$113.00	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

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

07/03/2025
1:05:50AM

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: CS2020-830F

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>
03/16/2021	\$1,567.92	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2021-1944

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$152.35	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			

CL2021-21B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$694.38	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

Case ID Number: CS2020-83BA

Victim Initials: L.F.

Case Payment Totals: **\$5,676.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-8C44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2022-3/15/2022			

CL2022-B938

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2022-3/15/2022			
2/8/2022-2/8/2022			

CL2022-8809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/14/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/27/2022-1/27/2022			
1/10/2022-1/10/2022			
1/4/2022-1/4/2022			

CL2022-D668

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/14/2021-12/14/2021			
12/10/2021-12/10/2021			

CL2021-3D02

<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: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2021-11/30/2021			
11/15/2021-11/15/2021			
11/2/2021-11/2/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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 **\$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>
06/08/2021	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/28/2021-5/28/2021

CL2020-A64E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/3/2020-11/3/2020

CL2020-674C

<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

07/03/2025
1:05:50AM

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.

09/10/2020 **\$224.00** Mental Health

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

Date(s) of Service (If Applicable)

8/26/2020-8/26/2020

8/4/2020-8/4/2020

CL2020-18F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/19/2020	\$180.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/21/2020-7/21/2020

CL2020-A53F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/22/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/11/2020-3/11/2020

Case ID Number: CS2020-8551

Victim Initials: T.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-6561

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/04/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/5/2019-12/5/2019

Case ID Number: CS2020-8914

Victim Initials: K.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-628A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/10/2020	\$288.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

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

07/03/2025
1:05:50AM

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.

04/20/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
1/23/2020-1/23/2020

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			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2020-1/30/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2020-2/13/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2019-10/25/2019			
10/11/2019-10/11/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2019-10/8/2019			

CL2020-DAD7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2020	\$48.69	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2019-10/7/2019			

CL2020-3EDF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$812.07	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2019-10/9/2019			

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

07/03/2025
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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.

CL2020-8859

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$52.15	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2019-10/19/2019			

CL2020-8A25

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$52.69	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2019-11/2/2019			

CL2020-9A15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$121.32	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2019-11/7/2019			

CL2020-D8B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$212.15	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2019-10/12/2019			

Case ID Number: CS2020-8C35

Victim Initials: A.D.

Case Payment Totals: **\$77.60**

Claim Payments:

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2020-10/19/2020			

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 #184736			

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

07/03/2025
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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.

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

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 #184736**

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

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 #184736**

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

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

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

07/03/2025
1:05:50AM

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: CS2020-90A7

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.			

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.			

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.			

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>
04/14/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 3/12/2020-3/12/2020			

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>
12/15/2021	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 11/8/2021-11/8/2021			

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

07/03/2025
1:05:50AM

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-F820

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2021	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2021-10/25/2021			
10/6/2021-10/6/2021			

CL2021-77D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/22/2021-9/22/2021			
9/8/2021-9/8/2021			

CL2021-D6D8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2021-8/24/2021			

CL2021-2F88

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$113.22	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2021-1/8/2021			
12/4/2020-12/4/2020			

CL2020-4ABF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$57.60	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/1/2020-9/1/2020			

CL2020-DE24

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$2.50	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2020-10/1/2020			

Case ID Number: CS2020-96D2

Victim Initials: A.H.

Case Payment Totals: **\$1,778.67**

Claim Payments:

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

07/03/2025
1:05:50AM

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CL2021-E782

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$383.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-B813

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$583.52	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-7906

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$811.97	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2020-7/30/2020			
7/8/2020-7/8/2020			
6/25/2020-6/25/2020			
6/16/2020-6/16/2020			

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.			

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.			

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

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1:05:50AM

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)

1/15/2020-1/15/2020

1/3/2020-1/3/2020

2/14/2020-2/14/2020

1/23/2020-1/23/2020

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

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

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

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>
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

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>
06/05/2020	\$149.60	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

5/14/2020-5/14/2020

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.
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CL2020-D78A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2020	\$6,219.31	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2019-12/24/2019			

CL2020-C2DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2020	\$40.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

CL2020-E7D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2020	\$188.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

CL2020-032F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$219.20	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

CL2020-E0AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$144.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2019-12/24/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2019-12/24/2019			

CL2020-06FF

<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

07/03/2025
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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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

CL2020-0ECE

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-4335

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-72F1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-9D7B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-A198

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

Case ID Number: CS2020-9D9F

Victim Initials: E.H.

Case Payment Totals: **\$2,684.68**

Claim Payments:

CL2021-C38B

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)
6/16/2020-6/16/2020

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.

CL2021-6834

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$425.51	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2021-BC53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$193.30	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2021-3/15/2021			
3/8/2021-3/8/2021			

CL2021-CF0D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2021	\$289.94	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2021-3/1/2021			
2/17/2021-2/17/2021			
2/12/2021-2/12/2021			

CL2021-456C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2021	\$193.30	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2021-2/3/2021			
1/27/2021-1/27/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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

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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

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

CL2021-F692

<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

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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.

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

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			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2020-4/6/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/2/2020-12/2/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2020-7/30/2020			
7/14/2020-7/14/2020			
7/7/2020-7/7/2020			
6/30/2020-6/30/2020			

CL2020-AE4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$844.80	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

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

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1:05:50AM

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-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>
03/02/2021	\$4,868.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/22/2020-8/22/2020			

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>
04/28/2020	\$140.51	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
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>
04/28/2020	\$453.02	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
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>
04/28/2020	\$2,656.53	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/21/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/20/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/18/2020			

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

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1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2020-1/17/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/13/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2020-1/19/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

CL2020-B75D

<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			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2020-1/18/2020			

CL2020-D2F4

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

CL2020-EBBE

<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

07/03/2025
1:05:50AM

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 **\$20.28** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
1/21/2020-1/21/2020

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

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**
Date(s) of Service (If Applicable)
2/4/2020-2/4/2020

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**
Date(s) of Service (If Applicable)
1/9/2020-1/9/2020

Case ID Number: CS2020-A383

Victim Initials: C.A.

Case Payment Totals: **\$3,099.20**

Claim Payments:

CL2020-22B8

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

CL2020-A06E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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-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

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

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020

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

07/03/2025
1:05:50AM

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-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: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

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: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2019-12/11/2019			

Case ID Number: CS2020-AF1D

Victim Initials: R.M.

Case Payment Totals: **\$3,973.01**

Claim Payments:

CL2022-03D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$190.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2022-2/15/2022			

CL2022-91D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$495.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2022-1/18/2022			
1/13/2022-1/13/2022			
12/14/2021-12/14/2021			

CL2022-46D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/12/2022	\$346.20	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

07/03/2025
1:05:50AM

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)

12/22/2021-12/22/2021

12/2/2021-12/2/2021

11/23/2021-11/23/2021

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

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>
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

CL2021-84CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$15.20	Mental Health	

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

Date(s) of Service (If Applicable)

6/16/2020-6/16/2020

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

07/03/2025
1:05:50AM

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-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>
11/10/2020	\$36.01	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2019-12/17/2019			

CL2020-5242

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$89.04	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2020-6/22/2020			

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.			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2019-12/17/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2019-12/20/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2019-12/20/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2019-12/19/2019			

CL2020-B1A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/03/2025
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6/22/2020-6/22/2020

CL2020-B285

12/19/2019-12/19/2019

CL2020-C5F2

12/31/2019-12/31/2019

CL2020-E44B

12/20/2019-12/20/2019

CL2020-FBCC

12/31/2019-12/31/2019

CL2020-4A1F

3/5/2020-3/5/2020

CL2020-FA2D

3/5/2020-3/5/2020

CL2020-4FEF

Payee: L.L.

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

07/03/2025
1:05:50AM

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-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: L.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/4/2020-8/4/2020			

CL2020-1DA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$93.28	Mental Health	
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2020-7F8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$42.24	Mental Health	
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u>			
3/5/2020-3/5/2020			

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>
03/23/2021	\$73.60	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2020-10/12/2020			

Case ID Number: CS2020-B43F

Victim Initials: J.A.

Case Payment Totals: **\$195.20**

Claim Payments:

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

07/03/2025
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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.

CL2020-A3CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$195.20	Medical	Dental
Payee: Spectra Health			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2020-2/27/2020			

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>
12/11/2020	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2020-5/4/2020			

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>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2020-9/30/2020			

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>
01/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			

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

07/03/2025
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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.

02/18/2021 **\$355.00** Mental Health

Payee: **L.A.**

Date(s) of Service (If Applicable)

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

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>
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03/10/2021	\$172.00	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

1/5/2021-1/5/2021

CL2021-877B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/19/2021	\$372.00	Mental Health	
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Payee: **K.N.**

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

10/26/2020-10/26/2020

Case ID Number: CS2020-BB66

Victim Initials: A.K.

Case Payment Totals: **\$1,941.59**

Claim Payments:

CL2023-18C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/19/2023	\$462.46	Mental Health	
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Payee: **The Village Family Service Center**

Date(s) of Service (If Applicable)

3/14/2023-3/14/2023

3/7/2023-3/7/2023

2/16/2023-2/16/2023

CL2023-98B5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/23/2023	\$518.36	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

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

07/03/2025
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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.

Date(s) of Service (If Applicable)

1/17/2023-1/17/2023

4/7/2022-4/7/2022

2/16/2022-2/16/2022

CL2022-6AC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$652.74	Mental Health	

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

Date(s) of Service (If Applicable)

1/12/2022-1/12/2022

1/3/2022-1/3/2022

12/20/2021-12/20/2021

12/6/2021-12/6/2021

11/29/2021-11/29/2021

11/18/2021-11/18/2021

11/8/2021-11/8/2021

11/1/2021-11/1/2021

10/25/2021-10/25/2021

CL2021-4B8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2021	\$115.51	Mental Health	

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

Date(s) of Service (If Applicable)

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

CL2021-159C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/19/2021	\$192.52	Mental Health	

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

Date(s) of Service (If Applicable)

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

Case ID Number: CS2020-BC9E

Victim Initials: R.W.

Case Payment Totals: **\$4,815.00**

Claim Payments:

CL2023-1FBD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$1,485.00	Medical	Hospital or Clinic

Payee: **Belfield Ambulance Service**

Date(s) of Service (If Applicable)

7/6/2020-7/6/2020

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

07/03/2025
1:05:50AM

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.

CL2023-8E8A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$2,430.00	Medical	Hospital or Clinic
Payee: Dickinson Area Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2020-7/6/2020			

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.			

Case ID Number: CS2020-BCC3

Victim Initials: A.Y.

Case Payment Totals: **\$1,517.38**

Claim Payments:

CL2022-6623

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2020-6/8/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2020-6/22/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2021-1/21/2021			
6/23/2020-6/23/2020			

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

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1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			
12/15/2020-12/15/2020			
12/11/2020-12/11/2020			
11/19/2020-11/19/2020			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
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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.

04/20/2021 **\$275.12** Mental Health

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

Date(s) of Service (If Applicable)

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>
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

CL2021-C8C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2021	\$400.69	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

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>
02/04/2021	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/5/2020-8/5/2020

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>
04/16/2020	\$4,282.50	Funeral	

Payee: **D.E.**

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

07/03/2025
1:05:50AM

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-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>
04/27/2021	\$2,345.60	Wage Loss	
Payee: N.C.			

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>
07/20/2021	\$36.42	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2021-6/22/2021			
5/18/2021-5/18/2021			

CL2021-00D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$82.53	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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			

CL2020-CC8E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$120.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<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			

CL2020-9C9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$70.02	Mental Health	
Payee: The Kids Therapy Center, Llc			

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

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1:05:50AM

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)

4/15/2020-4/15/2020

3/24/2020-3/24/2020

CL2020-8B01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$96.00	Mental Health	

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

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

CL2020-5E9F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2020	\$96.00	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

CL2020-A355

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2020	\$72.00	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

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>
08/19/2021	\$120.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

5/27/2021-5/27/2021

5/19/2021-5/19/2021

4/27/2021-4/27/2021

CL2021-569D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2021	\$200.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

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.

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

CL2021-B799

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2021	\$280.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

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

CL2020-1ED2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2020	\$80.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

10/22/2020-10/22/2020

10/8/2020-10/8/2020

CL2020-BBF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$80.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

9/23/2020-9/23/2020

9/10/2020-9/10/2020

CL2020-6BD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$328.00	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

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

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.

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>
06/18/2021	\$994.07	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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

<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			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2021-2/18/2021			

CL2021-D363

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$365.64	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2020-10/1/2020			

Case ID Number: CS2020-CB7F

Victim Initials: K.B.

Case Payment Totals: **\$298.31**

Claim Payments:

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

07/03/2025
1:05:50AM

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-D6F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2020	\$10.31	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2020-2/5/2020			
1/29/2020-1/29/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2020-8/19/2020			
8/12/2020-8/12/2020			

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2020-7/28/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2020-7/29/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

10/05/2020 **\$93.57** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
3/10/2020-3/10/2020

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

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

Case ID Number: CS2020-CFD6

Victim Initials: J.L.

Case Payment Totals: **\$344.94**

Claim Payments:

CL2022-BC5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2022	\$56.94	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
1/29/2021-1/29/2021

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 Center**
Date(s) of Service (If Applicable)
8/19/2020-8/19/2020

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2020-8/28/2020			
8/19/2020-8/19/2020			
3/5/2020-3/5/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2021-2/4/2021			

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.

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			
<u>Date(s) of Center (If Applicable)</u>			
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>
01/04/2021	\$2.45	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
12/10/2020-12/10/2020			
11/12/2020-11/12/2020			

CL2020-A630

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$40.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
10/29/2020-10/29/2020			
10/15/2020-10/15/2020			

CL2020-4E27

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$20.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
10/1/2020-10/1/2020			

CL2020-A391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$97.60	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
8/17/2020-8/17/2020			

CL2020-B263

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$100.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
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			

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.

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>
05/20/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2020-1/7/2020			

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: Red Door Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/18/2020			

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: Red Door Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2020-2/11/2020			
2/6/2020-2/6/2020			

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: Nuvation Health Services, P.C.			
<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			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2020-10/5/2020			

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

07/03/2025
1:05:50AM

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-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: Dakota Children'S Advocacy Center			
<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			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			
8/25/2020-8/25/2020			

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: Red Rock Psychological Health			
<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			

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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

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

07/03/2025
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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.

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: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2021-11/10/2021			
11/5/2021-11/5/2021			

CL2021-B699

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2021-10/29/2021			
10/1/2021-10/1/2021			

CL2021-372D

<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			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2021-9/24/2021			
9/17/2021-9/17/2021			

CL2021-4A78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2021	\$45.60	Mental Health	
Payee: State Of Nd/ North Central Human			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2021-3/15/2021			
3/5/2021-3/5/2021			

CL2021-AC84

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$560.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2021-2415

<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

07/03/2025
1:05:50AM

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.

08/19/2021 **\$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

CL2021-16CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

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

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

Case ID Number: CS2020-D6FF

Victim Initials: J.M.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

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			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2020-9/2/2020			

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>
06/04/2020	\$412.35	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			
10/15/2019-10/15/2019			
10/31/2019-10/31/2019			
8/27/2019-8/27/2019			

CL2020-A514

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$968.55	Medical	Hospital or Clinic
Payee: St. Alexius Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/17/2019			

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>
12/10/2020	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2020-1/8/2020			

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>
06/04/2020	\$240.00	Wage Loss	
Payee: K.E.			

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

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1:05:50AM

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-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>
02/08/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2020-7/22/2020			

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: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/26/2019-12/12/2019			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2021-10/7/2021			
10/1/2021-10/1/2021			

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.

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: Northern Plains Children'S Advocacy			
<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	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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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.

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

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 Center**
Date(s) of Service (If Applicable)
1/7/2021-1/7/2021

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 Center**
Date(s) of Service (If Applicable)
10/22/2020-10/22/2020

Case ID Number: CS2020-EF19

Victim Initials: K.S.

Case Payment Totals: **\$23,399.74**

Claim Payments:

CL2023-476A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/24/2023	\$19,977.89	Medical	Hospital or Clinic

Payee: **K.S.**
Date(s) of Service (If Applicable)
8/29/2019-9/7/2019

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.**

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

07/03/2025
1:05:50AM

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.

CL2021-4F2E

<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.			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2019-9/5/2019			

Case ID Number: CS2020-F049

Victim Initials: R.H.

Case Payment Totals: **\$1,813.21**

Claim Payments:

CL2022-383B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2022	\$69.07	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2022-2/17/2022			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2021-3/15/2021			
3/1/2021-3/1/2021			

North Dakota Crime Victims Compensation
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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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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>
02/04/2021	\$457.08	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2020-2/13/2020			

Case ID Number: CS2020-F436

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

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.
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CL2021-ED28

<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			
<u>Date(s) of Service (If Applicable)</u>			
6/17/2020-6/17/2020			

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>
12/21/2020	\$520.20	Mental Health	
Payee: A.F.			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2020-4/7/2020			
3/31/2020-3/31/2020			
3/23/2020-3/23/2020			
3/18/2020-3/18/2020			

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>
04/22/2021	\$625.27	Medical	Hospital or Clinic
Payee: K.N.			
<u>Date(s) of Service (If Applicable)</u>			
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>
04/20/2021	\$2,210.04	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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.

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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>
03/01/2021	\$2,589.96	Mental Health	

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

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

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 Center**

Date(s) of Service (If Applicable)

5/19/2021-5/19/2021

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2021-1/11/2021			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2021-11/3/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2021-3/15/2021			

Case ID Number: CS2021-05D3

Victim Initials: A.S.

Case Payment Totals: **\$2,924.00**

Claim Payments:

CL2022-5362

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2022-4/28/2022			
4/19/2022-4/19/2022			
4/8/2022-4/8/2022			

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

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CL2022-C252

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2022-3/30/2022			

CL2022-0657

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2022-2/17/2022			
2/9/2022-2/9/2022			
2/4/2022-2/4/2022			

CL2022-931B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2022-1/5/2022			

CL2022-9E48

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2021-12/28/2021			
12/16/2021-12/16/2021			
12/3/2021-12/3/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2021-10/28/2021			
10/12/2021-10/12/2021			
10/5/2021-10/5/2021			

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.
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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			
<u>Date(s) of Service (If Applicable)</u>			
9/27/2021-9/27/2021			

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>
09/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2021-7/27/2021			

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>
10/13/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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>
11/08/2021	\$542.46	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2021-7/27/2021			

CL2021-11FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/08/2021	\$37.27	Medical	Prescription
Payee: J.D.			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2021-7/27/2021			

North Dakota Crime Victims Compensation
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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.

Case ID Number: CS2021-0EC7

Victim Initials: C.M.

Case Payment Totals: **\$3,844.80**

Claim Payments:

CL2022-7863

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2022	\$700.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/8/2022-11/8/2022			
10/18/2022-10/18/2022			
10/4/2022-10/4/2022			
9/19/2022-9/19/2022			
9/13/2022-9/13/2022			
9/1/2022-9/1/2022			
8/4/2022-8/4/2022			

CL2022-4FFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2022	\$658.58	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2022-7/28/2022			
6/30/2022-6/30/2022			
6/16/2022-6/16/2022			
5/19/2022-5/19/2022			

CL2022-0BA9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$362.44	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2022-5/13/2022			
5/4/2022-5/4/2022			

CL2022-3661

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$286.26	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/21/2022-4/21/2022			
4/7/2022-4/7/2022			

CL2022-59A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$1,591.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			

North Dakota Crime Victims Compensation
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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.

Date(s) of Service (If Applicable)

3/31/2022-3/31/2022
3/17/2022-3/17/2022
2/24/2022-2/24/2022
2/17/2022-2/17/2022
2/15/2022-2/15/2022
2/3/2022-2/3/2022
1/20/2022-1/20/2022
1/7/2022-1/7/2022
12/30/2021-12/30/2021
12/1/2021-12/1/2021
11/19/2021-11/19/2021
11/10/2021-11/10/2021
11/3/2021-11/3/2021
10/26/2021-10/26/2021
10/21/2021-10/21/2021

CL2022-60E5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$244.80	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/6/2021-10/6/2021			

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>
11/01/2021	\$337.69	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

Case ID Number: CS2021-0F95

Victim Initials: A.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-04AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2021-11/10/2021			

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

07/03/2025
1:05:50AM

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: CS2021-0FE8

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2021-7/27/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/23/2021-11/23/2021			

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.

Case ID Number: CS2021-167A

Victim Initials: P.A.

Case Payment Totals: **\$2,899.89**

Claim Payments:

CL2022-8869

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$179.57	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/9/2021-12/9/2021			
11/30/2021-11/30/2021			

CL2021-E2EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2021	\$143.02	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/20/2021-10/20/2021			
10/6/2021-10/6/2021			

CL2021-30CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/02/2021	\$1,649.38	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2021-48F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$548.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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.

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

CL2021-55E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

CL2021-8F00

<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)

2/26/2021-2/26/2021

Case ID Number: CS2021-1682

Victim Initials: J.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-F5F9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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

Case ID Number: CS2021-17A7

Victim Initials: H.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-2647

<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)

2/2/2021-2/2/2021

Case ID Number: CS2021-1837

Victim Initials: J.J.

Case Payment Totals: **\$169.72**

Claim Payments:

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

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CL2021-5BF8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$113.79	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2021-4/26/2021			
4/16/2021-4/16/2021			

CL2021-2FEC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$55.93	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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: **\$672.00**

Claim Payments:

CL2024-20C8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$384.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/24/2024-1/24/2024			
1/17/2024-1/17/2024			
1/9/2024-1/9/2024			

CL2021-A2CE

<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			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2021-7/28/2021			

Case ID Number: CS2021-1D35

Victim Initials: K.W.

Case Payment Totals: **\$2,544.00**

Claim Payments:

CL2022-F6FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2022-8/10/2022			
8/3/2022-8/3/2022			

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.
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CL2022-27FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2022	\$1,176.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2022-7/28/2022			
7/20/2022-7/20/2022			
7/13/2022-7/13/2022			
7/5/2022-7/5/2022			
6/29/2022-6/29/2022			
6/22/2022-6/22/2022			
6/8/2022-6/8/2022			

CL2022-3827

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2022-5/4/2022			

CL2022-1141

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2022-4/26/2022			
4/20/2022-4/20/2022			
4/6/2022-4/6/2022			

CL2022-CDC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2022-3/30/2022			

CL2021-C755

<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			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2021-6/10/2021			

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>
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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.

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11/01/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
4/9/2021-4/9/2021

Case ID Number: CS2021-1EE1

Victim Initials: E.R.

Case Payment Totals: **\$3,950.78**

Claim Payments:

CL2023-1038

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/23/2023	\$1,414.50	Medical	Dental
Payee: V.R.			
<u>Date(s) of Service (If Applicable)</u>			
5/2/2023-5/2/2023			

CL2023-D956

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2023	\$600.00	Medical	Dental
Payee: E.R.			
<u>Date(s) of Service (If Applicable)</u>			
1/10/2023-1/10/2023			

CL2023-F5F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2023	\$306.40	Medical	Dental
Payee: Ridge Periodontics & Dental Implants			
<u>Date(s) of Service (If Applicable)</u>			
1/10/2023-1/10/2023			

CL2023-1F8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2023	\$215.00	Medical	Dental
Payee: V.R.			
<u>Date(s) of Service (If Applicable)</u>			
10/10/2022-10/10/2022			

CL2022-01DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2022	\$615.00	Medical	Dental
Payee: V.R.			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2022-6/9/2022			

CL2022-5769

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2022	\$516.00	Medical	Hospital or Clinic
Payee: Ridge Periodontics & Dental Implants			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2022-7/12/2022			

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

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CL2022-4F50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$120.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2021-10/31/2021			

CL2022-6602

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/24/2022	\$163.88	Medical	Hospital or Clinic
Payee: F-M Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2021-10/31/2021			

Case ID Number: CS2021-1FD0

Victim Initials: G.G.

Case Payment Totals: **\$432.00**

Claim Payments:

CL2022-F938

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/18/2022	\$72.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2022-6/14/2022			
5/23/2022-5/23/2022			
5/4/2022-5/4/2022			

CL2022-CF93

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$48.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			
3/31/2022-3/31/2022			

CL2022-D6B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2021-12/15/2021			

CL2022-6973

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/18/2022	\$24.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2022-3/10/2022			

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.
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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>
11/01/2021	\$67.78	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2021-6/2/2021			

CL2021-3DAE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/16/2021	\$321.65	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2021-5/10/2021			
4/28/2021-4/28/2021			
4/12/2021-4/12/2021			
2/19/2021-2/19/2021			

CL2021-8394

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2021	\$164.43	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2021-3/31/2021			
3/24/2021-3/24/2021			

Case ID Number: CS2021-22EB

Victim Initials: J.G.

Case Payment Totals: **\$804.00**

Claim Payments:

CL2021-D13A

<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 Center			
<u>Date(s) of Service (If Applicable)</u>			
11/5/2021-11/5/2021			

CL2021-34EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2021	\$404.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2021-10/27/2021			
10/4/2021-10/4/2021			
9/27/2021-9/27/2021			

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.

CL2021-EE14

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2021	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/16/2021-9/16/2021

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/19/2021-7/19/2021

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: **K.L.**

Date(s) of Service (If Applicable)

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: **Winds Of Change Counseling Center, Llc**

Date(s) of Service (If Applicable)

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/18/2020-5/18/2020

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.

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>
03/02/2021	\$5,000.00	Funeral	
Payee: M.R.			

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>
11/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2021-8/9/2021			

Case ID Number: CS2021-28F9

Victim Initials: C.F.

Case Payment Totals: **\$361.18**

Claim Payments:

CL2022-3497

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2022	\$180.59	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2021-10/26/2021			
10/18/2021-10/18/2021			

CL2022-355A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2022	\$180.59	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2021-10/26/2021			
10/18/2021-10/18/2021			

Case ID Number: CS2021-2B82

Victim Initials: S.Z.

Case Payment Totals: **\$1,488.00**

Claim Payments:

North Dakota Crime Victims Compensation
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1:05:50AM

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.

CL2022-2927

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2022-3/17/2022			
3/3/2022-3/3/2022			
2/22/2022-2/22/2022			

CL2022-870A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2022-2/17/2022			

CL2022-45B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/27/2022-1/27/2022			
1/13/2022-1/13/2022			
1/4/2022-1/4/2022			

CL2022-05C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$348.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/29/2021-12/29/2021			
12/9/2021-12/9/2021			

CL2021-9F65

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2021-10/25/2021			

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>
06/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2021-4/27/2021			

North Dakota Crime Victims Compensation
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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.

Case ID Number: CS2021-2C14

Victim Initials: M.W.

Case Payment Totals: **\$1,812.00**

Claim Payments:

CL2022-ADC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/16/2022-2/16/2022			

CL2022-D6B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/24/2022-1/24/2022			

CL2022-ECE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2021-12/20/2021			
12/2/2021-12/2/2021			

CL2021-0F57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2021-11/12/2021			

CL2021-21F9

<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			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2021-10/25/2021			
9/1/2021-9/1/2021			

CL2021-5562

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2021	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2021-8/3/2021			

CL2021-58B6

<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

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1:05:50AM

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 **\$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

CL2021-0E58

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/19/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/14/2021-6/14/2021

Case ID Number: CS2021-2C49

Victim Initials: J.J.

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

Claim Payments:

CL2022-698E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/03/2022	\$3,280.00	Wage Loss	
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Payee: **J.J.**

Case ID Number: CS2021-2EEB

Victim Initials: R.B.

Case Payment Totals: **\$4,357.30**

Claim Payments:

CL2022-2C0E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/09/2022	\$3,397.30	Medical	Hospital or Clinic
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Payee: **The Bone & Joint Center**

Date(s) of Service (If Applicable)

3/22/2021-3/22/2021

3/9/2021-3/9/2021

CL2022-6DC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/19/2022	\$960.00	Wage Loss	
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Payee: **R.B.**

Case ID Number: CS2021-31BF

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

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.

CL2021-7A3F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/19/2021-4/19/2021			

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: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

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: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

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: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

Case ID Number: CS2021-31D8

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-13D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/10/2021-12/10/2021			

Case ID Number: CS2021-3368

Victim Initials: J.F.

Case Payment Totals: **\$489.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-2FBA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2022	\$489.00	Medical	Hospital or Clinic
Payee: M.F.			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2021-3/2/2021			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2021-7/20/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2020-9/2/2020			

Case ID Number: CS2021-3491

Victim Initials: D.M.

Case Payment Totals: **\$2,480.10**

Claim Payments:

CL2022-6085

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$214.34	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/4/2022-4/4/2022			
3/28/2022-3/28/2022			

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: Dakota Children'S Advocacy Center			

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.

Date(s) of Service (If Applicable)

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

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: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

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

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: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

6/22/2021-6/22/2021

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.

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: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2021-6/2/2021			

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: The Kids Therapy Center, Llc			
<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			

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: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/23/2021-2/23/2021			
2/9/2021-2/9/2021			

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: The Kids Therapy Center, Llc			
<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			

Case ID Number: CS2021-35A1

Victim Initials: M.C.

Case Payment Totals: **\$288.00**

Claim Payments:

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
6/23/2021-6/23/2021			

Case ID Number: CS2021-3608

Victim Initials: L.F.

Case Payment Totals: **\$468.00**

Claim Payments:

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

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1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2021-1/11/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2021-11/1/2021			

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. Alexius Health (Dickinson			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2021-3/26/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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.

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			
<u>Date(s) of Service (If Applicable)</u>			
1/6/2021-1/6/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/13/2021-4/13/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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>
08/24/2021	\$17,333.40	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
4/19/2021-5/28/2021			

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

07/03/2025
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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.

02/16/2021 **\$180.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/28/2021-1/28/2021

Case ID Number: CS2021-3CCB

Victim Initials: J.T.

Case Payment Totals: **\$3,157.13**

Claim Payments:

CL2022-6D9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/18/2022	\$678.30	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
2/16/2022-2/16/2022			

CL2022-B737

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2022	\$97.82	Mental Health	
Payee: Chi St. Alexius Health Clinics			
<u>Date(s) of Service (If Applicable)</u>			
3/25/2022-3/25/2022			
2/2/2022-2/2/2022			

CL2022-9A00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2022	\$590.94	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2021-5/4/2021			

CL2021-D4AC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2021	\$266.61	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Clinics			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2021-5/11/2021			

CL2021-F859

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2021	\$1,523.46	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2021-5/5/2021			

Case ID Number: CS2021-3FF5

Victim Initials: M.J.

Case Payment Totals: **\$1,604.00**

Claim Payments:

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

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1:05:50AM

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.

CL2022-7B24

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2022	\$696.00	Mental Health	
Payee: Open Range Counseling Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2022-4/26/2022			
4/20/2022-4/20/2022			
4/6/2022-4/6/2022			

CL2022-267C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2022	\$140.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/9/2021-12/9/2021			

CL2021-6722

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$768.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2021-11/4/2021			
10/28/2021-10/28/2021			
10/25/2021-10/25/2021			

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: **\$4,614.21**

Claim Payments:

CL2022-A75F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$142.54	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/29/2022-3/29/2022			

CL2022-A87D

<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

07/03/2025
1:05:50AM

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.

03/24/2022 \$380.17 Mental Health

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

Date(s) of Service (If Applicable)

3/1/2022-3/1/2022

2/8/2022-2/8/2022

CL2022-BD21

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$2,590.02	Mental Health	

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

Date(s) of Service (If Applicable)

1/11/2022-1/11/2022

12/28/2021-12/28/2021

12/21/2021-12/21/2021

12/14/2021-12/14/2021

11/23/2021-11/23/2021

11/16/2021-11/16/2021

11/9/2021-11/9/2021

8/10/2021-8/10/2021

8/3/2021-8/3/2021

7/31/2021-7/31/2021

7/20/2021-7/20/2021

7/6/2021-7/6/2021

6/15/2021-6/15/2021

6/8/2021-6/8/2021

6/1/2021-6/1/2021

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

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

07/03/2025
1:05:50AM

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: CS2021-406D

Victim Initials: B.S.

Case Payment Totals: **\$1,618.70**

Claim Payments:

CL2022-CDFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$926.30	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			
2/1/2021-2/1/2021			
1/20/2021-1/20/2021			
1/11/2021-1/11/2021			
12/3/2020-12/3/2020			
11/25/2020-11/25/2020			

CL2021-1E0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$692.40	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

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>
10/13/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2021-8/16/2021			

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>
02/16/2021	\$288.00	Medical	Hospital or Clinic

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

07/03/2025
1:05:50AM

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)

1/13/2021-1/13/2021

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>
09/27/2021	\$532.00	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

CL2021-E01A

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

Date(s) of Service (If Applicable)

7/2/2021-7/2/2021

CL2021-A686

<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)

5/5/2021-5/5/2021

Case ID Number: CS2021-44AF

Victim Initials: K.A.

Case Payment Totals: **\$1,598.50**

Claim Payments:

CL2023-0D34

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$500.59	Mental Health	

Payee: **Yellowstone Counseling Center**

Date(s) of Service (If Applicable)

6/12/2023-6/12/2023

5/31/2023-5/31/2023

5/15/2023-5/15/2023

5/1/2023-5/1/2023

4/17/2023-4/17/2023

4/12/2023-4/12/2023

CL2023-4D2D

<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

07/03/2025
1:05:50AM

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.

06/07/2023 **\$589.11** Mental Health

Payee: **Sandstone Counseling Service Llc**

Date(s) of Service (If Applicable)

10/11/2022-10/11/2022

8/26/2022-8/26/2022

7/29/2022-7/29/2022

7/1/2022-7/1/2022

5/20/2022-5/20/2022

4/8/2022-4/8/2022

2/18/2022-2/18/2022

2/4/2022-2/4/2022

1/7/2022-1/7/2022

CL2021-0DE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/08/2021	\$508.80	Medical	Hospital or Clinic

Payee: **Billings Clinic**

Date(s) of Service (If Applicable)

6/22/2021-6/22/2021

Case ID Number: CS2021-44B5

Victim Initials: S.G.

Case Payment Totals: **\$381.60**

Claim Payments:

CL2022-EE79

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/23/2022	\$381.60	Mental Health	

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

Date(s) of Service (If Applicable)

3/31/2022-3/31/2022

3/24/2022-3/24/2022

2/15/2022-2/15/2022

2/8/2022-2/8/2022

12/7/2021-12/7/2021

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>
06/01/2021	\$300.00	Wage Loss	

Payee: **J.M.**

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

07/03/2025
1:05:50AM

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: CS2021-48EA

Victim Initials: K.B.

Case Payment Totals: **\$553.95**

Claim Payments:

CL2023-E87A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/17/2023	\$395.82	Mental Health	
Payee: K.B.			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2022-5/13/2022			
3/24/2022-3/24/2022			
2/10/2022-2/10/2022			
1/13/2022-1/13/2022			
12/16/2021-12/16/2021			
11/18/2021-11/18/2021			
9/30/2021-9/30/2021			
9/9/2021-9/9/2021			
6/22/2021-6/22/2021			
5/12/2021-5/12/2021			
4/15/2021-4/15/2021			
3/11/2021-3/11/2021			
1/7/2021-1/7/2021			
10/14/2020-10/14/2020			
7/31/2020-7/31/2020			
6/25/2020-6/25/2020			
5/20/2020-5/20/2020			

CL2022-1AF6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2022	\$47.88	Medical	Hospital or Clinic
Payee: K.B.			
<u>Date(s) of Service (If Applicable)</u>			
6/18/2020-6/18/2020			

CL2022-1369

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2022	\$110.25	Mental Health	
Payee: K.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/12/2021-8/12/2021			
7/28/2021-7/28/2021			
11/6/2020-11/6/2020			

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

07/03/2025
1:05:50AM

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 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/14/2021-9/14/2021

Case ID Number: CS2021-4994 **Victim Initials: B.R.**

Case Payment Totals: **\$580.00**

Claim Payments:

CL2023-E6C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/24/2023	\$580.00	Funeral	
Payee: N.R.			

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 Center			
<u>Date(s) of Service (If Applicable)</u> 9/29/2021-9/29/2021			

Case ID Number: CS2021-4A9B **Victim Initials: S.S.**

Case Payment Totals: **\$526.24**

Claim Payments:

CL2022-6FCC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2022	\$238.24	Mental Health	
Payee: L.S.			
<u>Date(s) of Service (If Applicable)</u> 1/11/2022-1/11/2022 12/14/2021-12/14/2021 12/3/2021-12/3/2021 11/16/2021-11/16/2021 11/2/2021-11/2/2021 10/19/2021-10/19/2021 10/11/2021-10/11/2021 9/27/2021-9/27/2021			

CL2021-222D

<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

07/03/2025
1:05:50AM

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.

11/17/2021 **\$288.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/4/2021-10/4/2021

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			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2021-10/27/2021			

Case ID Number: CS2021-4EEF

Victim Initials: A.S.

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

Claim Payments:

CL2023-812A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2021-3/9/2021			

CL2023-9AC1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$47.90	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2022-3/22/2022			

CL2022-E739

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2022	\$1,164.80	Mental Health	
Payee: Sara Stallman, PIIC			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2022-3/7/2022			
1/24/2022-1/24/2022			
1/17/2022-1/17/2022			
1/10/2022-1/10/2022			
12/6/2021-12/6/2021			
11/22/2021-11/22/2021			

CL2022-C994

<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

07/03/2025
1:05:50AM

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.

03/24/2022 **\$380.10** Mental Health

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

Date(s) of Service (If Applicable)

3/15/2022-3/15/2022

3/7/2022-3/7/2022

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**

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>
08/03/2021	\$1,556.00	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: CS2021-4EF7

Victim Initials: D.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-7043

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/15/2021-12/15/2021

Case ID Number: CS2021-4F49

Victim Initials: S.F.

Case Payment Totals: **\$941.15**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-4409

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$941.15	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2022-4/6/2022			
2/9/2022-2/9/2022			
2/2/2022-2/2/2022			
1/5/2022-1/5/2022			
12/16/2021-12/16/2021			
11/30/2021-11/30/2021			
11/10/2021-11/10/2021			

Case ID Number: CS2021-50A8

Victim Initials: A.B.

Case Payment Totals: **\$4,716.00**

Claim Payments:

CL2022-FC9B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2022-6/22/2022			
6/8/2022-6/8/2022			

CL2022-5341

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$280.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2022-5/18/2022			
5/4/2022-5/4/2022			

CL2022-3BA1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			
4/20/2022-4/20/2022			
4/6/2022-4/6/2022			

CL2022-C422

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2022	\$1,064.00	Mental Health	

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

07/03/2025
1:05:50AM

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)

3/30/2022-3/30/2022

3/23/2022-3/23/2022

3/16/2022-3/16/2022

3/9/2022-3/9/2022

3/2/2022-3/2/2022

2/23/2022-2/23/2022

2/16/2022-2/16/2022

2/9/2022-2/9/2022

1/26/2022-1/26/2022

CL2022-2376

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/11/2022	\$224.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/12/2022-1/12/2022

1/5/2022-1/5/2022

CL2022-7F13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$392.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/23/2021-12/23/2021

12/15/2021-12/15/2021

12/1/2021-12/1/2021

CL2021-88E5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/09/2021	\$448.00	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>
11/26/2021	\$336.00	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

07/03/2025
1:05:50AM

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>
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

CL2021-9682

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/11/2021	\$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

CL2021-2391

<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

Case ID Number: CS2021-527E

Victim Initials: K.L.

Case Payment Totals: **\$4,808.00**

Claim Payments:

CL2023-1AA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/05/2023	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/22/2023-11/22/2023

11/8/2023-11/8/2023

CL2023-56CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/03/2023	\$200.00	Mental Health	

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

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.

Date(s) of Service (If Applicable)

10/25/2023-10/25/2023

10/20/2023-10/20/2023

CL2023-8DE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2023	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/11/2023-10/11/2023

8/28/2023-8/28/2023

CL2023-C975

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/11/2023	\$400.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/3/2023-10/3/2023

9/27/2023-9/27/2023

9/18/2023-9/18/2023

7/25/2023-7/25/2023

CL2023-2B12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2023	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/5/2023-7/5/2023

6/28/2023-6/28/2023

CL2023-8A5B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2023	\$216.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/25/2023-5/25/2023

5/18/2023-5/18/2023

5/11/2023-5/11/2023

CL2023-A14D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/2/2023-5/2/2023

4/25/2023-4/25/2023

4/18/2023-4/18/2023

3/29/2023-3/29/2023

CL2023-706B

<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

07/03/2025
1:05:50AM

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.

03/20/2023 **\$360.00** Mental Health

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

Date(s) of Service (If Applicable)

3/14/2023-3/14/2023

3/7/2023-3/7/2023

2/21/2023-2/21/2023

2/13/2023-2/13/2023

2/9/2023-2/9/2023

CL2022-4289

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$1,184.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/24/2022-5/24/2022

5/19/2022-5/19/2022

5/9/2022-5/9/2022

5/4/2022-5/4/2022

4/27/2022-4/27/2022

4/8/2022-4/8/2022

3/28/2022-3/28/2022

3/21/2022-3/21/2022

3/14/2022-3/14/2022

2/28/2022-2/28/2022

2/22/2022-2/22/2022

CL2022-1C87

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2022	\$1,560.00	Wage Loss	

Payee: **K.L.**

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>
09/27/2021	\$256.00	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>
08/03/2021	\$864.00	Mental Health	

Payee: **Winds Of Change Counseling Center, Llc**

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.

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

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>
11/03/2021	\$1,331.50	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

CL2021-854C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2021	\$230.80	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

CL2021-F13C

<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)

11/5/2020-11/5/2020

CL2021-3854

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$346.20	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

07/03/2025
1:05:50AM

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: CS2021-56F9

Victim Initials: L.G.

Case Payment Totals: **\$14,102.77**

Claim Payments:

CL2022-0981

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2022	\$374.40	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2022-3/24/2022			
3/7/2022-3/7/2022			

CL2022-7280

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2022	\$149.60	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2022-5/6/2022			

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: Institute Of Facial Surgery			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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: Chi St. Alexius Health Clinics			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			

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: Institute Of Facial Surgery			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2021-1/14/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

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

Date(s) of Service (If Applicable)

3/11/2021-3/11/2021

3/4/2021-3/4/2021

Case ID Number: CS2021-5877

Victim Initials: E.H.

Case Payment Totals: **\$14,221.00**

Claim Payments:

CL2022-83C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2022	\$14,221.00	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

3/25/2021-3/26/2021

Case ID Number: CS2021-589B

Victim Initials: E.C.

Case Payment Totals: **\$288.00**

Claim Payments:

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

Case ID Number: CS2021-5A26

Victim Initials: B.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-8D7A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$288.00	Medical	Hospital or Clinic

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

07/03/2025

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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.

Case ID Number: CS2021-5A27

Victim Initials: P.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-B1BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2021-11/4/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2021-4/8/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/3/2021-3/3/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2021-69EB

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>
08/03/2021	\$304.00	Mental Health	
Payee: Aurora Mental Health, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2021-5/10/2021			
4/26/2021-4/26/2021			

CL2021-ABE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2021	\$756.00	Mental Health	
Payee: Aurora Mental Health, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
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			

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>
06/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2021-5/10/2021			

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>
11/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:05:50AM

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: CS2021-6B5C

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>
06/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2021-4/28/2021			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
11/5/2021-11/5/2021			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2021-3/24/2021			

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.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2021-7076

Victim Initials: P.C.

Case Payment Totals: **\$860.00**

Claim Payments:

CL2022-2AE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/11/2022	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2022-1/11/2022			

CL2022-1028

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$280.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2021-12/30/2021			
12/7/2021-12/7/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
11/29/2021-11/29/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2021-7/6/2021			

Case ID Number: CS2021-7106

Victim Initials: M.S.

Case Payment Totals: **\$995.40**

Claim Payments:

CL2023-E07B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2023	\$40.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2022-12/19/2022			
12/5/2022-12/5/2022			

CL2022-0750

<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

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1:05:50AM

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.

12/27/2022 **\$40.00** Mental Health

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

Date(s) of Service (If Applicable)

11/14/2022-11/14/2022

10/17/2022-10/17/2022

CL2022-EAC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/24/2022	\$60.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/21/2022-9/21/2022

8/30/2022-8/30/2022

8/17/2022-8/17/2022

CL2022-290C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2022	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/19/2022-4/19/2022

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

Case ID Number: CS2021-71B9

Victim Initials: C.A.

Case Payment Totals: **\$2,884.33**

Claim Payments:

CL2023-3F99

<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

07/03/2025

1:05:50AM

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.

02/23/2023 **\$1,675.68** Mental Health

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

Date(s) of Service (If Applicable)

4/27/2022-4/27/2022

4/20/2022-4/20/2022

4/6/2022-4/6/2022

3/30/2022-3/30/2022

3/24/2022-3/24/2022

3/14/2022-3/14/2022

3/3/2022-3/3/2022

2/16/2022-2/16/2022

1/12/2022-1/12/2022

CL2022-01C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/23/2022	\$1,208.65	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/16/2021-11/16/2021

11/8/2021-11/8/2021

11/3/2021-11/3/2021

10/25/2021-10/25/2021

10/11/2021-10/11/2021

10/6/2021-10/6/2021

9/14/2021-9/14/2021

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>
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07/19/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/17/2021-5/17/2021

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>
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05/19/2021	\$72.00	Mental Health	
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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

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

07/03/2025
1:05:50AM

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: CS2021-729A

Victim Initials: E.H.

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

Claim Payments:

CL2022-8C03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$144.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
9/15/2022-9/15/2022			

CL2022-DC3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$220.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2022-8/15/2022			

CL2022-3063

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/29/2022-4/29/2022			
4/20/2022-4/20/2022			
4/7/2022-4/7/2022			

CL2022-303C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$784.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2022-3/30/2022			
3/23/2022-3/23/2022			
3/18/2022-3/18/2022			
3/9/2022-3/9/2022			
3/2/2022-3/2/2022			

CL2022-3DDE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$1,008.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2022-2/24/2022			
2/17/2022-2/17/2022			
2/9/2022-2/9/2022			
2/4/2022-2/4/2022			
1/26/2022-1/26/2022			
1/20/2022-1/20/2022			

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2022-3229

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$672.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/30/2021-12/30/2021

12/23/2021-12/23/2021

12/15/2021-12/15/2021

12/8/2021-12/8/2021

CL2021-6766

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$392.00	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>
11/26/2021	\$224.00	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>
10/13/2021	\$336.00	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>
09/17/2021	\$224.00	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

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/20/2021-7/20/2021

7/8/2021-7/8/2021

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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: Northern Plains Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 9/21/2020-9/21/2020			

Case ID Number: CS2021-731D

Victim Initials: A.V.

Case Payment Totals: **\$348.00**

Claim Payments:

CL2022-05D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 1/7/2022-1/7/2022			

CL2022-3FB1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 12/3/2021-12/3/2021			

Case ID Number: CS2021-737A

Victim Initials: V.V.

Case Payment Totals: **\$6,332.91**

Claim Payments:

CL2022-7195

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2022	\$300.00	Medical	Hospital or Clinic
Payee: V.V.			
<u>Date(s) of Service (If Applicable)</u> 8/6/2021-11/13/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

CL2022-B950

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2022	\$172.15	Medical	Hospital or Clinic

Payee: **Petersen Physical Therapy**

Date(s) of Service (If Applicable)

8/6/2021-11/13/2021

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: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

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: **Chi St. Alexius Health Williston (Mercy**

Date(s) of Service (If Applicable)

5/28/2021-5/28/2021

Case ID Number: CS2021-74C7

Victim Initials: A.S.

Case Payment Totals: **\$300.00**

Claim Payments:

CL2022-1F64

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2022	\$300.00	Wage Loss	

Payee: **A.S.**

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.**

Case ID Number: CS2021-7576

Victim Initials: T.M.

Case Payment Totals: **\$404.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2021-3685

<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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
9/27/2021-9/27/2021			

Case ID Number: CS2021-775B

Victim Initials: E.S.

Case Payment Totals: **\$2,652.73**

Claim Payments:

CL2022-CFE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$57.60	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2021-2/22/2021			

CL2022-08C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$2,417.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2021-8/24/2021			
8/17/2021-8/17/2021			
8/4/2021-8/4/2021			
7/28/2021-7/28/2021			
7/23/2021-7/23/2021			
7/14/2021-7/14/2021			
7/7/2021-7/7/2021			
6/30/2021-6/30/2021			
6/16/2021-6/16/2021			
6/9/2021-6/9/2021			
6/1/2021-6/1/2021			
5/27/2021-5/27/2021			
5/20/2021-5/20/2021			
5/14/2021-5/14/2021			

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			

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

07/03/2025
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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.

Date(s) of Service (If Applicable)

4/5/2021-4/5/2021

Case ID Number: CS2021-7761

Victim Initials: G.P.

Case Payment Totals: **\$288.00**

Claim Payments:

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

Case ID Number: CS2021-79A7

Victim Initials: F.V.

Case Payment Totals: **\$3,708.00**

Claim Payments:

CL2022-B419

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2022	\$520.00	Mental Health	

Payee: **Chambers & Blohm**

Date(s) of Service (If Applicable)

12/29/2021-12/29/2021

12/15/2021-12/15/2021

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

CL2021-80C9

<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

07/03/2025
1:05:50AM

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.

11/18/2021 **\$192.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
8/5/2021-8/5/2021

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			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2021-10/28/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/14/2021-10/14/2021			

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: Chambers & Blohm			
<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: Soul Survivor Counseling Services, Pc			
<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: Soul Survivor Counseling Services, Pc			
<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			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2021-79B3

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: Dakota Children'S Advocacy Center			
<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>
10/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2021-6/28/2021			

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>
06/22/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2021-4/28/2021			

Case ID Number: CS2021-7C0B

Victim Initials: T.B.

Case Payment Totals: **\$2,812.00**

Claim Payments:

CL2022-768B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2022-1/12/2022			
1/5/2022-1/5/2022			

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

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1:05:50AM

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.

CL2022-BA2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2021-12/15/2021			
12/1/2021-12/1/2021			

CL2021-48A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2021	\$448.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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-C894

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2021-10/27/2021			
10/20/2021-10/20/2021			
10/13/2021-10/13/2021			
10/6/2021-10/6/2021			

CL2021-74C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$448.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/22/2021-9/22/2021			
9/15/2021-9/15/2021			
9/9/2021-9/9/2021			
9/1/2021-9/1/2021			

CL2021-9CF6

<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			
<u>Date(s) of Service (If Applicable)</u>			
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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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.

08/19/2021 **\$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>
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07/19/2021	\$180.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/10/2021-6/10/2021

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>
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08/17/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/13/2021-7/13/2021

Case ID Number: CS2021-7ECF

Victim Initials: K.K.

Case Payment Totals: **\$1,444.00**

Claim Payments:

CL2022-A0D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/06/2022	\$284.00	Mental Health	
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Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

5/11/2022-5/11/2022

5/3/2022-5/3/2022

CL2022-8A99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/09/2022	\$188.00	Mental Health	
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Payee: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

4/27/2022-4/27/2022

CL2022-2686

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/18/2022	\$972.00	Mental Health	
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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: **Decoteau Trauma-Informed Care &**

Date(s) of Service (If Applicable)

3/22/2022-3/22/2022

3/16/2022-3/16/2022

3/9/2022-3/9/2022

3/1/2022-3/1/2022

2/22/2022-2/22/2022

Case ID Number: CS2021-7F0E

Victim Initials: A.W.

Case Payment Totals: **\$134.78**

Claim Payments:

CL2022-30F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$134.78	Mental Health	

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

Date(s) of Service (If Applicable)

11/30/2021-11/30/2021

11/23/2021-11/23/2021

11/7/2021-11/7/2021

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**

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

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

Case ID Number: CS2021-81C3

Victim Initials: D.G.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2021-12CD

<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**

Date(s) of Service (If Applicable)

8/9/2021-8/9/2021

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

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

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

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2021-84DE

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2021-2/10/2021			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2021-11/4/2021			

Case ID Number: CS2021-88B2

Victim Initials: A.F.

Case Payment Totals: **\$1,670.92**

Claim Payments:

CL2022-52C7

<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

07/03/2025
1:05:50AM

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.

07/20/2022 **\$983.56** Mental Health

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

Date(s) of Service (If Applicable)

4/9/2021-4/9/2021

4/1/2021-4/1/2021

3/24/2021-3/24/2021

3/18/2021-3/18/2021

3/12/2021-3/12/2021

2/11/2021-2/11/2021

CL2021-7E81

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/21/2021	\$632.90	Mental Health	
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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>
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06/23/2021	\$54.46	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/27/2021-4/27/2021

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>
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08/11/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/23/2021-2/23/2021

Case ID Number: CS2021-8AD8

Victim Initials: H.B.

Case Payment Totals: **\$1,020.00**

Claim Payments:

CL2022-9351

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/22/2022	\$168.00	Mental Health	
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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)

2/17/2022-2/17/2022

CL2022-DB2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/11/2022	\$852.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/10/2022-1/10/2022

1/5/2022-1/5/2022

12/13/2021-12/13/2021

12/6/2021-12/6/2021

12/1/2021-12/1/2021

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/19/2021-7/19/2021

Case ID Number: CS2021-8DC8

Victim Initials: C.B.

Case Payment Totals: **\$4,587.70**

Claim Payments:

CL2024-C098

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/01/2024	\$152.75	Mental Health	

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

Date(s) of Service (If Applicable)

4/5/2023-4/5/2023

CL2023-B81B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/28/2023	\$152.75	Mental Health	

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

Date(s) of Service (If Applicable)

5/30/2023-5/30/2023

CL2023-B696

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/27/2023	\$152.75	Mental Health	

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

Date(s) of Service (If Applicable)

4/26/2023-4/26/2023

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

07/03/2025
1:05:50AM

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.

CL2023-9F7E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$101.69	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/8/2023-3/8/2023			

CL2023-A888

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2023	\$152.75	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2023-2/13/2023			

CL2023-3052

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/17/2023	\$305.50	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2023-1/11/2023			
12/19/2022-12/19/2022			

CL2023-8179

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/06/2023	\$152.75	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2022-12/5/2022			

CL2022-69FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/27/2022	\$611.01	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2022-11/2/2022			
10/18/2022-10/18/2022			
10/4/2022-10/4/2022			
8/23/2022-8/23/2022			

CL2022-2395

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$305.50	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2022-8/3/2022			
7/20/2022-7/20/2022			

CL2022-6E41

<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

07/03/2025
1:05:50AM

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.

08/18/2022 **\$305.50** Mental Health

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

Date(s) of Service (If Applicable)

6/27/2022-6/27/2022

6/7/2022-6/7/2022

CL2022-889D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/02/2022	\$152.75	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

5/24/2022-5/24/2022

CL2022-0A03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/16/2022	\$305.50	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

4/18/2022-4/18/2022

3/28/2022-3/28/2022

CL2022-93E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/18/2022	\$305.50	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

3/15/2022-3/15/2022

2/22/2022-2/22/2022

CL2022-E476

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/28/2022	\$209.00	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

1/11/2022-1/11/2022

12/14/2021-12/14/2021

CL2022-8207

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/20/2022	\$152.75	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

11/30/2021-11/30/2021

CL2021-7881

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/18/2021	\$305.50	Mental Health	
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Payee: **The Kids Therapy Center, Llc**

Date(s) of Service (If Applicable)

10/4/2021-10/4/2021

9/21/2021-9/21/2021

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

07/03/2025
1:05:50AM

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.

CL2021-358A

<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: The Kids Therapy Center, Llc			
<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: The Kids Therapy Center, Llc			
<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: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2021-7/5/2021			
6/17/2021-6/17/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2021-4/7/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2020-7/15/2020			

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.

Case ID Number: CS2021-90BF

Victim Initials: J.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-7E2B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2021-12/21/2021			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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>
06/07/2021	\$207.32	Mental Health	
Payee: J.K.			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2021-5/26/2021			
5/12/2021-5/12/2021			

CL2021-3AED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2021	\$450.00	Mental Health	
Payee: J.K.			
<u>Date(s) of Service (If Applicable)</u>			
4/21/2021-4/21/2021			
4/14/2021-4/14/2021			
4/7/2021-4/7/2021			

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.

CL2021-E19C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2021	\$542.68	Mental Health	
Payee: Pediatric Partners			
<u>Date(s) of Service (If Applicable)</u>			
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			

CL2021-E0C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2021	\$563.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
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			

Case ID Number: CS2021-9613

Victim Initials: G.L.

Case Payment Totals: **\$4,112.03**

Claim Payments:

CL2022-502E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$693.72	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2022-9/7/2022			
8/31/2022-8/31/2022			
8/15/2022-8/15/2022			

CL2022-28CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2022	\$258.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/8/2022-8/8/2022			

CL2022-514F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2022	\$638.83	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2022-8/1/2022			
6/14/2022-6/14/2022			
6/9/2022-6/9/2022			

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.
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CL2022-A481

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$190.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/12/2022-5/12/2022			

CL2022-D0A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$380.10	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2022-5/23/2022			
5/19/2022-5/19/2022			

CL2022-2F48

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$967.07	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2022-5/5/2022			
4/28/2022-4/28/2022			
4/21/2022-4/21/2022			
4/14/2022-4/14/2022			
3/10/2022-3/10/2022			
3/3/2022-3/3/2022			
1/19/2022-1/19/2022			

CL2022-A5A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$695.52	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2021-12/20/2021			
11/18/2021-11/18/2021			
11/11/2021-11/11/2021			
10/14/2021-10/14/2021			
10/6/2021-10/6/2021			

CL2021-9B28

<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			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2021-9/20/2021			

Case ID Number: CS2021-97C0

Victim Initials: J.R.

Case Payment Totals: **\$230.24**

Claim Payments:

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.

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CL2022-AD56

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$230.24	Mental Health	

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

Date(s) of Service (If Applicable)

10/28/2021-10/28/2021

10/21/2021-10/21/2021

10/14/2021-10/14/2021

9/16/2021-9/16/2021

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

Date(s) of Service (If Applicable)

5/6/2021-5/6/2021

Case ID Number: CS2021-988C

Victim Initials: A.L.

Case Payment Totals: **\$279.51**

Claim Payments:

CL2022-32FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2022	\$279.51	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

3/30/2021-3/30/2021

3/3/2021-3/3/2021

2/13/2021-2/17/2021

5/11/2021-5/11/2021

Case ID Number: CS2021-98AE

Victim Initials: C.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-50BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/4/2021-11/4/2021

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

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1:05:50AM

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: CS2021-98F7

Victim Initials: K.W.

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

Claim Payments:

CL2023-102A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2023	\$3,573.28	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2022-8/17/2022			
7/6/2022-7/6/2022			
6/29/2022-6/29/2022			
6/1/2022-6/1/2022			
5/25/2022-5/25/2022			
5/4/2022-5/4/2022			
4/27/2022-4/27/2022			
4/13/2022-4/13/2022			
4/6/2022-4/6/2022			
3/23/2022-3/23/2022			
3/2/2022-3/2/2022			
2/23/2022-2/23/2022			
2/16/2022-2/16/2022			
2/9/2022-2/9/2022			
1/18/2022-1/18/2022			
1/12/2022-1/12/2022			
1/5/2022-1/5/2022			

CL2022-78B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2022	\$325.95	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2021-12/20/2021			
12/3/2021-12/3/2021			

CL2022-D436

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/17/2022	\$134.34	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2021-11/10/2021			

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: Dakota Children'S Advocacy Center			
<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>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
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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.

11/29/2021 **\$574.82** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/3/2021-11/3/2021
10/27/2021-10/27/2021
10/19/2021-10/19/2021

Case ID Number: CS2021-9A6F

Victim Initials: R.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-48B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2021-12/15/2021			

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: Sanford Health			
<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: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			

Case ID Number: CS2021-9C3B

Victim Initials: A.R.

Case Payment Totals: **\$868.16**

Claim Payments:

CL2022-0893

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2022	\$868.16	Funeral	
Payee: J.R.			

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.

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: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
12/23/2020-12/23/2020			

Case ID Number: CS2021-9F56

Victim Initials: C.L.

Case Payment Totals: **\$5,688.00**

Claim Payments:

CL2022-E126

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2022	\$164.08	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2022-6/13/2022			

CL2022-C8C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2022	\$600.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2022-3/15/2022			
3/11/2022-3/11/2022			
3/4/2022-3/4/2022			
2/25/2022-2/25/2022			
2/18/2022-2/18/2022			
2/11/2022-2/11/2022			
1/14/2022-1/14/2022			

CL2022-F8E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2022	\$417.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/25/2022-3/25/2022			
3/11/2022-3/11/2022			

CL2022-6F18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$208.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/25/2022-2/25/2022			

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.

CL2022-5783

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$766.43	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2022-1/21/2022			
1/14/2022-1/14/2022			
1/7/2022-1/7/2022			
12/30/2021-12/30/2021			

CL2022-932F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/12/2022	\$383.22	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2021-12/17/2021			
12/3/2021-12/3/2021			

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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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: Dakota Children'S Advocacy Center			
<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

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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

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

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

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

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

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1:05:50AM

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

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>
03/23/2021	\$50.00	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-5EF6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$29.25	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-6D7E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$40.00	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-768B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$70.75	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-86C5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$148.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-BC92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$291.66	Medical	Hospital or Clinic
Payee: Fm Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

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

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1:05:50AM

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>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$2,014.84	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-CF3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$1,991.44	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

Case ID Number: CS2021-A5E2

Victim Initials: K.H.

Case Payment Totals: **\$15,679.93**

Claim Payments:

CL2022-DEB8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/21/2022	\$404.06	Medical	Hospital or Clinic
Payee: C.H.			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2020-8/13/2020			

CL2022-5E3C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/07/2022	\$1,825.85	Medical	Hospital or Clinic
Payee: Williston Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2020-8/13/2020			

CL2022-9BE3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/07/2022	\$902.90	Medical	Hospital or Clinic
Payee: C.H.			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2020-8/13/2020			

CL2021-1A93

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2021	\$935.20	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2020-8/14/2020			

CL2021-2857

<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

07/03/2025
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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12/16/2021 **\$8,642.36** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
8/14/2020-8/18/2020

CL2021-743C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/16/2021 **\$1,544.00** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
8/13/2020-8/18/2020

CL2021-F7D0

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/16/2021 **\$1,376.80** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
8/13/2020-8/13/2020

CL2021-FD60

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/29/2021 **\$48.76** Mental Health Hospital or Clinic
Payee: **Nd Dept. Of Human Services**
Date(s) of Service (If Applicable)
12/16/2020-12/16/2020

Case ID Number: CS2021-A608

Victim Initials: M.H.

Case Payment Totals: **\$695.50**

Claim Payments:

CL2021-FCD3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/06/2021 **\$695.50** Mental Health Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/23/2020-12/23/2020
12/16/2020-12/16/2020
12/9/2020-12/9/2020
12/2/2020-12/2/2020

Case ID Number: CS2021-A7E1

Victim Initials: T.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-3769

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/19/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
6/2/2021-6/2/2021

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.

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Case ID Number: CS2021-A7F6

Victim Initials: B.A.

Case Payment Totals: **\$934.68**

Claim Payments:

CL2022-9793

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$378.84	Mental Health	
Payee: Lynelle Amen, Ms, Lcpc, Pc			
<u>Date(s) of Service (If Applicable)</u>			
5/2/2022-5/2/2022			
2/3/2022-2/3/2022			
1/20/2022-1/20/2022			
1/6/2022-1/6/2022			

CL2022-9379

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2022	\$71.82	Mental Health	
Payee: Lynelle Amen, Ms, Lcpc, Pc			
<u>Date(s) of Service (If Applicable)</u>			
12/23/2021-12/23/2021			
12/9/2021-12/9/2021			
11/18/2021-11/18/2021			
11/4/2021-11/4/2021			

CL2022-AD76

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2022	\$484.02	Mental Health	
Payee: Lynelle Amen, Ms, Lcpc, Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2021-10/28/2021			
9/30/2021-9/30/2021			
9/23/2021-9/23/2021			
9/16/2021-9/16/2021			
9/2/2021-9/2/2021			
8/18/2021-8/18/2021			

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>
12/15/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2021-11/30/2021			

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

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Case ID Number: CS2021-A9B9

Victim Initials: W.K.

Case Payment Totals: **\$948.00**

Claim Payments:

CL2023-5672

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/17/2023-7/17/2023			

CL2023-A0D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			
5/23/2023-5/23/2023			

CL2022-EE20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2022-1/13/2022			

CL2022-07D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/16/2021-12/16/2021			

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>
09/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2021-7/28/2021			

Case ID Number: CS2021-AC74

Victim Initials: G.D.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

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-B8EC

<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			
<u>Date(s) of Service (If Applicable)</u> 3/30/2021-3/30/2021			

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>
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/22/2021-6/22/2021			

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>
10/18/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/30/2021-8/30/2021			

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>
05/12/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 3/29/2021-3/29/2021			

Case ID Number: CS2021-B2AD

Victim Initials: I.O.

Case Payment Totals: **\$693.50**

Claim Payments:

CL2022-F669

<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

07/03/2025
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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06/20/2022 **\$405.50** Mental Health

Payee: **Open Range Counseling Center**

Date(s) of Service (If Applicable)

3/23/2022-3/23/2022

3/16/2022-3/16/2022

3/9/2022-3/9/2022

CL2021-3013

<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)

10/5/2020-10/5/2020

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>
10/13/2021	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/1/2021-9/1/2021

CL2021-3330

<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)

7/28/2021-7/28/2021

Case ID Number: CS2021-B544

Victim Initials: J.I.

Case Payment Totals: **\$7,471.80**

Claim Payments:

CL2022-1C92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$380.80	Medical	Hospital or Clinic

Payee: **Consulting Radiologists, Ltd**

Date(s) of Service (If Applicable)

7/4/2021-7/4/2021

CL2022-2F40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$257.40	Medical	Hospital or Clinic

Payee: **Essentia Health**

Date(s) of Service (If Applicable)

7/4/2021-7/4/2021

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.
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CL2022-C250

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$1,337.60	Medical	Hospital or Clinic

Payee: **Jamestown Area Ambulance**

Date(s) of Service (If Applicable)

7/4/2021-7/4/2021

CL2022-CA24

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$5,496.00	Medical	Hospital or Clinic

Payee: **Jamestown Regional Medical Center**

Date(s) of Service (If Applicable)

7/4/2021-7/4/2021

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>
11/29/2021	\$3,591.35	Mental Health	

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

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

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

North Dakota Crime Victims Compensation
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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.

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			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2021-4/12/2021			
4/6/2021-4/6/2021			
3/25/2021-3/25/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			
1/6/2021-1/6/2021			
12/22/2020-12/22/2020			
12/7/2020-12/7/2020			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			

Case ID Number: CS2021-B6D8

Victim Initials: B.F.

Case Payment Totals: **\$4,270.00**

Claim Payments:

CL2022-6CB8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2022	\$250.00	Mental Health	
Payee: K.L.			
<u>Date(s) of Service (If Applicable)</u>			
11/23/2021-11/23/2021			
11/18/2021-11/18/2021			
11/16/2021-11/16/2021			
11/11/2021-11/11/2021			
11/9/2021-11/9/2021			
11/5/2021-11/5/2021			

CL2021-9DB5

<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

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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.

11/29/2021 **\$4,020.00** Wage Loss
Payee: **B.F.**

Case ID Number: CS2021-B973

Victim Initials: K.U.

Case Payment Totals: **\$7,314.94**

Claim Payments:

CL2023-1E5C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/06/2023	\$23.04	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			
8/5/2022-8/5/2022			

CL2022-C16C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/27/2022	\$40.00	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			
8/5/2022-8/5/2022			

CL2022-895C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$1,993.73	Medical	Hospital or Clinic
Payee: K.U.			
<u>Date(s) of Service (If Applicable)</u>			
3/28/2022-3/30/2022			

CL2022-79D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/07/2022	\$42.72	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2022-7/18/2022			

CL2022-C153

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/18/2022	\$126.08	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2022-7/7/2022			
6/21/2022-6/21/2022			
6/7/2022-6/7/2022			
5/23/2022-5/23/2022			

CL2022-3642

<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

07/03/2025
1:05:50AM

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.

08/02/2022 **\$96.69** Mental Health

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

4/25/2022-4/25/2022

3/30/2022-3/30/2022

1/13/2022-1/13/2022

CL2022-FE57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2022	\$101.12	Medical	Hospital or Clinic

Payee: **K.U.**

Date(s) of Service (If Applicable)

6/16/2021-6/18/2021

CL2022-C650

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/17/2022	\$28.67	Mental Health	

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

1/19/2022-1/19/2022

CL2022-32D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2022	\$28.67	Mental Health	

Payee: **Northland Health Partners**

Date(s) of Service (If Applicable)

1/19/2022-1/19/2022

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

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

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: **K.U.**

Date(s) of Service (If Applicable)

6/16/2021-6/18/2021

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

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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: K.U.			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/24/2021			

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: K.U.			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/26/2021			

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: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2021-8/25/2021			

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: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2021-9/14/2021			

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: Northland Health Center			

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

07/03/2025
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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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2021-5/14/2021			
4/9/2021-4/9/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			
2/1/2021-2/1/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2021-3/30/2021			

Case ID Number: CS2021-BAA7

Victim Initials: S.Z.

Case Payment Totals: **\$2,457.00**

Claim Payments:

CL2022-0C92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/4/2021-8/4/2021			

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

07/03/2025
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CL2022-54AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$2,169.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2022-5/4/2022			
4/26/2022-4/26/2022			
4/13/2022-4/13/2022			
4/6/2022-4/6/2022			
3/30/2022-3/30/2022			
3/16/2022-3/16/2022			
3/10/2022-3/10/2022			
3/2/2022-3/2/2022			
2/17/2022-2/17/2022			
1/6/2022-1/6/2022			
10/29/2021-10/29/2021			
10/22/2021-10/22/2021			
10/1/2021-10/1/2021			
9/16/2021-9/16/2021			
9/9/2021-9/9/2021			
8/31/2021-8/31/2021			
8/26/2021-8/26/2021			
8/20/2021-8/20/2021			
8/11/2021-8/11/2021			

Case ID Number: CS2021-BC41

Victim Initials: G.A.

Case Payment Totals: **\$803.20**

Claim Payments:

CL2022-6773

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/24/2022	\$803.20	Medical	Dental
Payee: Aspire Health			
<u>Date(s) of Service (If Applicable)</u>			
11/22/2021-12/13/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/11/2021-5/11/2021			

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

07/03/2025
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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: Elick Funeral Home			

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: T.P.			

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: Korsmo Funeral Service			

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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2021-9/20/2021			

Case ID Number: CS2021-C019

Victim Initials: A.S.

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

Claim Payments:

CL2023-D12F

<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

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03/17/2023 **\$288.00** Mental Health

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

Date(s) of Practice, (If Applicable)

2/20/2023-2/20/2023

11/10/2022-11/10/2022

CL2022-406C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2022	\$100.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

11/10/2022-11/10/2022

CL2022-F552

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2022	\$236.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

10/27/2022-10/27/2022

10/11/2022-10/11/2022

CL2022-5ABA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$376.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

9/13/2022-9/13/2022

8/16/2022-8/16/2022

CL2022-B2C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$288.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

6/14/2022-6/14/2022

5/31/2022-5/31/2022

CL2022-82FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2022	\$940.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

4/25/2022-4/25/2022

4/11/2022-4/11/2022

3/28/2022-3/28/2022

3/15/2022-3/15/2022

3/1/2022-3/1/2022

CL2022-D2E8

<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
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07/03/2025
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04/18/2022 **\$288.00** Mental Health

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

Date(s) of Service (If Applicable)

2/15/2022-2/15/2022

1/11/2022-1/11/2022

CL2022-3611

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2022	\$1,296.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/4/2022-1/4/2022

12/21/2021-12/21/2021

12/7/2021-12/7/2021

11/23/2021-11/23/2021

11/16/2021-11/16/2021

11/9/2021-11/9/2021

11/2/2021-11/2/2021

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

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

Case ID Number: CS2021-C340

Victim Initials: A.S.

Case Payment Totals: **\$468.00**

Claim Payments:

CL2022-4EA2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/10/2021-12/10/2021

CL2022-7A03

<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
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01/21/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/23/2021-11/23/2021

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			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2021-9/20/2021			
9/7/2021-9/7/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2021-8/23/2021			
8/16/2021-8/16/2021			
8/3/2021-8/3/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2021-7/19/2021			

CL2021-873B

<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			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2021-6/16/2021			

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>
10/28/2021	\$57.60	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/25/2021-3/25/2021			

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

07/03/2025
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CL2021-3945

<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			
<u>Date(s) of Service (If Applicable)</u>			
3/25/2021-3/25/2021			

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>
09/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2021-8/9/2021			

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>
09/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2021-8/16/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/1/2021-9/1/2021			

Case ID Number: CS2021-CC15

Victim Initials: S.M.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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CL2022-96A3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/1/2021-11/1/2021

Case ID Number: CS2021-CD09

Victim Initials: T.L.

Case Payment Totals: **\$159.01**

Claim Payments:

CL2023-CC75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2023	\$159.01	Medical	Dental

Payee: **Trinity Oral & Facial Surgery**

Date(s) of Service (If Applicable)

12/3/2021-12/3/2021

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/23/2021-9/23/2021

Case ID Number: CS2021-CF0F

Victim Initials: W.E.

Case Payment Totals: **\$1,644.00**

Claim Payments:

CL2022-1126

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/14/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/3/2022-1/3/2022

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: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/23/2021-11/23/2021

11/10/2021-11/10/2021

11/5/2021-11/5/2021

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

07/03/2025
1:05:50AM

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-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: Northern Plains Children'S Advocacy			
<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>
10/13/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/8/2021-9/8/2021			

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>
07/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/19/2021-5/19/2021			

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>
03/18/2021	\$241.83	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
9/3/2020-9/3/2020			

Case ID Number: CS2021-D05D

Victim Initials: D.I.

Case Payment Totals: **\$4,958.46**

Claim Payments:

CL2023-22B3

<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

07/03/2025
1:05:50AM

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.

07/31/2023 **\$158.46** Medical Hospital or Clinic
Payee: **Beyond Healthcare**
Date(s) of Service (If Applicable)
3/31/2022-3/31/2022

CL2022-A3F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2022	\$4,800.00	Wage Loss	
Payee: D.I.			

Case ID Number: CS2021-D3AF

Victim Initials: S.D.

Case Payment Totals: **\$975.24**

Claim Payments:

CL2022-0C7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2022	\$101.03	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2022-5/18/2022			
5/9/2022-5/9/2022			

CL2022-BDCF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$61.50	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
7/12/2022-7/12/2022			
6/28/2022-6/28/2022			

CL2022-15F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/29/2022	\$30.75	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2022-7/19/2022			

CL2022-A65E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$153.74	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			

CL2022-5282

<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

07/03/2025
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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.

05/19/2022 **\$153.74** Mental Health
Payee: **Chambers & Blohm**
Date(s) of Service (If Applicable)
4/7/2022-4/7/2022

CL2021-7ED7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2021	\$61.10	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/4/2021-8/4/2021			
7/28/2021-7/28/2021			

CL2021-8362

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$413.38	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
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			

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 Center			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2021-4/28/2021			

Case ID Number: CS2021-D519

Victim Initials: R.L.

Case Payment Totals: **\$5,688.00**

Claim Payments:

CL2022-0201

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2022	\$356.80	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2022-5/4/2022			
4/27/2022-4/27/2022			
4/20/2022-4/20/2022			

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.

CL2022-5E7A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2022	\$600.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2022-3/15/2022			
3/11/2022-3/11/2022			
3/4/2022-3/4/2022			
2/25/2022-2/25/2022			
2/18/2022-2/18/2022			
2/11/2022-2/11/2022			
1/14/2022-1/14/2022			

CL2022-F5C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2022	\$570.14	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2022-4/6/2022			
3/30/2022-3/30/2022			
3/23/2022-3/23/2022			

CL2022-C4DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2022	\$190.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/16/2022-3/16/2022			

CL2022-95EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$190.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/25/2022-2/25/2022			

CL2022-9F63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2022	\$190.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2022-2/11/2022			

CL2022-52DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$362.72	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2022-1/21/2022			
1/14/2022-1/14/2022			

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.
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CL2022-73CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/12/2022	\$518.02	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2021-12/17/2021			
12/10/2021-12/10/2021			
12/3/2021-12/3/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2021-7/23/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2021-6/22/2021			

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			

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

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1:05:50AM

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)

10/1/2021-10/1/2021
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

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			
<u>Date(s) of Service (If Applicable)</u>			
1/17/2021-1/17/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2021-1/16/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2021-1/16/2021			

CL2021-E927

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2021	\$1,298.10	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2021-1/16/2021			

CL2021-EBD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2021	\$128.02	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2021-1/19/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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-DA19

Victim Initials: S.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-30EC

<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 Center			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2021-5/24/2021			

Case ID Number: CS2021-DE7D

Victim Initials: Z.R.

Case Payment Totals: **\$955.31**

Claim Payments:

CL2021-7001

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/23/2021	\$279.39	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2021-5/10/2021			
4/6/2021-4/6/2021			

CL2021-00D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2021	\$139.70	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2021-3/24/2021			

CL2021-A7D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$536.22	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
2/8/2021-2/8/2021			
8/3/2020-8/3/2020			
7/21/2020-7/21/2020			

Case ID Number: CS2021-DF06

Victim Initials: I.M.

Case Payment Totals: **\$1,168.00**

Claim Payments:

CL2022-1B6E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$20.00	Mental Health	
Payee: Sarah A Perrault, Llc			

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

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1:05:50AM

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)
9/21/2022-9/21/2022

CL2022-C9E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$20.00	Mental Health	
Payee: Sarah A Perrault, Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2022-5/6/2022			

CL2022-4C2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$100.00	Mental Health	
Payee: Sarah A Perrault, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2022-8/15/2022			
7/29/2022-7/29/2022			
7/15/2022-7/15/2022			
6/29/2022-6/29/2022			
6/17/2022-6/17/2022			

CL2022-EFEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$40.00	Mental Health	
Payee: Sarah A Perrault, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2022-4/8/2022			
3/25/2022-3/25/2022			

CL2022-BD87

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2022	\$60.00	Mental Health	
Payee: Sarah A Perrault, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2022-3/11/2022			
2/25/2022-2/25/2022			
2/11/2022-2/11/2022			

CL2022-3349

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2022	\$40.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2021-12/30/2021			
12/17/2021-12/17/2021			

CL2022-3D59

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2022	\$40.00	Mental Health	
Payee: Sarah A Perrault, Llc			

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

07/03/2025
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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)

1/28/2022-1/28/2022

1/14/2022-1/14/2022

CL2022-9B04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2022	\$100.00	Mental Health	

Payee: **Sunrise Wellness Center, Llc**

Date(s) of Service (If Applicable)

12/3/2021-12/3/2021

11/19/2021-11/19/2021

11/5/2021-11/5/2021

10/22/2021-10/22/2021

10/8/2021-10/8/2021

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

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

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

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

CL2021-F197

<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

07/03/2025
1:05:50AM

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 **\$20.00** Mental Health
Payee: **Sunrise Wellness Center, Llc**
Date(s) of Service (If Applicable)
4/9/2021-4/9/2021

CL2021-7EFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$140.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2021-3/19/2021			
3/12/2021-3/12/2021			
3/5/2021-3/5/2021			

CL2021-6869

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$60.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2021-2/26/2021			
2/12/2021-2/12/2021			
2/5/2021-2/5/2021			

CL2021-B091

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2021-1/22/2021			

CL2021-DE78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2021-1/29/2021			

CL2021-ECDD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2021-1/15/2021			

Case ID Number: CS2021-E025

Victim Initials: S.R.

Case Payment Totals: **\$535.84**

Claim Payments:

CL2022-3C32

<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

07/03/2025
1:05:50AM

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.

04/28/2022 **\$535.84** Mental Health

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

Date(s) of Service (If Applicable)

4/5/2022-4/5/2022

3/17/2022-3/17/2022

3/3/2022-3/3/2022

2/14/2022-2/14/2022

2/7/2022-2/7/2022

Case ID Number: CS2021-E58C

Victim Initials: J.L.

Case Payment Totals: **\$2,274.12**

Claim Payments:

CL2021-04E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2021	\$337.00	Medical	Dental

Payee: **J.L.**

Date(s) of Service (If Applicable)

4/19/2021-4/19/2021

CL2021-2A3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2021	\$1,812.32	Medical	Dental

Payee: **Crossroads Dental**

Date(s) of Service (If Applicable)

4/19/2021-4/19/2021

CL2021-0F78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$124.80	Medical	Dental

Payee: **Crossroads Dental**

Date(s) of Service (If Applicable)

11/30/2020-11/30/2020

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>
11/19/2021	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/25/2021-10/25/2021

Case ID Number: CS2021-E634

Victim Initials: M.K.

Case Payment Totals: **\$3,951.71**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-7181

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2022	\$1,727.66	Medical	Hospital or Clinic
Payee: M.K.			
<u>Date(s) of Service (If Applicable)</u>			
11/16/2021-11/16/2021			

CL2021-16BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2021	\$1,224.05	Medical	Hospital or Clinic
Payee: M.K.			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2020-4/20/2020			

CL2021-14AC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/09/2021	\$1,000.00	Medical	Prescription
Payee: Allina Health Pharmacy			
<u>Date(s) of Service (If Applicable)</u>			
7/13/2020-3/15/2021			

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>
07/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2021-6/14/2021			

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>
02/12/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/6/2021-1/6/2021			

Case ID Number: CS2021-E6A7

Victim Initials: J.C.

Case Payment Totals: **\$2,476.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-8496

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/29/2022-4/29/2022			

CL2022-B6E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/23/2022-3/23/2022			
3/9/2022-3/9/2022			
3/4/2022-3/4/2022			

CL2022-294D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/27/2022-1/27/2022			

CL2021-6AFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2021	\$280.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/17/2021-11/17/2021			
11/1/2021-11/1/2021			

CL2021-C117

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2021	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/11/2021-10/11/2021			

CL2021-E06A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2021	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2021-9/28/2021			
9/13/2021-9/13/2021			
9/8/2021-9/8/2021			

CL2021-D72F

<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

07/03/2025
1:05:50AM

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.

09/17/2021 **\$560.00** Mental Health

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>
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07/19/2021	\$348.00	Mental Health	
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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>
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07/13/2021	\$318.41	Medical	Hospital or Clinic
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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: **\$5,088.00**

Claim Payments:

CL2022-9CB9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/04/2022	\$250.46	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/5/2022-4/5/2022

3/29/2022-3/29/2022

CL2022-1F06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/03/2022	\$208.75	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

2/8/2022-2/8/2022

CL2022-80F9

<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

07/03/2025
1:05:50AM

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.

02/16/2022 **\$626.26** Mental Health

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

Date(s) of Service (If Applicable)

2/1/2022-2/1/2022

1/18/2022-1/18/2022

1/11/2022-1/11/2022

CL2022-4EC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/12/2022	\$460.30	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/28/2021-12/28/2021

12/21/2021-12/21/2021

12/14/2021-12/14/2021

CL2021-AA30

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/16/2021	\$134.34	Mental Health	
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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>
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11/29/2021	\$1,212.62	Mental Health	
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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

CL2021-B2C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/29/2021	\$1,907.27	Mental Health	
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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

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

07/03/2025
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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.

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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
3/3/2021-3/3/2021			
2/23/2021-2/23/2021			
7/23/2020-7/23/2020			

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			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2021-4/15/2021			
4/1/2021-4/1/2021			

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			

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

07/03/2025
1:05:50AM

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)

3/30/2021-3/30/2021

3/24/2021-3/24/2021

3/7/2021-3/7/2021

3/10/2021-3/10/2021

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

Case ID Number: CS2021-EA12

Victim Initials: A.G.

Case Payment Totals: **\$1,308.00**

Claim Payments:

CL2022-7E17

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/17/2021-12/17/2021

12/7/2021-12/7/2021

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>
11/26/2021	\$404.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/27/2021-10/27/2021

10/5/2021-10/5/2021

9/21/2021-9/21/2021

CL2021-A26B

<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

07/03/2025
1:05:50AM

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)
9/16/2021-9/16/2021

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>
10/07/2021	\$84.38	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2021-8/3/2021			

CL2021-0433

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2021	\$1,241.36	Medical	Hospital or Clinic
Payee: A.P.			
<u>Date(s) of Service (If Applicable)</u>			
7/1/2021-7/31/2021			

CL2021-DFBD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/12/2021	\$33.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2021-7/7/2021			

CL2021-F480

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2021	\$1,241.36	Medical	Hospital or Clinic
Payee: A.P.			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2021-6/30/2021			

CL2021-68F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/09/2021	\$2,482.72	Medical	Hospital or Clinic
Payee: A.P.			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2021-5/1/2021			

CL2021-C7C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2021	\$1,030.00	Medical	Hospital or Clinic
Payee: A.P.			
<u>Date(s) of Service (If Applicable)</u>			
8/26/2020-9/27/2020			

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

07/03/2025
1:05:50AM

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-CCA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2021	\$21.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2020-9/4/2020			

CL2021-662A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/06/2021	\$2,400.00	Wage Loss	
Payee: A.P.			

Case ID Number: CS2021-ED36

Victim Initials: S.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-3A39

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2021-8/24/2021			

Case ID Number: CS2021-ED3D

Victim Initials: B.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1108

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2021-10/28/2021			

Case ID Number: CS2021-EE19

Victim Initials: G.W.

Case Payment Totals: **\$691.53**

Claim Payments:

CL2021-4CF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2021	\$691.53	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

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1:05:50AM

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)

3/9/2021-3/9/2021
11/19/2020-11/19/2020
10/23/2020-10/23/2020
9/25/2020-9/25/2020
8/27/2020-8/27/2020

Case ID Number: CS2021-EE4A

Victim Initials: J.A.

Case Payment Totals: **\$4,575.74**

Claim Payments:

CL2023-84D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2023	\$1,054.08	Mental Health	

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

Date(s) of Service (If Applicable)

2/22/2023-2/22/2023
2/15/2023-2/15/2023
2/8/2023-2/8/2023
12/9/2022-12/9/2022
11/21/2022-11/21/2022
10/27/2022-10/27/2022

CL2023-E9A6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2023	\$1,395.90	Mental Health	

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

Date(s) of Service (If Applicable)

3/29/2023-3/29/2023
3/20/2023-3/20/2023
3/9/2023-3/9/2023
3/3/2023-3/3/2023
1/13/2023-1/13/2023
9/30/2022-9/30/2022
9/15/2022-9/15/2022

CL2023-CCDB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$1,054.08	Mental Health	

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

Date(s) of Service (If Applicable)

2/22/2023-2/22/2023
2/15/2023-2/15/2023
2/8/2023-2/8/2023
12/9/2022-12/9/2022
11/21/2022-11/21/2022
10/27/2022-10/27/2022

CL2022-3F40

<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

07/03/2025
1:05:50AM

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.

07/22/2022 **\$321.50** Mental Health

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

Date(s) of Service (If Applicable)

5/19/2022-5/19/2022

5/12/2022-5/12/2022

5/5/2022-5/5/2022

CL2022-5B50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/18/2022	\$214.34	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/28/2022-4/28/2022

4/21/2022-4/21/2022

CL2022-3370

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/27/2022	\$107.17	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/7/2022-4/7/2022

CL2022-84D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/23/2022	\$428.67	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

3/10/2022-3/10/2022

3/3/2022-3/3/2022

2/3/2022-2/3/2022

10/4/2021-10/4/2021

Case ID Number: CS2021-EF91

Victim Initials: A.Z.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-4BDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/16/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/21/2021-10/21/2021

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

07/03/2025
1:05:50AM

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.

10/25/2021 **\$507.94** Medical Hospital or Clinic

Payee: **Chatter Pediatric Therapy #184736**

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

CL2021-A7B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/05/2021	\$273.78	Medical	Hospital or Clinic
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Payee: **Chatter Pediatric Therapy #184736**

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

CL2021-436B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/04/2021	\$273.78	Medical	Hospital or Clinic
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Payee: **Chatter Pediatric Therapy #184736**

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

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>
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10/13/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/27/2021-9/27/2021

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

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1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
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.			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2021-2/19/2021			

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: D.G.			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2021-2/14/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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-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: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2021-7/20/2021			

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: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/14/2020-12/14/2020			

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: Weigel Funeral & Cremation Service			

Case ID Number: CS2021-F4A1

Victim Initials: K.O.

Case Payment Totals: **\$4,348.00**

Claim Payments:

CL2023-A7C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2022-12/15/2022			
12/7/2022-12/7/2022			
12/1/2022-12/1/2022			

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

07/03/2025
1:05:50AM

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.

CL2022-5092

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2022-11/9/2022			
11/2/2022-11/2/2022			
10/19/2022-10/19/2022			

CL2022-D37F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$256.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2022-10/26/2022			
10/11/2022-10/11/2022			

CL2022-0BA3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2022-9/21/2022			
9/15/2022-9/15/2022			
9/9/2022-9/9/2022			

CL2022-A5A6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2022-8/10/2022			

CL2022-7C8A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$448.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2022-7/27/2022			
7/20/2022-7/20/2022			
7/13/2022-7/13/2022			
7/5/2022-7/5/2022			

CL2022-AF39

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/29/2022-6/29/2022			
6/22/2022-6/22/2022			
6/8/2022-6/8/2022			

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

07/03/2025
1:05:50AM

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.

CL2022-9BAC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2022-5/31/2022			
5/24/2022-5/24/2022			

CL2022-B88E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2022-4/12/2022			
4/1/2022-4/1/2022			

CL2022-DDFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$448.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2022-3/24/2022			
3/17/2022-3/17/2022			
2/23/2022-2/23/2022			

CL2022-C1D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2022-2/28/2022			

CL2022-33BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$256.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2022-1/28/2022			
1/7/2022-1/7/2022			

CL2022-C78B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2022	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2021-12/6/2021			

CL2021-84CE

<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

07/03/2025
1:05:50AM

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.

12/15/2021 **\$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			
<u>Date(s) of Service (If Applicable)</u>			
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			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2021-10/29/2021			
10/13/2021-10/13/2021			

Case ID Number: CS2021-F4CC

Victim Initials: T.D.

Case Payment Totals: **\$1,608.69**

Claim Payments:

CL2024-AE29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2024	\$1,608.69	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/23/2023-3/23/2023			
3/2/2023-3/2/2023			
2/23/2023-2/23/2023			
2/17/2023-2/17/2023			
2/16/2023-2/16/2023			
1/26/2023-1/26/2023			
1/19/2023-1/19/2023			
1/12/2023-1/12/2023			
1/5/2023-1/5/2023			
12/8/2022-12/8/2022			
12/1/2022-12/1/2022			
2/23/2022-2/23/2022			
1/20/2022-1/20/2022			
11/1/2021-11/1/2021			

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

07/03/2025
1:05:50AM

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)
9/9/2021-9/9/2021

Case ID Number: CS2021-F519

Victim Initials: E.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-FDC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2021-12/21/2021			

Case ID Number: CS2021-F561

Victim Initials: K.D.

Case Payment Totals: **\$7,373.83**

Claim Payments:

CL2022-E36A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2022	\$1,380.00	Wage Loss	
Payee: K.D.			

CL2022-DC4B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2022	\$3,852.58	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/22/2021-9/3/2021			

CL2022-11D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2022	\$2,141.25	Wage Loss	
Payee: K.D.			

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

07/03/2025
1:05:50AM

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.

12/09/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/2/2021-11/2/2021

Case ID Number: CS2021-F650

Victim Initials: W.E.

Case Payment Totals: **\$1,166.20**

Claim Payments:

CL2022-5231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/19/2022	\$169.24	Medical	Hospital or Clinic
Payee: J.O.			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2021-7/12/2021			

CL2022-E337

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2022	\$320.00	Medical	Hospital or Clinic
Payee: J.O.			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2021-10/21/2021			

CL2022-E81C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2022	\$676.96	Medical	Hospital or Clinic
Payee: Western Alliance Bank D/B/A Clear			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2021-10/21/2021			

Case ID Number: CS2021-F667

Victim Initials: C.B.

Case Payment Totals: **\$2,943.75**

Claim Payments:

CL2022-AB18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/11/2021-5/11/2021			

CL2022-0A23

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2022	\$410.40	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2021-10/8/2021			
10/1/2021-10/1/2021			
9/24/2021-9/24/2021			
9/17/2021-9/17/2021			

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

07/03/2025
1:05:50AM

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.

CL2021-5010

<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			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2021-9/4/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2021-7/7/2021			
7/7/2021-7/7/2021			
7/1/2021-7/1/2021			
6/23/2021-6/23/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/3/2021-6/3/2021			
5/27/2021-5/27/2021			
5/21/2021-5/21/2021			
5/19/2021-5/19/2021			

Case ID Number: CS2021-F6DA

Victim Initials: J.B.

Case Payment Totals: **\$1,462.50**

Claim Payments:

CL2022-3340

<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

07/03/2025
1:05:50AM

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.

01/24/2022 **\$1,462.50** Wage Loss
Payee: **J.B.**

Case ID Number: CS2021-F7C6

Victim Initials: M.A.

Case Payment Totals: **\$414.40**

Claim Payments:

CL2022-C589

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2022	\$136.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2021-5/28/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2021-6/1/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
7/1/2021-7/1/2021			

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.			

Case ID Number: CS2021-FCEE

Victim Initials: M.P.

Case Payment Totals: **\$1,717.73**

Claim Payments:

CL2023-9D8D

<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

07/03/2025
1:05:50AM

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.

03/30/2023 **\$147.43** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
8/1/2022-8/1/2022

CL2022-4144

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$77.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2022-6/13/2022			

CL2022-22E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$145.12	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/19/2022-5/19/2022			
5/9/2022-5/9/2022			

CL2022-533E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2022	\$925.34	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2022-4/25/2022			
4/11/2022-4/11/2022			
4/4/2022-4/4/2022			
3/23/2022-3/23/2022			
3/7/2022-3/7/2022			
2/28/2022-2/28/2022			
2/23/2022-2/23/2022			
2/8/2022-2/8/2022			
2/1/2022-2/1/2022			
1/5/2022-1/5/2022			

CL2022-1BE5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/12/2022	\$134.34	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2021-12/15/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2021-10/1/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2021-3/10/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2021-3/17/2021			

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			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2021-3/28/2021			

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.			
<u>Date(s) of Service (If Applicable)</u>			
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			

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			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2021-10/12/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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-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			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2021-5/6/2021			

Case ID Number: CS2022-016B

Victim Initials: K.M.

Case Payment Totals: **\$534.10**

Claim Payments:

CL2023-35C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2023	\$534.10	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2023-2/27/2023			
1/4/2023-1/4/2023			

Case ID Number: CS2022-03BB

Victim Initials: E.L.

Case Payment Totals: **\$1,380.00**

Claim Payments:

CL2023-1ADD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$1,200.00	Mental Health	
Payee: St. Alexius Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2022-11/23/2022			

CL2022-63AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/24/2022	\$100.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/19/2022-9/19/2022			
9/12/2022-9/12/2022			
9/6/2022-9/6/2022			
8/29/2022-8/29/2022			
8/22/2022-8/22/2022			

CL2022-E272

<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

07/03/2025
1:05:50AM

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.

09/15/2022 **\$80.00** Mental Health

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

Date(s) of Service (If Applicable)

8/15/2022-8/15/2022

8/8/2022-8/8/2022

8/1/2022-8/1/2022

7/27/2022-7/27/2022

Case ID Number: CS2022-03CC

Victim Initials: M.B.

Case Payment Totals: **\$1,274.55**

Claim Payments:

CL2024-E9D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/20/2024	\$118.22	Mental Health	
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Payee: **Solutions Behavioral Healthcare**

Date(s) of Service (If Applicable)

12/11/2023-12/11/2023

CL2023-A02A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/18/2023	\$279.65	Mental Health	
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Payee: **Solutions Behavioral Healthcare**

Date(s) of Service (If Applicable)

7/30/2023-7/30/2023

7/8/2023-7/8/2023

CL2023-C1B3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/23/2023	\$208.34	Mental Health	
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Payee: **Solutions Behavioral Healthcare**

Date(s) of Service (If Applicable)

4/14/2023-4/14/2023

1/30/2023-1/30/2023

CL2023-8F45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/15/2023	\$668.34	Mental Health	
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Payee: **Solutions Behavioral Healthcare**

Date(s) of Service (If Applicable)

11/22/2022-11/22/2022

9/6/2022-9/6/2022

8/2/2022-8/2/2022

Case ID Number: CS2022-0410

Victim Initials: N.T.

Case Payment Totals: **\$5,924.00**

Claim Payments:

CL2023-1FAD

<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

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

07/03/2025
1:05:50AM

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.

09/20/2023 **\$784.00** Mental Health

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

Date(s) of Service (If Applicable)

3/31/2023-3/31/2023

3/21/2023-3/21/2023

3/17/2023-3/17/2023

3/10/2023-3/10/2023

3/2/2023-3/2/2023

CL2023-F46B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/18/2023	\$288.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/9/2023-6/9/2023

6/2/2023-6/2/2023

CL2023-DD24

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/08/2023	\$576.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/26/2023-5/26/2023

5/16/2023-5/16/2023

5/12/2023-5/12/2023

5/5/2023-5/5/2023

CL2023-20C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/05/2023	\$616.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

4/24/2023-4/24/2023

4/17/2023-4/17/2023

4/10/2023-4/10/2023

4/3/2023-4/3/2023

CL2023-B207

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/14/2023	\$504.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/24/2023-2/24/2023

2/16/2023-2/16/2023

2/10/2023-2/10/2023

CL2023-C829

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/08/2023	\$840.00	Mental Health	
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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

Date(s) of Service (If Applicable)

1/30/2023-1/30/2023

1/27/2023-1/27/2023

1/20/2023-1/20/2023

1/13/2023-1/13/2023

1/5/2023-1/5/2023

CL2023-195C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2023	\$504.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/20/2022-12/20/2022

12/5/2022-12/5/2022

12/2/2022-12/2/2022

CL2022-D068

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/18/2022-11/18/2022

11/9/2022-11/9/2022

CL2022-2557

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/18/2022-8/18/2022

CL2022-EE92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$504.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/28/2022-10/28/2022

10/21/2022-10/21/2022

10/7/2022-10/7/2022

CL2022-EC86

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$684.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/29/2022-9/29/2022

9/21/2022-9/21/2022

9/15/2022-9/15/2022

9/9/2022-9/9/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2022-0458

Victim Initials: P.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-D7F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2022-3/10/2022			

Case ID Number: CS2022-05DB

Victim Initials: H.M.

Case Payment Totals: **\$1,083.48**

Claim Payments:

CL2023-85F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2023	\$1,067.00	Medical	Dental
Payee: J.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2022-5/5/2022			

CL2023-B0EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2023	\$16.48	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2022-5/3/2022			

Case ID Number: CS2022-0613

Victim Initials: K.M.

Case Payment Totals: **\$1,308.00**

Claim Payments:

CL2022-7C67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2022-8/3/2022			

CL2022-A5DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2022-6/16/2022			
6/10/2022-6/10/2022			
6/3/2022-6/3/2022			

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

07/03/2025
1:05:50AM

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.

CL2022-74E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$348.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2022-4/28/2022			
4/19/2022-4/19/2022			

CL2022-06A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2022-2/10/2022			

Case ID Number: CS2022-06C2

Victim Initials: S.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-430F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2022-12/20/2022			

Case ID Number: CS2022-08DD

Victim Initials: A.W.

Case Payment Totals: **\$6,674.53**

Claim Payments:

CL2024-8D06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/25/2024	\$144.81	Medical	Hospital or Clinic
Payee: Mckenzie County Healthcare System			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2023-11/9/2023			
9/30/2023-9/30/2023			

CL2024-1069

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$348.42	Medical	Hospital or Clinic
Payee: Mckenzie County Healthcare System			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025
1:05:50AM

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)

6/30/2023-6/30/2023
9/27/2023-9/27/2023
9/15/2023-9/15/2023
8/23/2023-8/23/2023
8/31/2023-8/31/2023
9/22/2023-9/22/2023
8/18/2023-8/18/2023

CL2024-76B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$219.54	Medical	Hospital or Clinic

Payee: **A.W.**

Date(s) of Service (If Applicable)

10/8/2022-10/13/2022

CL2024-E5DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$45.20	Medical	Hospital or Clinic

Payee: **A.W.**

Date(s) of Service (If Applicable)

10/24/2022-12/12/2022

CL2023-2E95

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2023	\$497.41	Medical	Hospital or Clinic

Payee: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

3/17/2023-3/17/2023
3/22/2023-3/22/2023
5/19/2023-5/19/2023
3/10/2023-3/10/2023
4/21/2023-4/21/2023
3/3/2023-3/3/2023
3/31/2023-3/31/2023
2/22/2023-2/22/2023

CL2023-D922

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/03/2023	\$2,350.17	Medical	Hospital or Clinic

Payee: **Munson Healthcare Otsego Memorial**

Date(s) of Service (If Applicable)

11/23/2022-1/27/2023

CL2023-483E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/17/2023	\$48.00	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

9/30/2022-9/30/2022

CL2023-B154

<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

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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.

04/17/2023 **\$28.00** Medical Hospital or Clinic

Payee: **Munson Healthcare Omh Medical Group**

Date(s) of Service (If Applicable)

1/23/2023-1/23/2023

CL2023-CC16

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/30/2023 **\$28.00** Medical Hospital or Clinic

Payee: **Hand & Plastic Surgery Centre**

Date(s) of Service (If Applicable)

1/24/2023-1/24/2023

CL2023-3218

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/28/2023 **\$14.00** Medical Hospital or Clinic

Payee: **A.W.**

Date(s) of Service (If Applicable)

10/24/2022-10/24/2022

CL2023-DBE4

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/28/2023 **\$124.80** Medical Hospital or Clinic

Payee: **Mary Free Bed Rehabilitation Hospital**

Date(s) of Service (If Applicable)

10/24/2022-10/24/2022

CL2023-4BCE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/23/2023 **\$578.58** Travel

Payee: **A.W.**

CL2023-84FE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/15/2023 **\$48.00** Medical Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)

9/30/2022-9/30/2022

CL2023-343A

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/10/2023 **\$35.00** Medical Hospital or Clinic

Payee: **A.W.**

Date(s) of Service (If Applicable)

10/20/2022-10/20/2022

CL2023-C04B

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/10/2023 **\$48.00** Medical Hospital or Clinic

Payee: **Chi St. Alexius Health**

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.

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Date(s) of Service (If Applicable)
9/30/2022-9/30/2022

CL2023-F7AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$510.46	Medical	Hospital or Clinic
Payee: Trinity Health Epic-Pp			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2022-10/12/2022			

CL2023-1B97

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2023	\$22.14	Medical	Prescription
Payee: A.W.			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2022-10/7/2022			

CL2023-6E72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2023	\$1,500.00	Medical	Hospital or Clinic
Payee: A.W.			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2022-9/30/2022			

CL2023-5B74

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/08/2023	\$56.00	Medical	Hospital or Clinic
Payee: Mary Free Bed Rehabilitation Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2022-11/7/2022			

CL2023-CAF8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/08/2023	\$28.00	Medical	Hospital or Clinic
Payee: Mary Free Bed Rehabilitation Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/12/2022-12/12/2022			

Case ID Number: CS2022-0962

Victim Initials: T.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-0C65

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2022-11/9/2022			

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.

Case ID Number: CS2022-0BD1

Victim Initials: F.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-56AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2022-9/12/2022			

Case ID Number: CS2022-0C1E

Victim Initials: B.B.

Case Payment Totals: **\$736.00**

Claim Payments:

CL2023-97EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2022-7/22/2022			

CL2023-44BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2023	\$448.00	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2022-9/14/2022			
9/7/2022-9/7/2022			
8/31/2022-8/31/2022			
8/17/2022-8/17/2022			
8/10/2022-8/10/2022			
8/3/2022-8/3/2022			
7/26/2022-7/26/2022			
7/20/2022-7/20/2022			
7/13/2022-7/13/2022			
6/29/2022-6/29/2022			
6/22/2022-6/22/2022			
6/8/2022-6/8/2022			
5/25/2022-5/25/2022			
5/18/2022-5/18/2022			
5/11/2022-5/11/2022			
5/5/2022-5/5/2022			

Case ID Number: CS2022-0D07

Victim Initials: B.N.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

CL2022-3FB5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/21/2022-3/21/2022

Case ID Number: CS2022-0DA8

Victim Initials: L.I.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-06D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/14/2022-3/14/2022

Case ID Number: CS2022-0DB7

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-7E67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/21/2022-7/21/2022

Case ID Number: CS2022-0FA8

Victim Initials: V.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-6B33

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/12/2022-1/12/2022

Case ID Number: CS2022-1181

Victim Initials: J.B.

Case Payment Totals: **\$109.64**

Claim Payments:

CL2022-E22E

<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

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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.

05/17/2022 **\$109.64** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
4/6/2022-4/6/2022

Case ID Number: CS2022-11DC

Victim Initials: T.L.

Case Payment Totals: **\$547.00**

Claim Payments:

CL2023-28F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$375.00	Medical	Dental
Payee: T.L.			
<u>Date(s) of Service (If Applicable)</u> 8/3/2022-8/3/2022			

CL2023-FE1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$172.00	Medical	Hospital or Clinic
Payee: Jamestown Regional Medical Center			
<u>Date(s) of Service (If Applicable)</u> 7/31/2022-7/31/2022			

Case ID Number: CS2022-1218

Victim Initials: C.G.

Case Payment Totals: **\$684.00**

Claim Payments:

CL2022-DD03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/17/2022-8/17/2022			

CL2022-6954

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 7/28/2022-7/28/2022			

CL2022-1CD3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/24/2022-6/24/2022			

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.

CL2022-C9AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/27/2022-5/27/2022			

Case ID Number: CS2022-1262

Victim Initials: P.S.

Case Payment Totals: **\$1,662.01**

Claim Payments:

CL2023-4319

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2023	\$1,525.21	Medical	Hospital or Clinic
Payee: Domestic Violence & Rape Crisis Center			
<u>Date(s) of Service (If Applicable)</u>			
3/8/2023-3/8/2023			

CL2023-6CBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$136.80	Medical	Hospital or Clinic
Payee: P.S.			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2022-8/24/2022			

Case ID Number: CS2022-131E

Victim Initials: A.O.

Case Payment Totals: **\$3,849.76**

Claim Payments:

CL2023-CEFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/07/2023	\$3,561.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

07/03/2025
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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.

Date(s) of Service (If Applicable)

4/26/2023-4/26/2023
3/15/2023-3/15/2023
2/22/2023-2/22/2023
2/15/2023-2/15/2023
2/8/2023-2/8/2023
2/1/2023-2/1/2023
1/25/2023-1/25/2023
1/18/2023-1/18/2023
1/11/2023-1/11/2023
1/4/2023-1/4/2023
12/28/2022-12/28/2022
12/21/2022-12/21/2022
12/7/2022-12/7/2022
11/30/2022-11/30/2022
11/23/2022-11/23/2022
11/16/2022-11/16/2022
11/9/2022-11/9/2022
10/26/2022-10/26/2022
10/19/2022-10/19/2022

CL2022-C0F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/3/2022-5/3/2022

Case ID Number: CS2022-1417

Victim Initials: B.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-26F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/10/2022-1/10/2022

Case ID Number: CS2022-1533

Victim Initials: T.Z.

Case Payment Totals: **\$3,277.58**

Claim Payments:

CL2023-E524

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2023	\$3,277.58	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

8/19/2022-8/20/2022

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.

Case ID Number: CS2022-16D4

Victim Initials: J.F.

Case Payment Totals: **\$601.43**

Claim Payments:

CL2023-DB53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/10/2023	\$601.43	Medical	Hospital or Clinic
Payee: F-M Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2022-11/11/2022			

Case ID Number: CS2022-170B

Victim Initials: M.C.

Case Payment Totals: **\$960.00**

Claim Payments:

CL2022-5A96

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/27/2022	\$960.00	Mental Health	
Payee: The Burckhard Clinic			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2022-9/14/2022			
8/31/2022-8/31/2022			
8/29/2022-8/29/2022			
8/26/2022-8/26/2022			
8/24/2022-8/24/2022			
8/22/2022-8/22/2022			
8/19/2022-8/19/2022			
8/17/2022-8/17/2022			
8/15/2022-8/15/2022			
8/10/2022-8/10/2022			
8/8/2022-8/8/2022			
8/5/2022-8/5/2022			
8/3/2022-8/3/2022			
8/1/2022-8/1/2022			
7/27/2022-7/27/2022			
7/25/2022-7/25/2022			
7/20/2022-7/20/2022			
7/18/2022-7/18/2022			
7/15/2022-7/15/2022			
7/13/2022-7/13/2022			
7/11/2022-7/11/2022			
7/8/2022-7/8/2022			
7/6/2022-7/6/2022			
7/1/2022-7/1/2022			
6/29/2022-6/29/2022			
6/27/2022-6/27/2022			
6/24/2022-6/24/2022			
6/22/2022-6/22/2022			
6/20/2022-6/20/2022			
6/15/2022-6/15/2022			

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.

Case ID Number: CS2022-1AC1

Victim Initials: Z.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-3D2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2022-1/3/2022			

Case ID Number: CS2022-1B37

Victim Initials: B.M.

Case Payment Totals: **\$4,543.43**

Claim Payments:

CL2023-79D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/27/2023	\$1,293.94	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2023-5/15/2023			
5/8/2023-5/8/2023			
5/1/2023-5/1/2023			
4/24/2023-4/24/2023			
4/18/2023-4/18/2023			
4/10/2023-4/10/2023			
3/27/2023-3/27/2023			

CL2023-3559

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2023	\$2,033.33	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2023-3/15/2023			
2/27/2023-2/27/2023			
1/30/2023-1/30/2023			
1/23/2023-1/23/2023			
1/17/2023-1/17/2023			
1/5/2023-1/5/2023			
12/29/2022-12/29/2022			
12/22/2022-12/22/2022			
12/8/2022-12/8/2022			
11/17/2022-11/17/2022			
10/22/2022-10/22/2022			

CL2022-CD8D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2022	\$369.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

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1:05:50AM

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)

9/1/2022-9/1/2022

8/15/2022-8/15/2022

CL2022-13B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2022	\$846.46	Mental Health	

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

Date(s) of Service (If Applicable)

7/27/2022-7/27/2022

7/11/2022-7/11/2022

7/1/2022-7/1/2022

6/22/2022-6/22/2022

6/13/2022-6/13/2022

5/24/2022-5/24/2022

Case ID Number: CS2022-1B6A

Victim Initials: J.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-F913

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/29/2022-8/29/2022

Case ID Number: CS2022-1C68

Victim Initials: D.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-D4D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/5/2022-4/5/2022

Case ID Number: CS2022-1F28

Victim Initials: M.W.

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

Claim Payments:

CL2022-1A71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$5,000.00	Funeral	

Payee: **Korsmo Funeral Service**

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.

Case ID Number: CS2022-1F86

Victim Initials: J.D.

Case Payment Totals: **\$7,573.45**

Claim Payments:

CL2024-9CA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$27.73	Medical	Hospital or Clinic
Payee: J.D.			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2022-3/26/2022			

CL2023-7084

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2023	\$6,825.72	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2022-3/31/2022			

CL2022-EC9B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/06/2022	\$720.00	Wage Loss	
Payee: J.D.			

Case ID Number: CS2022-204E

Victim Initials: P.W.

Case Payment Totals: **\$908.00**

Claim Payments:

CL2023-3D92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2023-1/18/2023			

CL2023-348D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2023	\$616.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/27/2022-12/27/2022			
12/20/2022-12/20/2022			
12/15/2022-12/15/2022			
12/6/2022-12/6/2022			

CL2022-251B

<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

07/03/2025
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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.

12/19/2022 **\$180.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/8/2022-11/8/2022

Case ID Number: CS2022-2118

Victim Initials: K.M.

Case Payment Totals: **\$1,125.40**

Claim Payments:

CL2023-4183

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$193.62	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2023-6/1/2023			
5/25/2023-5/25/2023			
5/4/2023-5/4/2023			
4/27/2023-4/27/2023			
4/20/2023-4/20/2023			

CL2022-3652

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$230.73	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2022-8/18/2022			
8/4/2022-8/4/2022			

CL2022-5885

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$77.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/4/2022-4/4/2022			

CL2022-A0C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2022	\$438.56	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/23/2022-3/23/2022			
3/9/2022-3/9/2022			
3/2/2022-3/2/2022			
2/9/2022-2/9/2022			

CL2022-018F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$184.99	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

07/03/2025
1:05:50AM

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)

2/16/2022-2/16/2022

2/2/2022-2/2/2022

Case ID Number: CS2022-22B7

Victim Initials: R.M.

Case Payment Totals: **\$1,650.00**

Claim Payments:

CL2023-3B65

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$174.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/19/2023-1/19/2023

1/6/2023-1/6/2023

CL2023-9797

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2023	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/13/2022-12/13/2022

CL2022-2B25

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/22/2022-11/22/2022

CL2022-3A4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/27/2022-9/27/2022

9/7/2022-9/7/2022

CL2022-2FC3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/8/2022-8/8/2022

CL2022-9F5F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$348.00	Mental Health	

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.

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

Date(s) of Service (If Applicable)

7/21/2022-7/21/2022

7/15/2022-7/15/2022

CL2022-BDB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/11/2022-7/11/2022

Case ID Number: CS2022-245A

Victim Initials: C.C.

Case Payment Totals: **\$1,760.54**

Claim Payments:

CL2022-93D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$777.02	Mental Health	

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

Date(s) of Service (If Applicable)

4/27/2022-4/27/2022

4/6/2022-4/6/2022

3/30/2022-3/30/2022

3/23/2022-3/23/2022

3/9/2022-3/9/2022

3/2/2022-3/2/2022

CL2022-1C1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$695.52	Mental Health	

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

Date(s) of Service (If Applicable)

2/23/2022-2/23/2022

2/9/2022-2/9/2022

2/2/2022-2/2/2022

1/19/2022-1/19/2022

1/5/2022-1/5/2022

CL2022-D0B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/3/2021-12/3/2021

Case ID Number: CS2022-24D4

Victim Initials: D.T.

Case Payment Totals: **\$288.00**

Claim Payments:

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.

CL2022-3CF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			

Case ID Number: CS2022-26AB

Victim Initials: I.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1FEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2022-2/22/2022			

Case ID Number: CS2022-281C

Victim Initials: E.B.

Case Payment Totals: **\$80.00**

Claim Payments:

CL2023-B5BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/19/2023	\$80.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2023-4/12/2023			

Case ID Number: CS2022-28E8

Victim Initials: K.W.

Case Payment Totals: **\$1,776.00**

Claim Payments:

CL2024-00AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/13/2024	\$1,400.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2023-11/20/2023			
10/26/2023-10/26/2023			
10/12/2023-10/12/2023			
9/18/2023-9/18/2023			
9/5/2023-9/5/2023			

CL2024-06C2

<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

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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.

02/13/2024 **\$80.00** Mental Health

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

4/17/2023-4/17/2023

3/30/2023-3/30/2023

3/14/2023-3/14/2023

2/16/2023-2/16/2023

1/10/2023-1/10/2023

CL2023-55FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$60.00	Medical	Hospital or Clinic

Payee: **K.W.**

Date(s) of Service (If Applicable)

11/10/2021-11/10/2021

CL2023-38A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2023	\$176.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

2/24/2022-2/24/2022

2/18/2022-2/18/2022

2/11/2022-2/11/2022

2/4/2022-2/4/2022

1/21/2022-1/21/2022

1/14/2022-1/14/2022

12/21/2021-12/21/2021

12/17/2021-12/17/2021

12/10/2021-12/10/2021

12/1/2021-12/1/2021

11/23/2021-11/23/2021

CL2023-9528

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2023	\$60.00	Mental Health	

Payee: **K.W.**

Date(s) of Service (If Applicable)

11/23/2021-2/24/2022

Case ID Number: CS2022-29FC

Victim Initials: K.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1083

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/14/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/3/2022-1/3/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:05:50AM

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: CS2022-2A75

Victim Initials: F.M.

Case Payment Totals: **\$1,921.04**

Claim Payments:

CL2022-54DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/12/2022	\$1,422.50	Medical	Hospital or Clinic
Payee: Hospital Sisters Health System - Western			
<u>Date(s) of Service (If Applicable)</u>			
2/16/2022-2/18/2022			

CL2022-B853

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/12/2022	\$498.54	Medical	Hospital or Clinic
Payee: Prevea Western			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2022-2/18/2022			
2/17/2022-2/17/2022			

Case ID Number: CS2022-2B24

Victim Initials: T.C.

Case Payment Totals: **\$240.00**

Claim Payments:

CL2023-99F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$240.00	Wage Loss	
Payee: T.C.			

Case ID Number: CS2022-2B4C

Victim Initials: F.N.

Case Payment Totals: **\$2,157.88**

Claim Payments:

CL2023-DCE2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$662.90	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2023-4/24/2023			
4/19/2023-4/19/2023			
4/12/2023-4/12/2023			
4/3/2023-4/3/2023			
3/27/2023-3/27/2023			
3/22/2023-3/22/2023			

CL2023-E71C

<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

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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.

03/30/2023 **\$455.19** Mental Health

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

Date(s) of Service (If Applicable)

3/7/2023-3/7/2023

2/27/2023-2/27/2023

2/15/2023-2/15/2023

2/6/2023-2/6/2023

CL2023-8DFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$486.65	Mental Health	

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

Date(s) of Service (If Applicable)

1/30/2023-1/30/2023

1/23/2023-1/23/2023

1/18/2023-1/18/2023

12/5/2022-12/5/2022

11/28/2022-11/28/2022

CL2022-6617

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$553.14	Mental Health	

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

Date(s) of Service (If Applicable)

11/21/2022-11/21/2022

11/14/2022-11/14/2022

11/7/2022-11/7/2022

10/27/2022-10/27/2022

Case ID Number: CS2022-2BFB

Victim Initials: C.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BDDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/19/2022-9/19/2022

Case ID Number: CS2022-2C8B

Victim Initials: A.T.

Case Payment Totals: **\$3,044.00**

Claim Payments:

CL2022-84A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$280.00	Mental Health	

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

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1:05:50AM

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)

11/9/2022-11/9/2022

11/2/2022-11/2/2022

CL2022-2BBE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/24/2022-10/24/2022

CL2022-A6FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2022	\$504.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/29/2022-9/29/2022

9/14/2022-9/14/2022

9/8/2022-9/8/2022

CL2022-3B9B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$672.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/31/2022-8/31/2022

8/24/2022-8/24/2022

8/12/2022-8/12/2022

8/2/2022-8/2/2022

CL2022-A021

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/20/2022-7/20/2022

7/8/2022-7/8/2022

CL2022-68D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$280.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/21/2022-6/21/2022

6/10/2022-6/10/2022

CL2022-1A5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$336.00	Mental Health	

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.

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

Date(s) of Service (If Applicable)

5/25/2022-5/25/2022

5/3/2022-5/3/2022

CL2022-5739

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/25/2022-4/25/2022

CL2022-FBA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/11/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/11/2022-4/11/2022

Case ID Number: CS2022-2D07

Victim Initials: L.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-B4EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/21/2022-3/21/2022

Case ID Number: CS2022-2EE7

Victim Initials: N.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-32FC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/4/2022-5/4/2022

Case ID Number: CS2022-2FA4

Victim Initials: V.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-A241

<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

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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.

08/24/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
5/27/2022-5/27/2022

Case ID Number: CS2022-2FD6

Victim Initials: J.M.

Case Payment Totals: **\$776.88**

Claim Payments:

CL2023-FFD7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$68.72	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2023-3/30/2023			
3/23/2023-3/23/2023			

CL2023-58E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2023	\$137.44	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/16/2023-3/16/2023			
3/9/2023-3/9/2023			
2/16/2023-2/16/2023			
2/2/2023-2/2/2023			

CL2023-D56F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2023	\$570.72	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/29/2022-12/29/2022			
1/12/2023-1/12/2023			
12/8/2022-12/8/2022			
1/19/2023-1/19/2023			
10/26/2022-10/26/2022			
1/5/2023-1/5/2023			
12/1/2022-12/1/2022			

Case ID Number: CS2022-32EB

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-8608

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			

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.

Case ID Number: CS2022-365E

Victim Initials: S.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-C802

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2022-1/18/2022			

Case ID Number: CS2022-386A

Victim Initials: L.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-3571

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2022-6/22/2022			

Case ID Number: CS2022-3A4B

Victim Initials: E.F.

Case Payment Totals: **\$1,170.00**

Claim Payments:

CL2023-8AA5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$1,170.00	Medical	Hospital or Clinic
Payee: M.F.			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2021-4/9/2021			

Case ID Number: CS2022-3BBC

Victim Initials: H.P.

Case Payment Totals: **\$1,176.00**

Claim Payments:

CL2024-1FA7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/11/2024-4/11/2024			
4/1/2024-4/1/2024			

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.

CL2024-59C8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/7/2024-2/7/2024			

CL2023-E093

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2023-7/5/2023			

CL2023-69DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2023-8/15/2023			
8/2/2023-8/2/2023			

CL2023-6F1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2022-12/20/2022			

Case ID Number: CS2022-3C5B

Victim Initials: T.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-34F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2022-8/25/2022			

Case ID Number: CS2022-3CAE

Victim Initials: L.K.

Case Payment Totals: **\$1,542.48**

Claim Payments:

CL2022-4DB8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$328.70	Medical	Hospital or Clinic
Payee: St. Alexius Medical Center			

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

07/03/2025
1:05:50AM

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)
3/14/2022-3/14/2022

CL2022-7E84

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$236.85	Medical	Hospital or Clinic
Payee: L.K.			
<u>Date(s) of Service (If Applicable)</u> 3/14/2022-3/14/2022			

CL2022-D59E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$976.93	Medical	Hospital or Clinic
Payee: Underwood Ambulance Service			
<u>Date(s) of Service (If Applicable)</u> 3/14/2022-3/14/2022			

Case ID Number: CS2022-3CC9

Victim Initials: J.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-CEF2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 4/28/2022-4/28/2022			

Case ID Number: CS2022-3ED6

Victim Initials: M.M.

Case Payment Totals: **\$432.00**

Claim Payments:

CL2023-4B08

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 10/4/2023-10/4/2023			

CL2022-7C8D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/29/2022-8/29/2022			

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.

Case ID Number: CS2022-3F35

Victim Initials: K.K.

Case Payment Totals: **\$544.00**

Claim Payments:

CL2024-2658

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$456.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/18/2024-4/18/2024

4/11/2024-4/11/2024

4/5/2024-4/5/2024

CL2023-5210

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$88.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/26/2023-4/26/2023

Case ID Number: CS2022-3F77

Victim Initials: D.B.

Case Payment Totals: **\$1,928.00**

Claim Payments:

CL2023-60C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$1,640.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

6/6/2022-6/6/2022

5/2/2022-5/2/2022

4/18/2022-4/18/2022

4/11/2022-4/11/2022

4/4/2022-4/4/2022

3/22/2022-3/22/2022

3/14/2022-3/14/2022

3/7/2022-3/7/2022

CL2022-EF4B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/10/2022-2/10/2022

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.

Case ID Number: CS2022-403F

Victim Initials: N.M.

Case Payment Totals: **\$960.00**

Claim Payments:

CL2023-A89B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/04/2023	\$960.00	Mental Health	
Payee: Missouri River Health			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2023-2/21/2023			
2/7/2023-2/7/2023			
1/24/2023-1/24/2023			
1/12/2023-1/12/2023			
12/5/2022-12/5/2022			

Case ID Number: CS2022-436A

Victim Initials: B.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-26F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2022-3/21/2022			

Case ID Number: CS2022-443E

Victim Initials: S.Q.

Case Payment Totals: **\$2,132.08**

Claim Payments:

CL2023-D16E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/04/2023	\$1,042.07	Medical	Hospital or Clinic
Payee: H.Q.			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2022-11/2/2022			

CL2023-AAE2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$8.85	Medical	Dental
Payee: H.Q.			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2022-10/28/2022			

CL2023-78CD

<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

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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.

05/17/2023 **\$833.66** Medical Hospital or Clinic
Payee: **Billings Clinic**
Date(s) of Service (If Applicable)
11/2/2022-11/2/2022

CL2023-E17F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/22/2023 **\$247.50** Wage Loss
Payee: **S.Q.**

Case ID Number: CS2022-4470

Victim Initials: W.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1172

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/14/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/21/2022-3/21/2022

Case ID Number: CS2022-447B

Victim Initials: M.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-9263

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/22/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/28/2021-12/28/2021

Case ID Number: CS2022-46DF

Victim Initials: Y.G.

Case Payment Totals: **\$3,214.00**

Claim Payments:

CL2024-EDA5

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/15/2024 **\$144.00** Mental Health
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/8/2024-3/8/2024

CL2024-FBB9

Approval Date AmountPaid Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:05:50AM

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.

05/15/2024 **\$720.00** Mental Health

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

Date(s) of Service (If Applicable)

2/26/2024-2/26/2024

2/20/2024-2/20/2024

2/14/2024-2/14/2024

2/9/2024-2/9/2024

2/2/2024-2/2/2024

CL2024-5CA9

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/20/2024 **\$288.00** Mental Health

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

Date(s) of Service (If Applicable)

1/18/2024-1/18/2024

1/12/2024-1/12/2024

CL2024-A1F5

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/29/2024 **\$144.00** Mental Health

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

Date(s) of Service (If Applicable)

12/14/2023-12/14/2023

CL2024-88C4

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/04/2024 **\$144.00** Mental Health

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

Date(s) of Service (If Applicable)

11/20/2023-11/20/2023

CL2023-58BA

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/01/2023 **\$648.00** Mental Health

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

Date(s) of Service (If Applicable)

10/23/2023-10/23/2023

10/16/2023-10/16/2023

10/9/2023-10/9/2023

10/2/2023-10/2/2023

CL2023-B50F

Approval Date AmountPaid Claim Category Medical Category (if applicable)

10/31/2023 **\$312.00** Mental Health

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

Date(s) of Service (If Applicable)

9/18/2023-9/18/2023

9/11/2023-9/11/2023

CL2023-900C

Approval Date AmountPaid Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

09/20/2023 **\$168.00** Mental Health

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

Date(s) of Service (If Applicable)

8/3/2023-8/3/2023

CL2022-4181

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/22/2022 **\$180.00** Mental Health

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

Date(s) of Service (If Applicable)

10/31/2022-10/31/2022

CL2022-01C7

Approval Date AmountPaid Claim Category Medical Category (if applicable)

10/21/2022 **\$178.00** Mental Health

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

Date(s) of Service (If Applicable)

9/20/2022-9/20/2022

9/13/2022-9/13/2022

9/6/2022-9/6/2022

CL2022-E26E

Approval Date AmountPaid Claim Category Medical Category (if applicable)

09/20/2022 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/24/2022-8/24/2022

Case ID Number: CS2022-493B

Victim Initials: A.Y.

Case Payment Totals: **\$636.00**

Claim Payments:

CL2022-7E15

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/22/2022 **\$348.00** Mental Health

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

Date(s) of Service (If Applicable)

2/25/2022-2/25/2022

2/8/2022-2/8/2022

CL2022-BE57

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/15/2022 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/4/2022-1/4/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2022-4B08

Victim Initials: L.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2022-1/25/2022			

Case ID Number: CS2022-4CA9

Victim Initials: A.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-A076

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2022-1/12/2022			

Case ID Number: CS2022-4E13

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-4DBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2022-5/4/2022			

Case ID Number: CS2022-4EB3

Victim Initials: L.B.

Case Payment Totals: **\$454.26**

Claim Payments:

CL2022-9674

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2022	\$454.26	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2021-10/29/2021			

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

07/03/2025
1:05:50AM

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: CS2022-4EFE

Victim Initials: R.S.

Case Payment Totals: **\$1,812.00**

Claim Payments:

CL2022-9965

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/8/2022-9/8/2022			

CL2022-7CEF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			

CL2022-B62D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2022-6/10/2022			

CL2022-F617

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2022-5/31/2022			
5/25/2022-5/25/2022			
5/13/2022-5/13/2022			
5/4/2022-5/4/2022			

CL2022-7ABB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$348.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2022-4/26/2022			
4/22/2022-4/22/2022			

CL2022-23FE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/11/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2022-3/22/2022			

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

07/03/2025
1:05:50AM

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: CS2022-4FDB

Victim Initials: K.M.

Case Payment Totals: **\$1,756.00**

Claim Payments:

CL2022-2526

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2022-7/19/2022			

CL2022-4B7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$616.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2022-6/28/2022			
6/21/2022-6/21/2022			
6/14/2022-6/14/2022			
6/9/2022-6/9/2022			

CL2022-DF54

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2022-5/23/2022			
5/10/2022-5/10/2022			
5/5/2022-5/5/2022			

CL2022-4735

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2022-4/20/2022			

CL2022-0E49

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2022-2/10/2022			

Case ID Number: CS2022-5011

Victim Initials: C.J.

Case Payment Totals: **\$411.26**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2023-88AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2023	\$211.26	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
11/13/2022-11/13/2022			

CL2023-BBD4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$200.00	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/13/2022-11/13/2022			

Case ID Number: CS2022-50A3

Victim Initials: D.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BA54

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2022-6/28/2022			

Case ID Number: CS2022-5228

Victim Initials: A.E.

Case Payment Totals: **\$1,903.43**

Claim Payments:

CL2025-C815

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$131.38	Mental Health	
Payee: Therapeutic Interventions			
<u>Date(s) of Service (If Applicable)</u>			
4/21/2023-4/21/2023			
4/7/2023-4/7/2023			
3/31/2023-3/31/2023			
3/24/2023-3/24/2023			
3/17/2023-3/17/2023			
3/10/2023-3/10/2023			
2/24/2023-2/24/2023			

CL2024-AFCA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/09/2024	\$602.98	Mental Health	
Payee: The Village Family Service Center			

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

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Date(s) of Service (If Applicable)

2/28/2024-2/28/2024

1/31/2024-1/31/2024

1/24/2024-1/24/2024

1/17/2024-1/17/2024

1/5/2024-1/5/2024

CL2023-F098

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2023	\$329.86	Mental Health	

Payee: **Therapeutic Interventions**

Date(s) of Service (If Applicable)

6/3/2023-6/3/2023

2/17/2023-2/17/2023

CL2023-6DFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2023	\$551.21	Mental Health	

Payee: **Therapeutic Interventions**

Date(s) of Service (If Applicable)

2/3/2023-2/3/2023

1/19/2023-1/19/2023

1/6/2023-1/6/2023

CL2023-E56D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/5/2022-12/5/2022

Case ID Number: CS2022-52BE

Victim Initials: H.K.

Case Payment Totals: **\$2,596.00**

Claim Payments:

CL2022-1533

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$448.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/18/2022-11/18/2022

11/1/2022-11/1/2022

10/21/2022-10/21/2022

CL2022-BFC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2022	\$392.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/3/2022-10/3/2022

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.

CL2022-6DDA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$784.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2022-9/28/2022			
9/21/2022-9/21/2022			
9/14/2022-9/14/2022			
9/7/2022-9/7/2022			
9/1/2022-9/1/2022			

CL2022-9A1A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2022-8/25/2022			
8/15/2022-8/15/2022			
8/11/2022-8/11/2022			

CL2022-2A71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2022-7/22/2022			

CL2022-7176

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2022-6/14/2022			

Case ID Number: CS2022-55B2

Victim Initials: F.P.

Case Payment Totals: **\$2,180.00**

Claim Payments:

CL2023-6EB1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/11/2023-7/11/2023			

CL2023-77CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$392.00	Mental Health	

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

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

Date(s) of Service (If Applicable)

4/25/2023-4/25/2023

4/21/2023-4/21/2023

4/10/2023-4/10/2023

CL2023-AA28

Approval Date

03/14/2023

AmountPaid

\$672.00

Claim Category

Mental Health

Medical Category (if applicable)

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

Date(s) of Service (If Applicable)

2/22/2023-3/22/2023

2/13/2023-2/13/2023

2/9/2023-2/9/2023

2/1/2023-2/1/2023

CL2023-1F17

Approval Date

02/09/2023

AmountPaid

\$504.00

Claim Category

Mental Health

Medical Category (if applicable)

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

Date(s) of Service (If Applicable)

1/19/2023-1/19/2023

1/12/2023-1/12/2023

1/5/2023-1/5/2023

CL2023-E5DA

Approval Date

02/07/2023

AmountPaid

\$288.00

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/20/2022-12/20/2022

CL2023-2F22

Approval Date

01/27/2023

AmountPaid

\$180.00

Claim Category

Mental Health

Medical Category (if applicable)

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

Date(s) of Service (If Applicable)

12/6/2022-12/6/2022

Case ID Number: CS2022-584A

Victim Initials: T.A.

Case Payment Totals: **\$1,496.01**

Claim Payments:

CL2023-9B56

Approval Date

03/03/2023

AmountPaid

\$452.98

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **J.A.**

Date(s) of Service (If Applicable)

7/28/2022-7/28/2022

9/2/2022-9/2/2022

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

07/03/2025
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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.

CL2023-A804

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2023	\$1,043.03	Medical	Hospital or Clinic
Payee: J.A.			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2022-7/24/2022			

Case ID Number: CS2022-584D

Victim Initials: H.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-9643

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			

Case ID Number: CS2022-59F3

Victim Initials: Z.J.

Case Payment Totals: **\$660.96**

Claim Payments:

CL2022-CBAE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$660.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2022-10/21/2022			
10/14/2022-10/14/2022			
9/23/2022-9/23/2022			
9/12/2022-9/12/2022			
9/2/2022-9/2/2022			

Case ID Number: CS2022-5AA6

Victim Initials: A.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-D224

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2022-3/22/2022			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2022-5BA7

Victim Initials: H.Z.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-FF7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2022-2/22/2022			

Case ID Number: CS2022-5D1B

Victim Initials: K.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-A7A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/11/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/5/2022-4/5/2022			

Case ID Number: CS2022-5E77

Victim Initials: K.V.

Case Payment Totals: **\$1,834.59**

Claim Payments:

CL2024-7095

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$50.89	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/15/2023-11/15/2023			

CL2024-1CFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$108.45	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2023-10/9/2023			
9/26/2023-9/26/2023			

CL2023-903A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$15.25	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2023-8/18/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

CL2023-2DBA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$312.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/10/2023-7/10/2023

3/22/2023-3/22/2023

CL2023-0CCC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/5/2023-6/5/2023

CL2023-3899

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/23/2023-5/23/2023

5/3/2023-5/3/2023

CL2023-5C65

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$448.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/28/2023-4/28/2023

4/18/2023-4/18/2023

4/12/2023-4/12/2023

CL2023-16E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2023	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/24/2023-2/24/2023

CL2022-79FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/2/2022-3/2/2022

Case ID Number: CS2022-5F9E

Victim Initials: E.S.

Case Payment Totals: **\$725.89**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-3C47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2024	\$725.89	Medical	Hospital or Clinic
Payee: Williston Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
9/15/2022-9/15/2022			

Case ID Number: CS2022-60CB

Victim Initials: M.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-93AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/8/2022-7/8/2022			

Case ID Number: CS2022-61C6

Victim Initials: B.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-31F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/9/2022-11/9/2022			

Case ID Number: CS2022-61D4

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BE2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2021-11/30/2021			

Case ID Number: CS2022-6380

Victim Initials: M.D.

Case Payment Totals: **\$2,249.30**

Claim Payments:

CL2022-38DF

<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

07/03/2025
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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.

05/12/2022 **\$2,249.30** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/12/2022-2/12/2022

Case ID Number: CS2022-63BC **Victim Initials: M.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-CF9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2022-5/18/2022			

Case ID Number: CS2022-6424 **Victim Initials: S.F.**

Case Payment Totals: **\$1,476.00**

Claim Payments:

CL2022-CB5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2022-10/31/2022			
10/20/2022-10/20/2022			
10/3/2022-10/3/2022			

CL2022-6660

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/19/2022-9/19/2022			
9/8/2022-9/8/2022			

CL2022-FD32

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2022-8/23/2022			

CL2022-744D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2022-7/29/2022			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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

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CL2022-8655

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/27/2022-6/27/2022			

Case ID Number: CS2022-651E

Victim Initials: T.W.

Case Payment Totals: \$4,428.69

Claim Payments:

CL2023-C6AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/26/2023	\$895.94	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/3/2022-6/3/2022			

CL2023-530E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$1,535.49	Mental Health	
Payee: L.W.			
<u>Date(s) of Service (If Applicable)</u>			
11/25/2022-11/25/2022			
11/18/2022-11/18/2022			
11/11/2022-11/11/2022			
11/4/2022-11/4/2022			
10/31/2022-10/31/2022			
10/21/2022-10/21/2022			
10/18/2022-10/18/2022			
10/14/2022-10/14/2022			
10/11/2022-10/11/2022			
10/7/2022-10/7/2022			
9/29/2022-9/29/2022			

CL2022-2B82

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/06/2022	\$200.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/25/2022-5/26/2022			

CL2022-AA68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$346.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2022-6/2/2022			
5/25/2022-5/25/2022			
5/26/2022-5/26/2022			

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.
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CL2022-0DAE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/29/2022	\$1,080.00	Mental Health	
Payee: L.W.			
<u>Date(s) of Service (If Applicable)</u>			
6/27/2022-6/27/2022			
6/10/2022-6/10/2022			
6/2/2022-6/2/2022			
5/31/2022-5/31/2022			
5/27/2022-5/27/2022			
5/25/2022-5/25/2022			
5/23/2022-5/23/2022			
5/20/2022-5/20/2022			
5/17/2022-5/17/2022			
5/9/2022-5/9/2022			
5/3/2022-5/3/2022			
4/29/2022-4/29/2022			
4/26/2022-4/26/2022			
4/21/2022-4/21/2022			
4/19/2022-4/19/2022			
4/18/2022-4/18/2022			

CL2022-5E83

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/18/2022	\$200.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
4/14/2022-4/14/2022			

CL2022-D77F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$170.46	Medical	Hospital or Clinic
Payee: Essentia Health			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2022-5/6/2022			

Case ID Number: CS2022-660B

Victim Initials: S.L.

Case Payment Totals: **\$540.00**

Claim Payments:

CL2023-DAD6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/25/2023	\$96.00	Mental Health	
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2023-5/24/2023			
5/16/2023-5/16/2023			
5/9/2023-5/9/2023			
5/1/2023-5/1/2023			

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

07/03/2025
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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.

CL2023-ED0A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$96.00	Mental Health	
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2023-2/28/2023			
2/16/2023-2/16/2023			
2/6/2023-2/6/2023			
1/31/2023-1/31/2023			

CL2023-8422

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/17/2023	\$300.00	Mental Health	
Payee: K.N.			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2023-1/5/2023			
12/5/2022-12/5/2022			
11/29/2022-11/29/2022			
11/15/2022-11/15/2022			
11/9/2022-11/9/2022			
10/27/2022-10/27/2022			
10/18/2022-10/18/2022			
10/11/2022-10/11/2022			
9/29/2022-9/29/2022			
9/21/2022-9/21/2022			

CL2023-002D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/14/2023	\$48.00	Mental Health	
Payee: Blue Skies Counseling PLLC			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2022-12/20/2022			
12/13/2022-12/13/2022			

Case ID Number: CS2022-687F

Victim Initials: S.W.

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

Claim Payments:

CL2023-6B1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2023	\$5,000.00	Funeral	
Payee: A.W.			

Case ID Number: CS2022-6909

Victim Initials: E.S.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

CL2023-AB9E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/14/2022-2/14/2022

Case ID Number: CS2022-6B11

Victim Initials: O.F.

Case Payment Totals: **\$1,366.08**

Claim Payments:

CL2023-1CE1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2023	\$406.08	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

6/9/2022-6/9/2022

CL2023-D488

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2023	\$864.00	Medical	Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

9/1/2022-9/1/2022

9/29/2022-9/29/2022

9/15/2022-9/15/2022

8/18/2022-8/18/2022

10/14/2022-10/14/2022

8/4/2022-8/4/2022

8/25/2022-8/25/2022

8/11/2022-8/11/2022

7/28/2022-7/28/2022

CL2022-500F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/29/2022	\$96.00	Medical	Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

7/8/2022-7/8/2022

Case ID Number: CS2022-6B3F

Victim Initials: B.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-2B85

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/11/2022-10/11/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2022-6C94

Victim Initials: C.G.

Case Payment Totals: **\$1,008.00**

Claim Payments:

CL2024-89EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
2/23/2024-2/23/2024			
2/9/2024-2/9/2024			

CL2024-E22B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$432.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
1/26/2024-1/26/2024			
1/19/2024-1/19/2024			
12/18/2023-12/18/2023			

CL2022-5ABF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
5/4/2022-5/4/2022			

Case ID Number: CS2022-6D34

Victim Initials: K.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-2F7A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
2/15/2022-2/15/2022			

Case ID Number: CS2022-6DE6

Victim Initials: A.R.

Case Payment Totals: **\$320.00**

Claim Payments:

CL2024-0657

<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

07/03/2025
1:05:50AM

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.

06/18/2024 **\$320.00** Mental Health

Payee: **Sandra M Iverson Msw, Licsw**

Date(s) of Service (If Applicable)

3/26/2024-3/26/2024

3/5/2024-3/5/2024

Case ID Number: CS2022-702B

Victim Initials: G.J.

Case Payment Totals: **\$714.73**

Claim Payments:

CL2022-AC8F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2022	\$406.36	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

5/14/2022-5/14/2022

CL2022-E75A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2022	\$105.87	Medical	Hospital or Clinic

Payee: **Essentia Health**

Date(s) of Service (If Applicable)

5/16/2022-5/16/2022

CL2022-C48B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$202.50	Wage Loss	

Payee: **G.J.**

Case ID Number: CS2022-7034

Victim Initials: M.R.

Case Payment Totals: **\$2,500.00**

Claim Payments:

CL2024-EFCA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/14/2023-8/14/2023

CL2023-E3C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/26/2023-6/26/2023

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

07/03/2025
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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.

CL2023-649E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/5/2023-6/5/2023

CL2023-72B2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/8/2023-5/8/2023

CL2023-5143

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$280.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/24/2023-4/24/2023

4/3/2023-4/3/2023

CL2023-E89A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2023	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/19/2022-12/19/2022

11/28/2022-11/28/2022

CL2022-4E8D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/7/2022-11/7/2022

CL2022-F730

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/3/2022-10/3/2022

CL2022-E642

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/19/2022-9/19/2022

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

07/03/2025
1:05:50AM

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.

CL2022-94FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			
8/22/2022-8/22/2022			

CL2022-98ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2022-6/14/2022			

CL2022-E554

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2022-7/29/2022			

Case ID Number: CS2022-703D

Victim Initials: K.P.

Case Payment Totals: **\$1,345.67**

Claim Payments:

CL2023-BE72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/07/2023	\$67.26	Mental Health	
Payee: Chatter Pediatric Therapy #184736			
<u>Date(s) of Service (If Applicable)</u>			
5/3/2023-5/3/2023			
4/5/2023-4/5/2023			

CL2023-D7B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2023	\$100.90	Mental Health	
Payee: Chatter Pediatric Therapy #184736			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2023-3/22/2023			
3/8/2023-3/8/2023			
3/1/2023-3/1/2023			

CL2023-065C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/27/2023	\$740.90	Mental Health	
Payee: Chatter Pediatric Therapy #184736			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

2/15/2023-2/15/2023

2/8/2023-2/8/2023

1/25/2023-1/25/2023

1/18/2023-1/18/2023

1/11/2023-1/11/2023

1/5/2023-1/5/2023

12/21/2022-12/21/2022

CL2023-063E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2023	\$84.62	Mental Health	

Payee: **Chatter Pediatric Therapy #184736**

Date(s) of Service (If Applicable)

11/21/2022-11/21/2022

11/11/2022-11/11/2022

10/13/2022-10/13/2022

CL2023-29E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2023	\$68.35	Mental Health	

Payee: **Chatter Pediatric Therapy #184736**

Date(s) of Service (If Applicable)

12/8/2022-12/8/2022

12/1/2022-12/1/2022

11/3/2022-11/3/2022

CL2022-3A8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$283.64	Mental Health	

Payee: **Chatter Pediatric Therapy #184736**

Date(s) of Service (If Applicable)

10/6/2022-10/6/2022

9/29/2022-9/29/2022

Case ID Number: **CS2022-71A6**

Victim Initials: **W.A.**

Case Payment Totals: **\$3,712.00**

Claim Payments:

CL2023-660C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/07/2023	\$1,112.00	Medical	Hospital or Clinic

Payee: **Carrington Health Center**

Date(s) of Service (If Applicable)

9/20/2022-9/20/2022

CL2023-4480

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$2,600.00	Medical	Hospital or Clinic

Payee: **J.B.**

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

07/03/2025
1:05:50AM

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)
9/22/2022-9/22/2022

Case ID Number: CS2022-73D4

Victim Initials: L.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-414E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
9/19/2022-9/19/2022

Case ID Number: CS2022-73EE

Victim Initials: T.E.

Case Payment Totals: **\$20,396.42**

Claim Payments:

CL2023-ADE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$126.50	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Clinics**

Date(s) of Service (If Applicable)
6/27/2022-6/27/2022

CL2023-81E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2023	\$20,269.92	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health**

Date(s) of Service (If Applicable)
6/27/2022-6/28/2022

Case ID Number: CS2022-749B

Victim Initials: H.A.

Case Payment Totals: **\$4,102.94**

Claim Payments:

CL2023-F127

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$702.72	Mental Health	

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

Date(s) of Service (If Applicable)
3/29/2023-3/29/2023
3/22/2023-3/22/2023
3/16/2023-3/16/2023
3/9/2023-3/9/2023

CL2023-06E7

<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

07/03/2025
1:05:50AM

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.

03/30/2023 **\$527.04** Mental Health

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

Date(s) of Service (If Applicable)

2/28/2023-2/28/2023

2/22/2023-2/22/2023

2/14/2023-2/14/2023

CL2023-2918

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/23/2023 **\$702.72** Mental Health

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

Date(s) of Service (If Applicable)

2/8/2023-2/8/2023

1/24/2023-1/24/2023

1/18/2023-1/18/2023

11/23/2022-11/23/2022

CL2022-43FA

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/15/2022 **\$1,405.44** Mental Health

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

Date(s) of Service (If Applicable)

11/15/2022-11/15/2022

11/7/2022-11/7/2022

10/27/2022-10/27/2022

10/21/2022-10/21/2022

10/10/2022-10/10/2022

10/3/2022-10/3/2022

8/26/2022-8/26/2022

8/19/2022-8/19/2022

CL2022-C604

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/24/2022 **\$765.02** Mental Health

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

Date(s) of Service (If Applicable)

8/4/2022-8/4/2022

7/29/2022-7/29/2022

7/22/2022-7/22/2022

7/1/2022-7/1/2022

Case ID Number: CS2022-75F3

Victim Initials: M.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-53CA

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/13/2022 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/14/2022-2/14/2022

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

07/03/2025
1:05:50AM

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: CS2022-779D

Victim Initials: E.O.

Case Payment Totals: **\$7,865.68**

Claim Payments:

CL2023-7C21

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$610.40	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/6/2021-11/6/2021			

CL2023-B76D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$517.60	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2021-12/21/2021			

CL2023-DFC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$397.76	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2021-10/29/2021			

CL2022-1B99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$3,538.08	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/6/2021-11/6/2021			

CL2022-ABA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$2,801.84	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2021-12/21/2021			

Case ID Number: CS2022-77F9

Victim Initials: M.A.

Case Payment Totals: **\$1,823.47**

Claim Payments:

CL2022-3339

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$1,823.47	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
4/10/2022-4/10/2022			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2022-7AB7

Victim Initials: J.G.

Case Payment Totals: **\$636.00**

Claim Payments:

CL2022-C2EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2022-4/12/2022			

CL2022-10BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/22/2022-3/22/2022			

CL2022-470F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/27/2022-1/27/2022			

Case ID Number: CS2022-7C78

Victim Initials: S.T.

Case Payment Totals: **\$2,662.00**

Claim Payments:

CL2024-B93B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2024	\$324.00	Mental Health	
Payee: Laidlaw Christian Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/15/2024-10/15/2024			
9/24/2024-9/24/2024			
9/3/2024-9/3/2024			

CL2024-39BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$216.00	Mental Health	
Payee: Laidlaw Christian Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/6/2024-8/6/2024			
7/16/2024-7/16/2024			

CL2024-C38A

<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

07/03/2025
1:05:50AM

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

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06/05/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
6/4/2024-6/4/2024

CL2024-8494

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/17/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
5/14/2024-5/14/2024

CL2024-E53A

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/25/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
4/23/2024-4/23/2024

CL2024-9013

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/04/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
4/2/2024-4/2/2024

CL2024-C1BF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/14/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
3/12/2024-3/12/2024

CL2024-A785

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/21/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
2/20/2024-2/20/2024

CL2024-E872

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/07/2024 **\$108.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**
Date(s) of Service (If Applicable)
2/6/2024-2/6/2024

CL2024-28D5

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/26/2024 **\$54.00** Mental Health
Payee: **Laidlaw Christian Counseling Llc**

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

07/03/2025
1:05:50AM

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)

1/23/2024-1/23/2024

CL2024-E224

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/16/2024	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

1/9/2024-1/9/2024

CL2023-1A11

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/22/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

12/12/2023-12/12/2023

CL2023-F8AC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/04/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

11/21/2023-11/21/2023

CL2023-1F27

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

10/24/2023-10/24/2023

CL2023-6C29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

11/7/2023-11/7/2023

CL2023-13D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

9/18/2023-9/18/2023

CL2023-4100

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2023	\$108.00	Mental Health	

Payee: **Laidlaw Christian Counseling Llc**

Date(s) of Service (If Applicable)

9/25/2023-9/25/2023

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

CL2023-2B7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/12/2023	\$216.00	Mental Health	
Payee: Laidlaw Christian Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/11/2023-9/11/2023			
8/28/2023-8/28/2023			

CL2023-F537

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/28/2023	\$108.00	Mental Health	
Payee: Laidlaw Christian Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2023-8/28/2023			

CL2023-D482

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2023	\$232.00	Mental Health	
Payee: Laidlaw Christian Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/21/2023-8/21/2023			
8/14/2023-8/14/2023			

Case ID Number: CS2022-7FE3

Victim Initials: M.K.

Case Payment Totals: \$11,133.09

Claim Payments:

CL2023-D7FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$1,040.00	Medical	Hospital or Clinic
Payee: Northern Rockies Anesthesia Consultants			
<u>Date(s) of Service (If Applicable)</u>			
7/21/2023-7/21/2023			

CL2023-FB66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/18/2023	\$7,373.22	Medical	Hospital or Clinic
Payee: Logan Health			
<u>Date(s) of Service (If Applicable)</u>			
7/21/2023-7/21/2023			

CL2023-C4B3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/28/2023	\$696.00	Medical	Hospital or Clinic
Payee: Glacier Ear Nose & Throat Head And Neck			
<u>Date(s) of Service (If Applicable)</u>			
7/21/2023-7/21/2023			

CL2023-69A8

<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

07/03/2025
1:05:50AM

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.

05/01/2023 **\$40.00** Medical Hospital or Clinic
Payee: **Glacier Ear Nose & Throat Head And**
Date(s) of Service (If Applicable)
3/23/2023-3/23/2023

CL2023-FF04

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/11/2023 **\$866.40** Travel
Payee: **M.K.**

CL2023-16CB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/28/2023 **\$46.61** Medical Hospital or Clinic
Payee: **Clinical Pathology Associates**
Date(s) of Service (If Applicable)
10/1/2022-10/1/2022

CL2023-6A84

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/20/2023 **\$50.00** Medical Hospital or Clinic
Payee: **M.K.**
Date(s) of Service (If Applicable)
11/9/2022-11/9/2022

CL2023-C806

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/07/2023 **\$120.86** Medical Hospital or Clinic
Payee: **Glacier Ear Nose & Throat Head And**
Date(s) of Service (If Applicable)
11/9/2022-11/9/2022

CL2023-37B9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/14/2023 **\$900.00** Wage Loss
Payee: **M.K.**

Case ID Number: CS2022-8040

Victim Initials: S.K.

Case Payment Totals: **\$134.40**

Claim Payments:

CL2022-A8BB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/13/2022 **\$44.80** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
10/24/2022-10/24/2022

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

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CL2022-35AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$44.80	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
9/21/2022-9/21/2022			

CL2022-9894

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2022	\$44.80	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2022-8/31/2022			

Case ID Number: CS2022-810E

Victim Initials: M.M.

Case Payment Totals: **\$5,004.00**

Claim Payments:

CL2023-C5E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/20/2023	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/9/2022-12/9/2022			

CL2022-4247

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/17/2022-11/17/2022			
10/9/2022-10/9/2022			

CL2022-9E6C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2022-10/27/2022			
10/7/2022-10/7/2022			

CL2022-AA81

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2022-9/29/2022			
9/23/2022-9/23/2022			
9/8/2022-9/8/2022			

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

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CL2022-3C45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2022-8/31/2022			
8/25/2022-8/25/2022			
8/8/2022-8/8/2022			

CL2022-67F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/5/2022-7/5/2022			

CL2022-0D4C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$840.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/29/2022-6/29/2022			
6/23/2022-6/23/2022			
6/17/2022-6/17/2022			
6/9/2022-6/9/2022			
6/3/2022-6/3/2022			

CL2022-3624

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/17/2022-5/17/2022			

CL2022-94D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			
4/20/2022-4/20/2022			
4/13/2022-4/13/2022			
4/6/2022-4/6/2022			

CL2022-9DD9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$840.00	Mental Health	

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.

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

Date(s) of Service (If Applicable)

3/30/2022-3/30/2022

3/23/2022-3/23/2022

3/15/2022-3/15/2022

3/10/2022-3/10/2022

3/4/2022-3/4/2022

CL2022-CE01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/23/2022-2/23/2022

CL2022-78F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/3/2022-1/3/2022

Case ID Number: CS2022-81BD

Victim Initials: A.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BC5C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/8/2022-8/8/2022

Case ID Number: CS2022-8361

Victim Initials: B.J.

Case Payment Totals: **\$3,808.00**

Claim Payments:

CL2023-41A9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/02/2023	\$1,008.00	Wage Loss	

Payee: **B.J.**

CL2023-21DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/01/2023	\$2,151.77	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

11/13/2022-11/14/2022

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.
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CL2023-FA9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/01/2023	\$648.23	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
11/13/2022-11/13/2022			

Case ID Number: CS2022-850D

Victim Initials: C.J.

Case Payment Totals: **\$3,636.00**

Claim Payments:

CL2023-38DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$456.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2023-7/31/2023			
7/10/2023-7/10/2023			
7/5/2023-7/5/2023			

CL2023-3121

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/25/2023-9/25/2023			
9/11/2023-9/11/2023			

CL2023-DA5A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$624.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2023-8/23/2023			
8/14/2023-8/14/2023			
3/27/2023-3/27/2023			
3/20/2023-3/20/2023			

CL2023-DC73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2023-6/20/2023			
6/13/2023-6/13/2023			

CL2023-7F65

<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

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

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06/08/2023 **\$792.00** Mental Health

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

Date(s) of Service (If Applicable)

5/22/2023-5/22/2023

5/8/2023-5/8/2023

5/1/2023-5/1/2023

4/18/2023-4/18/2023

4/10/2023-4/10/2023

CL2023-578D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2023	\$504.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/28/2023-2/28/2023

2/13/2023-2/13/2023

2/6/2023-2/6/2023

CL2023-F8CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2023	\$684.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/19/2023-1/19/2023

12/30/2022-12/30/2022

12/8/2022-12/8/2022

11/28/2022-11/28/2022

Case ID Number: CS2022-85B5

Victim Initials: M.L.

Case Payment Totals: **\$727.57**

Claim Payments:

CL2023-195D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2023	\$42.46	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

12/29/2021-12/29/2021

CL2023-1B1A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2023	\$149.58	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

12/29/2021-12/29/2021

CL2023-667D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2023	\$450.00	Medical	Dental

Payee: **M.L.**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Date(s) of Service (If Applicable)

12/29/2021-12/29/2021

CL2023-E1A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2023	\$85.53	Medical	Dental

Payee: **Minot Dental Partners**

Date(s) of Service (If Applicable)

2/16/2022-2/16/2022

Case ID Number: CS2022-8685

Victim Initials: K.B.

Case Payment Totals: **\$3,260.00**

Claim Payments:

CL2024-5907

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/5/2024-4/5/2024

CL2024-9009

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

3/14/2024-3/14/2024

CL2024-0D4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2024	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/14/2023-12/14/2023

CL2023-97EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$600.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/19/2023-10/19/2023

10/13/2023-10/13/2023

10/6/2023-10/6/2023

9/27/2023-9/27/2023

CL2023-FAF4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/24/2023	\$288.00	Mental Health	

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.

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

Date(s) of Service (If Applicable)

8/18/2023-8/18/2023

8/1/2023-8/1/2023

CL2023-98F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/9/2023-6/9/2023

6/2/2023-6/2/2023

CL2023-F743

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$432.00	Mental Health	

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

Date(s) of Service (If Applicable)

5/26/2023-5/26/2023

5/18/2023-5/18/2023

5/8/2023-5/8/2023

CL2023-80AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2023	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/21/2023-2/21/2023

CL2023-3341

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2023	\$424.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/1/2023-2/1/2023

1/19/2023-1/19/2023

12/29/2022-12/29/2022

CL2022-1DEA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$292.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/17/2022-10/17/2022

9/16/2022-9/16/2022

CL2022-6778

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/18/2022-8/18/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2022-8854

Victim Initials: B.M.

Case Payment Totals: **\$1,152.00**

Claim Payments:

CL2023-70DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/26/2023-7/26/2023			
7/11/2023-7/11/2023			

CL2023-14A6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2023-8/1/2023			

CL2023-05FE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$360.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2023-6/28/2023			
6/21/2023-6/21/2023			

CL2022-1796

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2022-8/15/2022			

Case ID Number: CS2022-8863

Victim Initials: P.C.

Case Payment Totals: **\$4,180.00**

Claim Payments:

CL2024-5C93

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$456.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2024-8/19/2024			
8/12/2024-8/12/2024			
8/5/2024-8/5/2024			

North Dakota Crime Victims Compensation
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2024-7268

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$480.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/29/2024-7/29/2024			
7/22/2024-7/22/2024			
7/1/2024-7/1/2024			

CL2024-0226

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/17/2024-6/17/2024			

CL2024-D547

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/7/2024-5/7/2024			

CL2023-84C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/8/2023-5/8/2023			

CL2023-E09E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2023-6/20/2023			

CL2023-20D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$144.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/8/2023-5/8/2023			

CL2023-959B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$264.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2023-4/20/2023			
4/10/2023-4/10/2023			

North Dakota Crime Victims Compensation
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2023-AFF2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$616.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/27/2023-3/27/2023			
2/27/2023-2/27/2023			
1/11/2023-1/11/2023			
12/12/2022-12/12/2022			

CL2023-CE85

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2022-12/15/2022			

CL2022-F49C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/23/2022-11/23/2022			
11/9/2022-11/9/2022			
10/19/2022-10/19/2022			

CL2022-323F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$424.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2022-10/31/2022			
10/25/2022-10/25/2022			
10/12/2022-10/12/2022			
10/10/2022-10/10/2022			

CL2022-5FF1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$280.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2022-9/28/2022			
9/21/2022-9/21/2022			

CL2022-2DB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/22/2022-8/22/2022			

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.
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CL2022-BDDE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2022-8/31/2022			

Case ID Number: CS2022-8AE0

Victim Initials: A.I.

Case Payment Totals: **\$624.00**

Claim Payments:

CL2023-ABDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2023-7/18/2023			

CL2023-628F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2023-5/5/2023			

CL2022-A4D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2022-8/25/2022			

Case ID Number: CS2022-8B28

Victim Initials: K.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-B837

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2022-11/7/2022			

Case ID Number: CS2022-8DBA

Victim Initials: B.B.

Case Payment Totals: **\$1,751.88**

Claim Payments:

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2023-3F31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/10/2023	\$564.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2023-2/9/2023			
12/29/2022-12/29/2022			
12/2/2022-12/2/2022			

CL2022-FDBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2022	\$596.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2022-11/3/2022			
9/29/2022-9/29/2022			
9/22/2022-9/22/2022			

CL2022-1340

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/20/2022	\$591.88	Mental Health	
Payee: Open Range Counseling Center			
<u>Date(s) of Service (If Applicable)</u>			
5/12/2022-5/12/2022			
3/31/2022-3/31/2022			
3/23/2022-3/23/2022			

Case ID Number: CS2022-8E29

Victim Initials: K.V.

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

Claim Payments:

CL2023-EF55

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/8/2022-12/8/2022			
12/1/2022-12/1/2022			

CL2022-8736

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2022-11/10/2022			

CL2022-C1A4

<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

07/03/2025
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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.

12/02/2022 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/25/2022-10/25/2022

CL2022-1D2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/02/2022	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2022-9/29/2022			
9/21/2022-9/21/2022			
9/12/2022-9/12/2022			
9/7/2022-9/7/2022			

CL2022-B345

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/02/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/8/2022-9/8/2022			

Case ID Number: CS2022-8F79

Victim Initials: G.L.

Case Payment Totals: **\$199.20**

Claim Payments:

CL2022-C6B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2022	\$199.20	Medical	Hospital or Clinic
Payee: North Dakota Eye Clinic			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2022-5/5/2022			

Case ID Number: CS2022-9190

Victim Initials: E.B.

Case Payment Totals: **\$923.24**

Claim Payments:

CL2023-1FC3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/13/2023	\$330.26	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
10/20/2022-10/20/2022			
10/11/2022-10/11/2022			

CL2022-885A

<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

07/03/2025

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

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06/30/2022 **\$304.98** Mental Health

Payee: **Connect Us Therapy**

Date(s) of Service (If Applicable)

4/22/2022-4/22/2022

3/8/2022-3/8/2022

CL2022-C065

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/26/2022-5/26/2022

Case ID Number: CS2022-91C5

Victim Initials: E.M.

Case Payment Totals: **\$374.66**

Claim Payments:

CL2023-D324

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$86.66	Mental Health	

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

Date(s) of Service (If Applicable)

7/3/2023-7/3/2023

6/15/2023-6/15/2023

CL2022-3A58

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/24/2022-10/24/2022

Case ID Number: CS2022-91ED

Victim Initials: D.E.

Case Payment Totals: **\$4,912.92**

Claim Payments:

CL2022-8A27

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$4,912.92	Funeral	

Payee: **J.C.**

Case ID Number: CS2022-929D

Victim Initials: K.J.

Case Payment Totals: **\$288.00**

Claim Payments:

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.
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CL2023-F161

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 5/2/2022-5/2/2022			

Case ID Number: CS2022-962E

Victim Initials: A.P.

Case Payment Totals: **\$1,556.00**

Claim Payments:

CL2024-92C5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2024	\$1,556.00	Mental Health	
Payee: Open Range Counseling Center			
<u>Date(s) of Service (If Applicable)</u> 5/15/2023-5/15/2023 4/18/2023-4/18/2023 3/21/2023-3/21/2023 3/16/2023-3/16/2023 3/16/2023-3/16/2023 3/14/2023-3/14/2023 3/9/2023-3/9/2023 3/2/2023-3/2/2023			

Case ID Number: CS2022-96AD

Victim Initials: R.L.

Case Payment Totals: **\$1,894.00**

Claim Payments:

CL2024-6FA5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$120.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 3/7/2024-3/7/2024			

CL2024-D48B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$264.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 2/13/2024-2/13/2024 2/7/2024-2/7/2024			

CL2024-AD2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$240.00	Mental Health	

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.

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

Date(s) of Service (If Applicable)

1/25/2024-1/25/2024

12/11/2023-12/11/2023

CL2024-8DE7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$144.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/30/2023-10/30/2023

CL2023-BF94

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$312.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/29/2023-9/29/2023

9/12/2023-9/12/2023

CL2022-8FFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/31/2022-10/31/2022

CL2022-0FEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2022	\$178.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/20/2022-9/20/2022

9/13/2022-9/13/2022

9/6/2022-9/6/2022

CL2022-BEF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/20/2022-9/20/2022

CL2022-E510

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/24/2022-8/24/2022

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.

Case ID Number: CS2022-977E

Victim Initials: B.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BC9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2021-12/3/2021			

Case ID Number: CS2022-98DE

Victim Initials: E.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-23FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2022-7/7/2022			

Case ID Number: CS2022-991A

Victim Initials: L.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-D393

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2022-4/18/2022			

Case ID Number: CS2022-99EB

Victim Initials: K.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-F593

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/18/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/22/2022-9/22/2022			

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

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1:05:50AM

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: CS2022-9C37

Victim Initials: L.S.

Case Payment Totals: **\$228.58**

Claim Payments:

CL2022-3FC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/02/2022	\$228.58	Medical	Hospital or Clinic
Payee: L.S.			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2022-9/2/2022			

Case ID Number: CS2022-9C46

Victim Initials: M.M.

Case Payment Totals: **\$1,159.76**

Claim Payments:

CL2023-1FB1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2023	\$306.81	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2023-3/7/2023			

CL2023-FE92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2023	\$258.14	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2023-2/14/2023			
1/17/2023-1/17/2023			
1/3/2023-1/3/2023			

CL2023-D18B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$306.81	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2022-9/30/2022			

CL2022-839A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2022-9D22

Victim Initials: K.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-2619

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2022-2/18/2022			

Case ID Number: CS2022-9D9A

Victim Initials: B.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-47CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2022-10/3/2022			

Case ID Number: CS2022-9E6D

Victim Initials: B.I.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-A36E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/14/2022-3/14/2022			

Case ID Number: CS2022-9FA6

Victim Initials: K.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-E9BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2022-1/12/2022			

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.

Case ID Number: CS2022-A0D9

Victim Initials: C.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-84BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2022-10/4/2022			

Case ID Number: CS2022-A2DD

Victim Initials: L.L.

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

Claim Payments:

CL2022-7312

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2022	\$5,000.00	Funeral	
Payee: Rausch & Steel Funeral Home			

Case ID Number: CS2022-A4CB

Victim Initials: K.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-AC75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/14/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2022-4/25/2022			

Case ID Number: CS2022-A6B5

Victim Initials: V.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-E3A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2022-8/1/2022			

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

07/03/2025
1:05:50AM

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: CS2022-A708

Victim Initials: C.V.

Case Payment Totals: **\$2,279.29**

Claim Payments:

CL2023-6B4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2023	\$2,279.29	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
3/28/2022-3/28/2022			

Case ID Number: CS2022-A72E

Victim Initials: M.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-3B06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2022-7/18/2022			

Case ID Number: CS2022-A775

Victim Initials: H.F.

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

Claim Payments:

CL2023-33A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$4,800.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

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1:05:50AM

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)

11/1/2022-11/1/2022
10/25/2022-10/25/2022
10/11/2022-10/11/2022
9/20/2022-9/20/2022
9/13/2022-9/13/2022
9/6/2022-9/6/2022
8/30/2022-8/30/2022
8/23/2022-8/23/2022
8/9/2022-8/9/2022
8/2/2022-8/2/2022
7/26/2022-7/26/2022
7/19/2022-7/19/2022
7/12/2022-7/12/2022
7/5/2022-7/5/2022
7/1/2022-7/1/2022
6/28/2022-6/28/2022
6/14/2022-6/14/2022
5/24/2022-5/24/2022
5/17/2022-5/17/2022
5/10/2022-5/10/2022
5/3/2022-5/3/2022
4/26/2022-4/26/2022
3/28/2022-3/28/2022
3/10/2022-3/10/2022

CL2023-64B2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2022-2/17/2022			

Case ID Number: CS2022-AA65

Victim Initials: K.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-567A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/14/2022-7/14/2022			

Case ID Number: CS2022-AD2B

Victim Initials: A.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-19D4

<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

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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.

08/22/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
7/18/2022-7/18/2022

Case ID Number: CS2022-AD67

Victim Initials: M.P.

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

Claim Payments:

CL2022-D89C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$588.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/21/2022-11/21/2022			
11/18/2022-11/18/2022			
11/8/2022-11/8/2022			
11/4/2022-11/4/2022			

CL2022-8602

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2022-10/27/2022			
10/7/2022-10/7/2022			

CL2022-1FB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2022-9/29/2022			
9/19/2022-9/19/2022			
9/14/2022-9/14/2022			
9/7/2022-9/7/2022			

CL2022-28B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2022	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2022-8/29/2022			
8/8/2022-8/8/2022			

CL2022-BEBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$672.00	Mental Health	

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

07/03/2025
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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.

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

Date(s) of Center (If Applicable)

7/19/2022-7/19/2022

7/15/2022-7/15/2022

7/5/2022-7/5/2022

7/1/2022-7/1/2022

CL2022-A8D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$336.00	Mental Health	

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

Date(s) of Center (If Applicable)

6/21/2022-6/21/2022

6/14/2022-6/14/2022

CL2022-1ECB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Center (If Applicable)

2/28/2022-2/28/2022

CL2022-D6C5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2022	\$672.00	Mental Health	

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

Date(s) of Center (If Applicable)

5/24/2022-5/24/2022

5/17/2022-5/17/2022

5/9/2022-5/9/2022

5/3/2022-5/3/2022

CL2022-42F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2022	\$840.00	Mental Health	

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

Date(s) of Center (If Applicable)

4/26/2022-4/26/2022

4/19/2022-4/19/2022

4/12/2022-4/12/2022

4/8/2022-4/8/2022

4/1/2022-4/1/2022

CL2022-FA1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$348.00	Mental Health	

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

Date(s) of Center (If Applicable)

3/25/2022-3/25/2022

3/18/2022-3/18/2022

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.

Case ID Number: CS2022-AE1D

Victim Initials: M.H.

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

Claim Payments:

CL2023-5091

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/30/2023	\$1,157.10	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/25/2023-5/25/2023			
5/17/2023-5/17/2023			
5/3/2023-5/3/2023			
4/26/2023-4/26/2023			
3/29/2023-3/29/2023			
3/22/2023-3/22/2023			
3/16/2023-3/16/2023			
3/9/2023-3/9/2023			

CL2023-4524

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$1,213.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2023-2/28/2023			
2/22/2023-2/22/2023			
2/14/2023-2/14/2023			
1/11/2023-1/11/2023			
12/30/2022-12/30/2022			
12/5/2022-12/5/2022			
11/23/2022-11/23/2022			

CL2022-28DF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/15/2022	\$1,405.38	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/15/2022-11/15/2022			
11/7/2022-11/7/2022			
10/27/2022-10/27/2022			
10/10/2022-10/10/2022			
8/26/2022-8/26/2022			
8/12/2022-8/12/2022			
8/4/2022-8/4/2022			
7/22/2022-7/22/2022			

CL2022-A6E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$925.86	Mental Health	
Payee: Dakota Children'S Advocacy Center			

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

07/03/2025
1:05:50AM

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)

7/1/2022-7/1/2022
6/24/2022-6/24/2022
6/17/2022-6/17/2022
6/9/2022-6/9/2022
6/1/2022-6/1/2022
5/27/2022-5/27/2022
5/18/2022-5/18/2022
5/9/2022-5/9/2022

CL2022-E2AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2022	\$98.03	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/29/2022-4/29/2022			

Case ID Number: CS2022-AEAB

Victim Initials: A.W.

Case Payment Totals: **\$174.34**

Claim Payments:

CL2023-4254

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/23/2023	\$174.34	Mental Health	
Payee: Chatter Pediatric Therapy #184736			
<u>Date(s) of Service (If Applicable)</u>			
12/8/2022-12/8/2022			
12/1/2022-12/1/2022			
11/11/2022-11/11/2022			
11/3/2022-11/3/2022			
10/24/2022-10/24/2022			
10/13/2022-10/13/2022			
10/10/2022-10/10/2022			
10/6/2022-10/6/2022			

Case ID Number: CS2022-AF9C

Victim Initials: D.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-AF20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/23/2022-2/23/2022			

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

07/03/2025
1:05:50AM

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: CS2022-AFA1

Victim Initials: M.K.

Case Payment Totals: **\$4,173.74**

Claim Payments:

CL2023-330A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2023	\$4,173.74	Mental Health	

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

Date(s) of Service (If Applicable)

5/15/2023-5/15/2023

5/8/2023-5/8/2023

5/1/2023-5/1/2023

4/24/2023-4/24/2023

4/17/2023-4/17/2023

4/10/2023-4/10/2023

3/27/2023-3/27/2023

3/24/2023-3/24/2023

3/10/2023-3/10/2023

2/16/2023-2/16/2023

2/10/2023-2/10/2023

2/2/2023-2/2/2023

1/26/2023-1/26/2023

1/5/2023-1/5/2023

10/27/2022-10/27/2022

10/17/2022-10/17/2022

10/13/2022-10/13/2022

10/5/2022-10/5/2022

9/21/2022-9/21/2022

9/12/2022-9/12/2022

9/8/2022-9/8/2022

Case ID Number: CS2022-B0A6

Victim Initials: K.W.

Case Payment Totals: **\$135.17**

Claim Payments:

CL2023-40A7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/23/2023	\$135.17	Mental Health	

Payee: **Chatter Pediatric Therapy #184736**

Date(s) of Service (If Applicable)

12/8/2022-12/8/2022

12/1/2022-12/1/2022

11/11/2022-11/11/2022

11/3/2022-11/3/2022

10/26/2022-10/26/2022

10/13/2022-10/13/2022

10/6/2022-10/6/2022

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2022-B103

Victim Initials: L.B.

Case Payment Totals: **\$4,211.00**

Claim Payments:

CL2024-01D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$200.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Counseling/Service</u> Counseling/Therapy Wellness			
6/24/2024-6/24/2024			

CL2024-7BBB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2024	\$400.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Counseling/Service</u> Counseling/Therapy Wellness			
3/27/2024-3/27/2024			
2/28/2024-2/28/2024			

CL2024-FCAD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2024	\$200.00	Mental Health	
Payee:			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2024-2/28/2024			

CL2024-6DF0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2024	\$560.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Counseling/Service</u> Counseling/Therapy Wellness			
1/24/2024-1/24/2024			
12/4/2023-12/4/2023			
11/28/2023-11/28/2023			

CL2023-8F06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$540.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Counseling/Service</u> Counseling/Therapy Wellness			
10/17/2023-10/17/2023			
10/2/2023-10/2/2023			
8/29/2023-8/29/2023			

CL2023-CD48

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2023	\$200.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Counseling/Service</u> Counseling/Therapy Wellness			
11/8/2023-11/8/2023			

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.

CL2023-8DF5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/29/2023	\$324.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2023-7/24/2023			
7/10/2023-7/10/2023			

CL2023-4C96

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$680.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2023-5/15/2023			
4/24/2023-4/24/2023			
4/13/2023-4/13/2023			
3/30/2023-3/30/2023			

CL2023-545E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2023	\$95.00	Mental Health	
Payee: D.B.			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2023-2/28/2023			
2/8/2023-2/8/2023			
1/12/2023-1/12/2023			
12/27/2022-12/27/2022			
12/8/2022-12/8/2022			

CL2023-7C66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2023	\$724.00	Mental Health	
Payee:			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2023-2/28/2023			
2/8/2023-2/8/2023			
1/12/2023-1/12/2023			
12/27/2022-12/27/2022			
12/8/2022-12/8/2022			

CL2022-DB38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/29/2022-9/29/2022			

Case ID Number: CS2022-B1B1

Victim Initials: T.G.

Case Payment Totals: **\$748.00**

Claim Payments:

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

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1:05:50AM

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.

CL2022-0720

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2022-11/3/2022			

CL2022-026C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2022	\$292.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2022-8/30/2022			
8/9/2022-8/9/2022			

CL2022-98A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/29/2022-3/29/2022			

Case ID Number: CS2022-B25A

Victim Initials: E.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-D86D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/2/2022-2/2/2022			

Case ID Number: CS2022-B83E

Victim Initials: H.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-00DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2022-2/15/2022			

Case ID Number: CS2022-B91F

Victim Initials: M.A.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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CL2022-B4EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/11/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2022-2/15/2022			

Case ID Number: CS2022-B949

Victim Initials: N.W.

Case Payment Totals: **\$2,646.80**

Claim Payments:

CL2023-14FE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/03/2023	\$100.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2023-10/18/2023			

CL2023-8B4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2023	\$100.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2023-10/5/2023			

CL2023-B45A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/11/2023	\$100.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2023-9/28/2023			

CL2023-3271

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/28/2023	\$400.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
8/8/2023-8/8/2023			
8/2/2023-8/2/2023			
7/27/2023-7/27/2023			
7/20/2023-7/20/2023			

CL2023-D918

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2023	\$100.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2023-7/6/2023			

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

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CL2023-3C58

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2023	\$200.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2023-6/14/2023			
6/2/2023-6/2/2023			

CL2023-3E64

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2023	\$144.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
5/24/2023-5/24/2023			
5/16/2023-5/16/2023			

CL2023-8254

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2023	\$346.80	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
1/4/2023-1/4/2023			
12/21/2022-12/21/2022			
12/7/2022-12/7/2022			

CL2022-5C77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2022	\$1,156.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
9/6/2022-9/6/2022			
8/30/2022-8/30/2022			
8/16/2022-8/16/2022			
8/9/2022-8/9/2022			
8/2/2022-8/2/2022			
7/28/2022-7/28/2022			
7/7/2022-7/7/2022			
6/30/2022-6/30/2022			

Case ID Number: CS2022-B996

Victim Initials: M.G.

Case Payment Totals: **\$4,618.34**

Claim Payments:

CL2022-36BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$2,085.32	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2021-7/27/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2022-3F0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$113.72	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u> 9/27/2021-9/27/2021			

CL2022-7CF1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$742.66	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u> 9/27/2021-9/27/2021			

CL2022-DDC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2022	\$1,676.64	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston			
<u>Date(s) of Service (If Applicable)</u> 7/26/2021-7/26/2021			

Case ID Number: CS2022-BB11

Victim Initials: T.B.

Case Payment Totals: **\$2,839.86**

Claim Payments:

CL2023-8935

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$2,839.86	Medical	Hospital or Clinic
Payee: Mckenzie County Service Area			
<u>Date(s) of Service (If Applicable)</u> 12/21/2021-12/21/2021			

Case ID Number: CS2022-BC8D

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BA37

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 2/17/2022-2/17/2022			

Case ID Number: CS2022-BD37

Victim Initials: N.O.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2022-12CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/14/2022-3/14/2022			

Case ID Number: CS2022-BE2D

Victim Initials: O.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BD12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/6/2022-7/6/2022			

Case ID Number: CS2022-BEA5

Victim Initials: F.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-D0A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2022-4/8/2022			

Case ID Number: CS2022-BFBA

Victim Initials: J.I.

Case Payment Totals: **\$480.00**

Claim Payments:

CL2023-847E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2023-5/5/2023			

CL2022-07F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2022-8/25/2022			

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.

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Case ID Number: CS2022-C0EB

Victim Initials: T.A.

Case Payment Totals: **\$4,060.00**

Claim Payments:

CL2024-CD8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/14/2024	\$162.40	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2024-4/18/2024			
4/8/2024-4/8/2024			

CL2024-F85D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2024	\$132.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2024-5/10/2024			

CL2024-BED6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2024	\$324.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2024-1/15/2024			
1/8/2024-1/8/2024			

CL2023-212C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$188.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2023-12/4/2023			

CL2023-10B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/20/2023	\$584.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2023-11/14/2023			
11/13/2023-11/13/2023			
10/26/2023-10/26/2023			

CL2023-0182

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/16/2023	\$188.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2023-9/18/2023			

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.
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CL2023-77D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2023	\$132.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2023-1/19/2023			

CL2023-B914

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2023	\$188.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2023-1/9/2023			

CL2022-0B21

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$188.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
10/10/2022-10/10/2022			

CL2022-A375

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$132.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2022-8/16/2022			

CL2022-88BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/18/2022	\$229.60	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
7/11/2022-7/11/2022			
5/23/2022-5/23/2022			

CL2022-435B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/19/2022	\$584.00	Mental Health	
Payee: Connect Us Therapy			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2022-4/8/2022			
4/4/2022-4/4/2022			
3/15/2022-3/15/2022			
2/17/2022-2/17/2022			

CL2022-658C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2022	\$740.00	Mental Health	
Payee: Connect Us Therapy			

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

2/3/2022-2/3/2022

1/26/2022-1/26/2022

1/17/2022-1/17/2022

1/5/2022-1/5/2022

1/3/2022-1/3/2022

CL2022-7F7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/1/2022-3/1/2022

Case ID Number: CS2022-C10F

Victim Initials: C.F.

Case Payment Totals: **\$1,308.00**

Claim Payments:

CL2022-75FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/20/2022-10/20/2022

CL2022-0E0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/31/2022-10/31/2022

10/3/2022-10/3/2022

CL2022-6979

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/19/2022-9/19/2022

9/8/2022-9/8/2022

CL2022-6DCC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/29/2022-7/29/2022

CL2022-AB14

<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

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

07/20/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
6/27/2022-6/27/2022

Case ID Number: CS2022-C2A5 **Victim Initials: M.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-6C68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/27/2022-4/27/2022			

Case ID Number: CS2022-C3CD **Victim Initials: E.O.**

Case Payment Totals: **\$315.79**

Claim Payments:

CL2023-3328

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2023	\$299.79	Medical	Hospital or Clinic
Payee: Chi Mercy Medical Center Clinic			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2022-10/21/2022			
10/10/2022-10/10/2022			

CL2023-74C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2023	\$16.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2022-12/7/2022			

Case ID Number: CS2022-C668 **Victim Initials: E.G.**

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

Claim Payments:

CL2022-9692

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2022	\$5,000.00	Funeral	
Payee: J.G.			

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.
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Case ID Number: CS2022-C6B3

Victim Initials: C.W.

Case Payment Totals: **\$492.00**

Claim Payments:

CL2023-1607

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/06/2023	\$16.00	Mental Health	
Payee: Grenz Counseling			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2023-8/29/2023			

CL2023-3924

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2023	\$160.00	Mental Health	
Payee: Grenz Counseling			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2023-5/23/2023			
5/2/2023-5/2/2023			
4/11/2023-4/11/2023			
4/4/2023-4/4/2023			
3/21/2023-3/21/2023			
3/14/2023-3/14/2023			
2/28/2023-2/28/2023			
2/14/2023-2/14/2023			
2/7/2023-2/7/2023			
1/31/2023-1/31/2023			

CL2023-311A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$60.00	Mental Health	
Payee: C.W.			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2022-10/18/2022			
8/23/2022-8/23/2022			
8/16/2022-8/16/2022			

CL2023-B53C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$256.00	Mental Health	
Payee: Grenz Counseling			

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

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Date(s) of Service (If Applicable)

1/24/2023-1/24/2023
1/10/2023-1/10/2023
1/3/2023-1/3/2023
12/27/2022-12/27/2022
12/20/2022-12/20/2022
11/29/2022-11/29/2022
11/22/2022-11/22/2022
11/15/2022-11/15/2022
11/8/2022-11/8/2022
11/1/2022-11/1/2022
10/11/2022-10/11/2022
10/4/2022-10/4/2022
9/27/2022-9/27/2022
9/13/2022-9/13/2022
9/6/2022-9/6/2022
8/30/2022-8/30/2022

Case ID Number: CS2022-C7AB

Victim Initials: S.J.

Case Payment Totals: **\$935.19**

Claim Payments:

CL2022-A15A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$184.85	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2022-7/27/2022			

CL2022-F411

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/07/2022	\$750.34	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2022-5/13/2022			
4/21/2022-4/21/2022			
4/8/2022-4/8/2022			
3/24/2022-3/24/2022			
3/3/2022-3/3/2022			
2/24/2022-2/24/2022			
1/6/2022-1/6/2022			

Case ID Number: CS2022-CCB0

Victim Initials: C.K.

Case Payment Totals: **\$879.02**

Claim Payments:

CL2023-090E

<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

07/03/2025
1:05:50AM

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.

02/23/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
6/2/2022-6/2/2022

CL2023-3109

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$591.02	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2022-7/25/2022			
7/11/2022-7/11/2022			
7/1/2022-7/1/2022			
6/22/2022-6/22/2022			
6/15/2022-6/15/2022			
6/9/2022-6/9/2022			

Case ID Number: CS2022-CD07

Victim Initials: J.S.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2022-D764

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/04/2022	\$25,000.00	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2021-2/21/2022			

Case ID Number: CS2022-CD19

Victim Initials: A.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-7611

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2022-12/19/2022			

Case ID Number: CS2022-CFA6

Victim Initials: H.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-BCE2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			

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

07/03/2025
1:05:50AM

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)
9/17/2021-9/17/2021

Case ID Number: CS2022-D0BC

Victim Initials: J.N.

Case Payment Totals: **\$3,195.18**

Claim Payments:

CL2023-8CC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/25/2023	\$105.28	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2023-2/14/2023			

CL2023-1154

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$105.28	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2023-2/14/2023			

CL2023-7DAE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/16/2023	\$131.04	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2023-3/7/2023			

CL2023-F8C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2023	\$393.12	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/24/2023-1/24/2023			
1/4/2023-1/4/2023			
1/17/2023-1/17/2023			

CL2023-AE46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/26/2023	\$175.34	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
3/13/2023-3/13/2023			
3/6/2023-3/6/2023			

CL2023-37BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/18/2023	\$160.80	Medical	Chiropractic or Massage
Payee: Spine And Sport Chiropractic			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

2/13/2023-2/13/2023

2/6/2023-2/6/2023

CL2023-379C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/04/2023	\$350.69	Mental Health	

Payee: **The Village Family Service Center**

Date(s) of Service (If Applicable)

2/27/2023-2/27/2023

1/26/2023-1/26/2023

1/19/2023-1/19/2023

1/10/2023-1/10/2023

CL2023-1C4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2023	\$1,603.53	Mental Health	

Payee: **J.N.**

Date(s) of Service (If Applicable)

12/27/2022-12/27/2022

12/19/2022-12/19/2022

12/7/2022-12/7/2022

12/2/2022-12/2/2022

11/22/2022-11/22/2022

11/10/2022-11/10/2022

11/1/2022-11/1/2022

10/18/2022-10/18/2022

10/4/2022-10/4/2022

9/27/2022-9/27/2022

8/23/2022-8/23/2022

8/3/2022-8/3/2022

7/27/2022-7/27/2022

7/12/2022-7/12/2022

7/5/2022-7/5/2022

6/30/2022-6/30/2022

6/6/2022-6/6/2022

6/3/2022-6/3/2022

5/23/2022-5/23/2022

5/9/2022-5/9/2022

5/2/2022-5/2/2022

4/27/2022-4/27/2022

4/11/2022-4/11/2022

CL2023-3568

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2023	\$86.00	Mental Health	

Payee: **J.N.**

Date(s) of Service (If Applicable)

1/11/2023-1/11/2023

CL2023-3A99

<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

07/03/2025
1:05:50AM

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.

03/29/2023 **\$84.10** Medical Chiropractic or Massage

Payee: **J.N.**

Date(s) of Service (If Applicable)

5/11/2022-5/11/2022

6/29/2022-6/29/2022

9/6/2022-9/6/2022

7/19/2022-7/19/2022

11/1/2022-11/1/2022

8/9/2022-8/9/2022

12/21/2022-12/21/2022

10/11/2022-10/11/2022

Case ID Number: CS2022-D244

Victim Initials: O.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-F348

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/28/2022-1/28/2022

Case ID Number: CS2022-D348

Victim Initials: K.B.

Case Payment Totals: **\$2,719.66**

Claim Payments:

CL2023-51D8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2023	\$1,145.97	Mental Health	

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

Date(s) of Service (If Applicable)

12/29/2022-12/29/2022

12/8/2022-12/8/2022

12/1/2022-12/1/2022

11/14/2022-11/14/2022

10/28/2022-10/28/2022

10/20/2022-10/20/2022

10/11/2022-10/11/2022

9/6/2022-9/6/2022

8/11/2022-8/11/2022

7/20/2022-7/20/2022

6/16/2022-6/16/2022

6/1/2022-6/1/2022

5/26/2022-5/26/2022

5/18/2022-5/18/2022

CL2022-678E

<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

07/03/2025
1:05:50AM

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.

05/23/2022 **\$1,573.69** Mental Health

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

Date(s) of Service (If Applicable)

4/8/2022-4/8/2022

3/24/2022-3/24/2022

3/17/2022-3/17/2022

3/10/2022-3/10/2022

2/7/2022-2/7/2022

1/11/2022-1/11/2022

12/21/2021-12/21/2021

12/14/2021-12/14/2021

12/8/2021-12/8/2021

11/29/2021-11/29/2021

11/24/2021-11/24/2021

11/18/2021-11/18/2021

10/21/2021-10/21/2021

10/14/2021-10/14/2021

Case ID Number: CS2022-D354

Victim Initials: S.A.

Case Payment Totals: **\$1,488.00**

Claim Payments:

CL2022-CAF4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/14/2022	\$168.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/29/2022-9/29/2022

9/19/2022-9/19/2022

CL2022-3D73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/25/2022-8/25/2022

8/15/2022-8/15/2022

CL2022-A6BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2022	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/25/2022-8/25/2022

8/4/2022-8/4/2022

CL2022-026E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2022	\$180.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/29/2022-7/29/2022

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

07/03/2025
1:05:50AM

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.

CL2022-73B3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2022-7/22/2022			

CL2022-6C3B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/20/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/29/2022-6/29/2022			

Case ID Number: CS2022-D493

Victim Initials: H.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-761E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2021-9/7/2021			

Case ID Number: CS2022-D5A9

Victim Initials: B.S.

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

Claim Payments:

CL2022-F7A2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/17/2022	\$5,000.00	Medical	Dental
Payee: B.S.			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2022-10/25/2022			

Case ID Number: CS2022-D6EE

Victim Initials: J.P.

Case Payment Totals: **\$1,900.00**

Claim Payments:

CL2023-CF2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/6/2023-3/6/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-A0FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/5/2023-5/5/2023			

CL2023-1365

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$280.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2023-4/25/2023			
4/4/2023-4/4/2023			

CL2023-8FBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2023-2/27/2023			
2/6/2023-2/6/2023			

CL2023-9705

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2023	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/15/2022-12/15/2022			
12/8/2022-12/8/2022			
11/30/2022-11/30/2022			

CL2022-8C3C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/30/2022	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2022-10/28/2022			

CL2022-92DF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2022-1/5/2022			

Case ID Number: CS2022-D70F

Victim Initials: W.E.

Case Payment Totals: **\$1,382.58**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-D693

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2024	\$1,382.58	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2022-10/21/2022			
11/4/2022-11/4/2022			
10/20/2022-10/20/2022			
10/18/2022-10/18/2022			
10/23/2022-10/23/2022			
11/6/2022-11/6/2022			
10/19/2022-10/19/2022			
10/27/2022-10/27/2022			
10/18/2022-10/22/2022			
11/2/2022-11/2/2022			

Case ID Number: CS2022-D9DD

Victim Initials: A.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-796B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/11/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/5/2022-4/5/2022			

Case ID Number: CS2022-DA62

Victim Initials: M.L.

Case Payment Totals: **\$4,426.98**

Claim Payments:

CL2023-8696

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2023	\$537.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/21/2022-6/21/2022			
8/9/2022-8/9/2022			

CL2022-5D6A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/05/2022	\$3,218.18	Medical	Hospital or Clinic
Payee: Chi St. Alexius			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2022-4/15/2022			

CL2022-66DA

<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

07/03/2025
1:05:50AM

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.

12/05/2022 **\$353.60** Medical Hospital or Clinic
Payee: **Midwest Radiology**
Date(s) of Service (If Applicable)
4/15/2022-4/15/2022

CL2022-9702

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/05/2022	\$317.60	Medical	Hospital or Clinic

Payee: **Sanford Health**
Date(s) of Service (If Applicable)
8/9/2022-8/9/2022

Case ID Number: CS2022-DBC3

Victim Initials: A.T.

Case Payment Totals: **\$1,230.34**

Claim Payments:

CL2022-0F73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$351.36	Mental Health	

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
8/18/2022-8/18/2022
8/10/2022-8/10/2022

CL2022-08EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$878.98	Mental Health	

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
7/20/2022-7/20/2022
7/13/2022-7/13/2022
6/29/2022-6/29/2022
6/23/2022-6/23/2022
6/15/2022-6/15/2022

Case ID Number: CS2022-E052

Victim Initials: N.J.

Case Payment Totals: **\$2,148.00**

Claim Payments:

CL2023-2C46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$336.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/8/2022-12/8/2022
11/29/2022-11/29/2022

CL2022-E325

<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

07/03/2025
1:05:50AM

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.

12/19/2022 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/1/2022-11/1/2022

CL2022-F425

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/22/2022 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/26/2022-10/26/2022

CL2022-13B4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/20/2022 **\$336.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
8/10/2022-8/10/2022

CL2022-0777

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/16/2022 **\$504.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
7/28/2022-7/28/2022
7/13/2022-7/13/2022
7/5/2022-7/5/2022

CL2022-1A5C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/20/2022 **\$348.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
6/22/2022-6/22/2022
6/17/2022-6/17/2022

CL2022-9C97

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/14/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/3/2022-5/3/2022

Case ID Number: CS2022-E0DF

Victim Initials: C.F.

Case Payment Totals: **\$501.71**

Claim Payments:

CL2022-BBC3

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

07/13/2022 **\$501.71** Mental Health

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

Date(s) of Service (If Applicable)

6/14/2022-6/14/2022

5/20/2022-5/20/2022

4/28/2022-4/28/2022

4/11/2022-4/11/2022

3/8/2022-3/8/2022

12/21/2021-12/21/2021

Case ID Number: CS2022-E16A

Victim Initials: A.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-F247

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/1/2022-9/1/2022

Case ID Number: CS2022-E1F0

Victim Initials: K.B.

Case Payment Totals: **\$360.00**

Claim Payments:

CL2023-7A45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$360.00	Wage Loss	

Payee: **K.B.**

Case ID Number: CS2022-E279

Victim Initials: J.D.

Case Payment Totals: **\$2,453.31**

Claim Payments:

CL2023-CB4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/10/2023	\$399.38	Mental Health	

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

Date(s) of Service (If Applicable)

3/2/2023-3/2/2023

2/27/2023-2/27/2023

2/23/2023-2/23/2023

2/16/2023-2/16/2023

CL2023-B3A7

<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

07/03/2025
1:05:50AM

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.

02/23/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
5/2/2022-5/2/2022

CL2023-D384

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$997.09	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2022-12/1/2022			
11/17/2022-11/17/2022			
11/4/2022-11/4/2022			
10/25/2022-10/25/2022			
10/20/2022-10/20/2022			
10/12/2022-10/12/2022			
10/3/2022-10/3/2022			
9/21/2022-9/21/2022			

CL2022-6D85

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2022	\$768.84	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2022-8/23/2022			
8/17/2022-8/17/2022			
8/3/2022-8/3/2022			

Case ID Number: CS2022-E2A0

Victim Initials: K.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-97A2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2022-4/8/2022			

Case ID Number: CS2022-E2D9

Victim Initials: R.B.

Case Payment Totals: **\$7,800.00**

Claim Payments:

CL2022-3CDA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/22/2022	\$7,800.00	Loss Of Support	
Payee: J.B.			

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

07/03/2025
1:05:50AM

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: CS2022-E355

Victim Initials: E.B.

Case Payment Totals: **\$1,005.28**

Claim Payments:

CL2022-6B43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2022	\$383.52	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/11/2022-8/11/2022			
9/26/2022-9/26/2022			

CL2022-FD9F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2022	\$621.76	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2022-6/10/2022			

Case ID Number: CS2022-E471

Victim Initials: M.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-73E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2022-6/1/2022			

Case ID Number: CS2022-E641

Victim Initials: D.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1BEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2022-3/30/2022			

Case ID Number: CS2022-E668

Victim Initials: N.T.

Case Payment Totals: **\$2,100.00**

Claim Payments:

CL2023-17AE

<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

07/03/2025
1:05:50AM

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.

11/29/2023 **\$120.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
8/25/2023-8/25/2023

CL2023-3588

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/20/2023 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
3/21/2023-3/21/2023

CL2023-EA19

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/08/2023 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/30/2023-5/30/2023

CL2023-0F94

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/14/2023 **\$336.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
2/14/2023-2/14/2023
2/3/2023-2/3/2023

CL2023-39D4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/09/2023 **\$336.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/27/2023-1/27/2023
1/20/2023-1/20/2023

CL2023-D3DC

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/23/2023 **\$336.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
12/9/2022-12/9/2022
12/2/2022-12/2/2022

CL2022-6EDB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/19/2022 **\$168.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/4/2022-11/4/2022

CL2022-2119

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

12/02/2022 **\$180.00** Mental Health

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

Date(s) of Service (If Applicable)

9/23/2022-9/23/2022

CL2022-7D22

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/30/2022	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/18/2022-8/18/2022

Case ID Number: CS2022-E737

Victim Initials: M.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-8C30

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/19/2022	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/22/2022-9/22/2022

Case ID Number: CS2022-E9A5

Victim Initials: K.W.

Case Payment Totals: **\$24,013.36**

Claim Payments:

CL2023-3446

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/16/2023	\$23.48	Medical	Prescription
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Payee: **K.W.**

Date(s) of Service (If Applicable)

10/22/2021-10/22/2021

11/4/2021-11/4/2021

CL2023-9C15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/16/2023	\$23,966.40	Medical	Hospital or Clinic
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Payee: **Essentia Health**

Date(s) of Service (If Applicable)

10/21/2021-10/22/2021

CL2023-5E6C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/04/2023	\$23.48	Medical	Prescription
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Payee: **K.W.**

Date(s) of Service (If Applicable)

10/22/2021-10/22/2021

11/4/2021-11/4/2021

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

07/03/2025
1:05:50AM

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: CS2022-E9CC

Victim Initials: M.S.

Case Payment Totals: **\$24,604.34**

Claim Payments:

CL2023-9167

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2023	\$4,800.00	Medical	Hospital or Clinic
Payee: Institute Of Facial Surgery			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2022-9/26/2022			
10/28/2022-10/28/2022			

CL2023-30F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/04/2023	\$19,804.34	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health - (Bismarck			
<u>Date(s) of Service (If Applicable)</u>			
9/23/2022-9/23/2022			
10/4/2022-10/4/2022			

Case ID Number: CS2022-ECC0

Victim Initials: Z.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-1B09

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2022-3/7/2022			

Case ID Number: CS2022-EE40

Victim Initials: K.S.

Case Payment Totals: **\$604.93**

Claim Payments:

CL2022-DB61

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/15/2022	\$604.93	Mental Health	
Payee: K.S.			

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

07/03/2025
1:05:50AM

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)

12/27/2021-12/27/2021
12/22/2021-12/22/2021
12/13/2021-12/13/2021
11/24/2021-11/24/2021
11/15/2021-11/15/2021
11/8/2021-11/8/2021
11/1/2021-11/1/2021
10/25/2021-10/25/2021
10/18/2021-10/18/2021
10/12/2021-10/12/2021
10/4/2021-10/4/2021
9/27/2021-9/27/2021
9/22/2021-9/22/2021
9/13/2021-9/13/2021
9/8/2021-9/8/2021

Case ID Number: CS2022-F0BA

Victim Initials: M.C.

Case Payment Totals: **\$1,242.28**

Claim Payments:

CL2023-EE05

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$1,242.28	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/3/2022-9/3/2022			

Case ID Number: CS2022-F29E

Victim Initials: M.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-4E80

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/16/2022-5/16/2022			

Case ID Number: CS2022-F338

Victim Initials: C.E.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-B237

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2022-1/11/2022			

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

07/03/2025
1:05:50AM

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: CS2022-F36D

Victim Initials: C.K.

Case Payment Totals: **\$3,243.31**

Claim Payments:

CL2023-646B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$2,955.31	Mental Health	

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

Date(s) of Service (If Applicable)

1/5/2023-1/5/2023

12/20/2022-12/20/2022

12/14/2022-12/14/2022

12/7/2022-12/7/2022

11/17/2022-11/17/2022

11/10/2022-11/10/2022

11/4/2022-11/4/2022

10/26/2022-10/26/2022

10/17/2022-10/17/2022

10/13/2022-10/13/2022

10/4/2022-10/4/2022

9/21/2022-9/21/2022

9/12/2022-9/12/2022

9/8/2022-9/8/2022

CL2023-9FB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/1/2022-8/1/2022

Case ID Number: CS2022-F580

Victim Initials: K.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-989E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2022	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/10/2022-1/10/2022

Case ID Number: CS2022-F8BE

Victim Initials: J.M.

Case Payment Totals: **\$612.42**

Claim Payments:

CL2022-3B4D

<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

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

07/03/2025
1:05:50AM

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.

09/21/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/31/2022-5/31/2022

CL2022-A189

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/18/2022 **\$324.42** Mental Health
Payee: **Advanced Counseling For Change**
Date(s) of Service (If Applicable)
5/5/2022-5/5/2022
4/27/2022-4/27/2022
4/22/2022-4/22/2022
4/18/2022-4/18/2022

Case ID Number: CS2022-FA0B

Victim Initials: S.O.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-B5C2

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/17/2022 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
6/7/2022-6/7/2022

Case ID Number: CS2022-FA11

Victim Initials: M.Y.

Case Payment Totals: **\$2,340.00**

Claim Payments:

CL2023-6473

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/13/2023 **\$1,110.00** Wage Loss
Payee: **M.Y.**

CL2023-4D6A

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/08/2023 **\$1,230.00** Wage Loss
Payee: **M.Y.**

Case ID Number: CS2022-FA7D

Victim Initials: T.N.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2022-A603

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/21/2022-6/21/2022			

Case ID Number: CS2022-FD37

Victim Initials: E.F.

Case Payment Totals: **\$4,682.18**

Claim Payments:

CL2024-B073

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$340.27	Mental Health	
Payee: Healing Foundations Counseling, Pc			
<u>Date(s) of Service (If Applicable)</u> 3/22/2024-3/22/2024 3/15/2024-3/15/2024 3/8/2024-3/8/2024			

CL2024-3C73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2024	\$350.69	Mental Health	
Payee: Healing Foundations Counseling, Pc			
<u>Date(s) of Service (If Applicable)</u> 2/23/2024-2/23/2024 2/9/2024-2/9/2024 2/2/2024-2/2/2024 1/19/2024-1/19/2024			

CL2023-AAF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/11/2023	\$19.20	Medical	Hospital or Clinic
Payee: Beyond Boundaries Ot			
<u>Date(s) of Service (If Applicable)</u> 8/31/2023-8/31/2023			

CL2023-6E5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/18/2023	\$115.20	Medical	Hospital or Clinic
Payee: Beyond Boundaries Ot			
<u>Date(s) of Service (If Applicable)</u> 7/27/2023-7/27/2023 8/17/2023-8/17/2023 7/13/2023-7/13/2023 8/10/2023-8/10/2023 6/1/2023-6/1/2023 7/20/2023-7/20/2023			

CL2023-AB51

<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

07/03/2025
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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.

08/09/2023 **\$101.23** Medical Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

6/15/2023-6/15/2023

7/6/2023-7/6/2023

6/29/2023-6/29/2023

CL2023-4B5D

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/05/2023 **\$192.00** Medical Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

5/26/2023-5/26/2023

5/18/2023-5/18/2023

CL2023-5C58

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/05/2023 **\$288.00** Medical Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

4/28/2023-4/28/2023

4/21/2023-4/21/2023

5/5/2023-5/5/2023

CL2023-6CCB

Approval Date AmountPaid Claim Category Medical Category (if applicable)

05/11/2023 **\$192.00** Medical Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

3/31/2023-3/31/2023

3/17/2023-3/17/2023

CL2023-9E9B

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/18/2023 **\$864.00** Medical Hospital or Clinic

Payee: **Beyond Boundaries Ot**

Date(s) of Service (If Applicable)

1/20/2023-1/20/2023

3/3/2023-3/3/2023

1/13/2023-1/13/2023

1/6/2023-1/6/2023

2/3/2023-2/3/2023

2/17/2023-2/17/2023

3/10/2023-3/10/2023

2/24/2023-2/24/2023

CL2023-F105

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/22/2023 **\$406.08** Medical Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

6/9/2022-6/9/2022

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.
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CL2023-1FC0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/06/2023	\$277.51	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2022-10/5/2022			

CL2023-C2DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/06/2023	\$1,440.00	Medical	Hospital or Clinic
Payee: Beyond Boundaries Ot			
<u>Date(s) of Service (If Applicable)</u>			
9/15/2022-9/15/2022			
9/1/2022-9/1/2022			
10/14/2022-10/14/2022			
12/23/2022-12/23/2022			
12/9/2022-12/9/2022			
11/4/2022-11/4/2022			
12/16/2022-12/16/2022			
8/18/2022-8/18/2022			
8/11/2022-8/11/2022			
12/2/2022-12/2/2022			
11/18/2022-11/18/2022			
8/25/2022-8/25/2022			
11/11/2022-11/11/2022			
7/28/2022-7/28/2022			
9/29/2022-9/29/2022			

CL2022-C46B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/29/2022	\$96.00	Medical	Hospital or Clinic
Payee: Beyond Boundaries Ot			
<u>Date(s) of Service (If Applicable)</u>			
7/8/2022-7/8/2022			

Case ID Number: CS2022-FE44

Victim Initials: E.B.

Case Payment Totals: \$77.50

Claim Payments:

CL2022-0C68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2022	\$77.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/2/2022-3/2/2022			

Case ID Number: CS2022-FEC8

Victim Initials: A.S.

Case Payment Totals: \$1,398.75

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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

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CL2023-472F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2023	\$1,006.34	Mental Health	
Payee: Dakota Family Services			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2023-1/12/2023			
12/29/2022-12/29/2022			
12/22/2022-12/22/2022			
12/12/2022-12/12/2022			
12/5/2022-12/5/2022			

CL2023-8C72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2023	\$256.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/30/2022-6/30/2022			

CL2022-8F08

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/20/2022	\$136.41	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2022-6/6/2022			

Case ID Number: CS2023-009C

Victim Initials: J.M.

Case Payment Totals: \$288.00

Claim Payments:

CL2023-BED5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2023-1/31/2023			

Case ID Number: CS2023-013B

Victim Initials: V.S.

Case Payment Totals: \$288.00

Claim Payments:

CL2023-B688

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2023-3/1/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-01A0

Victim Initials: C.F.

Case Payment Totals: **\$1,306.20**

Claim Payments:

CL2023-159E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/30/2023	\$1,306.20	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2022-11/11/2022			
11/2/2022-11/2/2022			
10/19/2022-10/19/2022			
10/14/2022-10/14/2022			
10/7/2022-10/7/2022			
10/5/2022-10/5/2022			
9/23/2022-9/23/2022			
9/22/2022-9/22/2022			
9/15/2022-9/15/2022			
9/8/2022-9/8/2022			

Case ID Number: CS2023-033F

Victim Initials: A.O.

Case Payment Totals: **\$301.00**

Claim Payments:

CL2023-6183

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2023	\$229.00	Medical	Hospital or Clinic
Payee: A.O.			
<u>Date(s) of Service (If Applicable)</u>			
1/4/2023-1/4/2023			

CL2023-D7F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2023	\$72.00	Medical	Hospital or Clinic
Payee: Eyewear Concepts			
<u>Date(s) of Service (If Applicable)</u>			
1/4/2023-1/4/2023			

Case ID Number: CS2023-05C7

Victim Initials: A.S.

Case Payment Totals: **\$996.00**

Claim Payments:

CL2023-1BFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2023	\$708.00	Mental Health	
Payee: Connect Us Therapy			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Date(s) of Service (If Applicable)

8/29/2023-8/29/2023

8/7/2023-8/7/2023

5/9/2023-5/9/2023

5/2/2023-5/2/2023

CL2023-6E04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/19/2023-4/19/2023

Case ID Number: CS2023-06B7

Victim Initials: A.B.

Case Payment Totals: **\$2,472.00**

Claim Payments:

CL2024-2318

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$312.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/6/2024-2/6/2024

2/2/2024-2/2/2024

CL2024-35AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$504.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/8/2024-1/8/2024

1/3/2024-1/3/2024

12/18/2023-12/18/2023

CL2024-5AF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$648.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/22/2024-1/22/2024

1/3/2024-1/3/2024

12/12/2023-12/12/2023

12/4/2023-12/4/2023

CL2024-1B64

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2024	\$192.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/30/2023-10/30/2023

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

07/03/2025
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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.

CL2024-6F89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$528.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/7/2023-11/7/2023

11/3/2023-11/3/2023

10/17/2023-10/17/2023

CL2023-782F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/9/2023-10/9/2023

Case ID Number: CS2023-07F6

Victim Initials: A.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-D52A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/9/2023-11/9/2023

Case ID Number: CS2023-088E

Victim Initials: T.M.

Case Payment Totals: **\$372.26**

Claim Payments:

CL2024-5CB8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2024	\$39.19	Mental Health	

Payee: **Stepping Stones Counseling**

Date(s) of Service (If Applicable)

12/27/2023-12/27/2023

CL2024-3E01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2024	\$333.07	Mental Health	

Payee: **Stepping Stones Counseling**

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.

Date(s) of Service (If Applicable)

12/20/2023-12/20/2023
12/13/2023-12/13/2023
12/6/2023-12/6/2023
12/1/2023-12/1/2023
11/17/2023-11/17/2023
11/16/2023-11/16/2023
11/7/2023-11/7/2023
11/1/2023-11/1/2023
10/17/2023-10/17/2023

Case ID Number: CS2023-08B5

Victim Initials: N.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2C47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/1/2023-2/1/2023			

Case ID Number: CS2023-099B

Victim Initials: C.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-19CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2023-8/9/2023			

Case ID Number: CS2023-09DF

Victim Initials: C.C.

Case Payment Totals: **\$756.00**

Claim Payments:

CL2023-3549

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2023-5/26/2023			

CL2023-A483

<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

07/03/2025
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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.

09/20/2023 **\$144.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
6/30/2023-6/30/2023

CL2023-D25B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/07/2023 **\$180.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
4/14/2023-4/14/2023

CL2023-AD0E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/19/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
3/20/2023-3/20/2023

Case ID Number: CS2023-0B87

Victim Initials: M.V.

Case Payment Totals: **\$380.00**

Claim Payments:

CL2025-0A42

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/21/2025 **\$60.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
12/5/2024-12/5/2024
11/14/2024-11/14/2024
7/31/2024-7/31/2024

CL2024-CD7E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/24/2024 **\$20.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
3/14/2024-3/14/2024

CL2024-EF72

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/06/2024 **\$40.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
1/18/2024-1/18/2024
1/9/2024-1/9/2024

CL2024-66FE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
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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.

01/16/2024 **\$20.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
12/12/2023-12/12/2023

CL2023-8177

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/05/2023 **\$20.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
11/15/2023-11/15/2023

CL2023-C1A9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/27/2023 **\$40.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
10/26/2023-10/26/2023
10/24/2023-10/24/2023

CL2023-991E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/23/2023 **\$80.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
10/10/2023-10/10/2023
9/19/2023-9/19/2023
9/7/2023-9/7/2023
8/22/2023-8/22/2023

CL2023-8BBB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/07/2023 **\$60.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
8/15/2023-8/15/2023
8/8/2023-8/8/2023
7/7/2023-7/7/2023

CL2023-6145

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/05/2023 **\$40.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
5/23/2023-5/23/2023
5/16/2023-5/16/2023

Case ID Number: CS2023-0BFC

Victim Initials: K.F.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

CL2023-8004

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2023-1/31/2023			

Case ID Number: CS2023-0D1C

Victim Initials: G.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2328

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2023-2/9/2023			

Case ID Number: CS2023-0D99

Victim Initials: D.G.

Case Payment Totals: **\$3,107.72**

Claim Payments:

CL2024-AB05

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/31/2024	\$3,107.72	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2024-5/15/2024			
4/24/2024-4/24/2024			
4/3/2024-4/3/2024			
3/27/2024-3/27/2024			
3/13/2024-3/13/2024			
2/28/2024-2/28/2024			
2/21/2024-2/21/2024			
2/14/2024-2/14/2024			
2/7/2024-2/7/2024			
2/1/2024-2/1/2024			
1/16/2024-1/16/2024			

Case ID Number: CS2023-112B

Victim Initials: E.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-824F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2023	\$288.00	Medical	Hospital or Clinic

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

12/21/2022-12/21/2022

Case ID Number: CS2023-127F

Victim Initials: K.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-018C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/8/2023-11/8/2023

Case ID Number: CS2023-1355

Victim Initials: H.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-E338

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/23/2023-10/23/2023

Case ID Number: CS2023-13A8

Victim Initials: A.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-B6FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/10/2023-7/10/2023

Case ID Number: CS2023-149A

Victim Initials: M.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A0BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/14/2023-2/14/2023

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

07/03/2025
1:05:50AM

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: CS2023-14D1

Victim Initials: H.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F7F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/12/2023-7/12/2023			

Case ID Number: CS2023-151F

Victim Initials: L.F.

Case Payment Totals: **\$687.23**

Claim Payments:

CL2025-4E5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2025	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2025-4/8/2025			

CL2024-EE79

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2024	\$16.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2024-11/14/2024			

CL2024-7F69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2024	\$32.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2024-10/29/2024			
10/21/2024-10/21/2024			

CL2024-8FBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$16.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2024-10/21/2024			

CL2024-A443

<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

07/03/2025
1:05:50AM

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.

08/15/2024 **\$16.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
7/15/2024-7/15/2024

CL2024-5FF3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/31/2024 **\$16.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
5/6/2024-5/6/2024

CL2024-992B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/24/2024 **\$16.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
4/22/2024-4/22/2024

CL2024-6A4C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/17/2024 **\$16.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
4/22/2024-4/22/2024

CL2023-667F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/22/2023 **\$20.34** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
11/29/2023-11/29/2023

CL2023-F961

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/13/2023 **\$50.89** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (If Applicable)
11/6/2023-11/6/2023
10/23/2023-10/23/2023

CL2023-DF04

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/14/2023 **\$288.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Practice (If Applicable)
8/9/2023-8/9/2023

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

07/03/2025
1:05:50AM

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: CS2023-1565

Victim Initials: K.V.

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

Claim Payments:

CL2024-4D47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$4,800.00	Wage Loss	
Payee: K.V.			

Case ID Number: CS2023-15CA

Victim Initials: B.B.

Case Payment Totals: **\$450.00**

Claim Payments:

CL2023-C61A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$450.00	Wage Loss	
Payee: B.B.			

Case ID Number: CS2023-16FA

Victim Initials: M.J.

Case Payment Totals: **\$759.42**

Claim Payments:

CL2024-069A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/02/2024	\$35.70	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/7/2023-11/7/2023			
10/26/2023-10/26/2023			

CL2023-C7A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/29/2023-6/29/2023			

CL2023-6677

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$358.87	Mental Health	

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

07/03/2025
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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.

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

Date(s) of Service (If Applicable)

10/11/2023-10/11/2023

10/6/2023-10/6/2023

9/26/2023-9/26/2023

9/7/2023-9/7/2023

CL2023-E88E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$76.85	Mental Health	

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

Date(s) of Service (If Applicable)

8/23/2023-8/23/2023

8/4/2023-8/4/2023

Case ID Number: CS2023-18A5

Victim Initials: J.C.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2023-987C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2023	\$16,224.80	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

9/24/2022-9/24/2022

CL2023-C83E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/17/2023	\$8,775.20	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/23/2023-1/23/2023

10/10/2022-10/10/2022

9/24/2022-9/24/2022

10/3/2022-10/3/2022

10/21/2022-10/21/2022

9/29/2022-9/29/2022

11/14/2022-11/14/2022

Case ID Number: CS2023-18D4

Victim Initials: B.A.

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

Claim Payments:

CL2023-530A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/14/2023	\$5,000.00	Funeral	

Payee: **Fulkerson Funeral Home**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2023-1AC4

Victim Initials: J.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-8835

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2023-5/4/2023			

Case ID Number: CS2023-1ADE

Victim Initials: R.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-D34A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2023-1/19/2023			

Case ID Number: CS2023-1CA7

Victim Initials: M.G.

Case Payment Totals: **\$4,582.19**

Claim Payments:

CL2025-367F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
3/25/2025-3/25/2025			

CL2025-64AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
2/25/2025-2/25/2025			

CL2025-71DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2025	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2025-1/2/2025			

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

07/03/2025
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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.

CL2025-0A35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2025	\$338.91	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
2/17/2025-2/17/2025			
1/30/2025-1/30/2025			

CL2025-61A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/13/2025	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
1/16/2025-1/16/2025			

CL2024-4D8A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2024	\$54.13	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
4/11/2024-4/11/2024			

CL2024-4F99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2024	\$192.38	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
4/4/2024-4/4/2024			

CL2024-FDA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2024	\$130.78	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
3/28/2024-3/28/2024			

CL2024-F26C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/18/2024	\$323.16	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
3/21/2024-3/21/2024			
3/14/2024-3/14/2024			

CL2024-0DE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2024	\$384.77	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Practice, (If Applicable)</u>			
3/7/2024-3/7/2024			
3/1/2024-3/1/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2024-932C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/26/2024	\$426.20	Mental Health	

Payee: **Badlands Human Service Center #1873**

Date(s) of Service (If Applicable)

10/9/2023-10/9/2023

10/2/2023-10/2/2023

9/18/2023-9/18/2023

8/15/2023-8/15/2023

8/1/2023-8/1/2023

7/25/2023-7/25/2023

CL2024-C769

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/18/2024	\$577.15	Mental Health	

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

Date(s) of Service (If Applicable)

2/20/2024-2/20/2024

2/14/2024-2/14/2024

2/9/2024-2/9/2024

CL2024-57EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2024	\$192.38	Mental Health	

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

Date(s) of Service (If Applicable)

1/25/2024-1/25/2024

CL2024-CEE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2024	\$192.38	Mental Health	

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

Date(s) of Service (If Applicable)

2/2/2024-2/2/2024

CL2024-97E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/13/2024	\$192.38	Mental Health	

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

Date(s) of Service (If Applicable)

1/8/2024-1/8/2024

CL2023-30EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2023	\$181.57	Mental Health	

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

Date(s) of Service (If Applicable)

8/3/2023-8/3/2023

CL2023-4B89

<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

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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.

09/14/2023 **\$596.00** Mental Health

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

Date(s) of Service (If Applicable)

7/27/2023-7/27/2023

7/19/2023-7/19/2023

7/12/2023-7/12/2023

Case ID Number: CS2023-1CE4

Victim Initials: A.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-72CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/16/2023-5/16/2023

Case ID Number: CS2023-1F30

Victim Initials: E.M.

Case Payment Totals: **\$1,784.42**

Claim Payments:

CL2023-1CC6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/19/2023	\$744.19	Mental Health	

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

Date(s) of Service (If Applicable)

5/4/2023-5/4/2023

4/20/2023-4/20/2023

4/6/2023-4/6/2023

3/23/2023-3/23/2023

CL2023-63AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2023	\$1,040.23	Mental Health	

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

Date(s) of Service (If Applicable)

3/16/2023-3/16/2023

3/9/2023-3/9/2023

2/23/2023-2/23/2023

2/16/2023-2/16/2023

2/3/2023-2/3/2023

1/19/2023-1/19/2023

Case ID Number: CS2023-2063

Victim Initials: A.L.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2023-ED0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/24/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/8/2023-9/8/2023

Case ID Number: CS2023-20B7

Victim Initials: I.P.

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

Claim Payments:

CL2025-D8B5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2025	\$3,266.81	Mental Health	

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

Date(s) of Service (If Applicable)

5/13/2024-5/13/2024

5/6/2024-5/6/2024

4/29/2024-4/29/2024

4/22/2024-4/22/2024

4/15/2024-4/15/2024

4/8/2024-4/8/2024

4/4/2024-4/4/2024

3/25/2024-3/25/2024

3/4/2024-3/4/2024

2/26/2024-2/26/2024

2/21/2024-2/21/2024

2/12/2024-2/12/2024

2/2/2024-2/2/2024

1/26/2024-1/26/2024

1/17/2024-1/17/2024

1/3/2024-1/3/2024

CL2024-30FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/19/2024-1/19/2024

CL2024-0A2C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2024	\$1,533.19	Mental Health	

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

Date(s) of Service (If Applicable)

12/28/2023-12/28/2023

12/22/2023-12/22/2023

12/11/2023-12/11/2023

12/6/2023-12/6/2023

12/1/2023-12/1/2023

11/22/2023-11/22/2023

11/15/2023-11/15/2023

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-2159

Victim Initials: K.S.

Case Payment Totals: **\$1,030.54**

Claim Payments:

CL2023-7859

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$931.06	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2023-5/22/2023			
5/8/2023-5/8/2023			
5/1/2023-5/1/2023			
4/24/2023-4/24/2023			
4/3/2023-4/3/2023			
2/24/2023-2/24/2023			

CL2023-ABFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$99.48	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/13/2023-3/13/2023			

Case ID Number: CS2023-2293

Victim Initials: A.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-DD0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2023-6/2/2023			

Case ID Number: CS2023-22AA

Victim Initials: B.L.

Case Payment Totals: **\$4,288.98**

Claim Payments:

CL2023-3E2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2023	\$4,288.98	Medical	Hospital or Clinic
Payee: Embrace Therapy Services			

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

07/03/2025
1:05:50AM

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)

1/16/2023-1/16/2023
2/6/2023-2/6/2023
1/23/2023-1/23/2023
5/1/2023-5/1/2023
11/7/2022-11/7/2022
5/15/2023-5/15/2023
3/20/2023-3/20/2023
11/3/2022-11/3/2022
5/22/2023-5/22/2023
3/6/2023-3/6/2023
5/8/2023-5/8/2023
6/5/2023-6/5/2023
3/13/2023-3/13/2023
2/20/2023-2/20/2023
1/30/2023-1/30/2023
3/27/2023-3/27/2023
6/26/2023-6/26/2023

Case ID Number: CS2023-232C

Victim Initials: H.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2BBE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/18/2023-1/18/2023

Case ID Number: CS2023-2492

Victim Initials: R.E.

Case Payment Totals: **\$697.44**

Claim Payments:

CL2024-9269

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$697.44	Mental Health	

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

Date(s) of Service (If Applicable)

3/1/2024-3/1/2024
1/24/2024-1/24/2024
1/17/2024-1/17/2024
1/10/2024-1/10/2024

Case ID Number: CS2023-254D

Victim Initials: C.F.

Case Payment Totals: **\$2,280.00**

Claim Payments:

CL2024-3A0E

<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

07/03/2025
1:05:50AM

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.

03/05/2024 **\$2,280.00** Wage Loss
Payee: **C.F.**

Case ID Number: CS2023-272A

Victim Initials: L.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-C091

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2023-7/7/2023			

Case ID Number: CS2023-2780

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-79CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2023-2/14/2023			

Case ID Number: CS2023-2807

Victim Initials: P.W.

Case Payment Totals: **\$848.00**

Claim Payments:

CL2023-56B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$160.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2023-9/7/2023			

CL2023-8C1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2023	\$200.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
8/9/2023-8/9/2023			

CL2023-C0E4

<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

07/03/2025
1:05:50AM

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.

08/04/2023 **\$200.00** Mental Health
Payee: **Empowered Therapy By Tara Lorenz**
Date(s) of Service (If Applicable)
7/13/2023-7/13/2023

CL2023-64AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2023-2/13/2023			

Case ID Number: CS2023-2928

Victim Initials: M.W.

Case Payment Totals: **\$1,065.92**

Claim Payments:

CL2023-1F37

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$777.92	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/1/2023-6/1/2023			
5/25/2023-5/25/2023			
5/18/2023-5/18/2023			
5/12/2023-5/12/2023			
4/27/2023-4/27/2023			
4/24/2023-4/24/2023			
4/19/2023-4/19/2023			
4/3/2023-4/3/2023			

CL2023-FEBE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2023-2/17/2023			

Case ID Number: CS2023-2963

Victim Initials: L.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-63D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2023-6/14/2023			

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

07/03/2025
1:05:50AM

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: CS2023-29AE

Victim Initials: C.H.

Case Payment Totals: **\$8,645.98**

Claim Payments:

CL2024-7072

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2024	\$8,645.98	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy			
<u>Date(s) of Medical (If Applicable)</u>			
7/20/2022-7/20/2022			

Case ID Number: CS2023-2BFB

Victim Initials: M.B.

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

Claim Payments:

CL2024-9A1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2024	\$900.00	Wage Loss	
Payee: M.B.			

CL2024-C652

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$900.00	Wage Loss	
Payee: M.B.			

CL2023-3524

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$3,000.00	Wage Loss	
Payee: M.B.			

Case ID Number: CS2023-2C33

Victim Initials: S.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-063D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center (If Applicable)</u>			
7/10/2023-7/10/2023			

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

07/03/2025
1:05:50AM

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: CS2023-2C8D

Victim Initials: J.K.

Case Payment Totals: **\$840.00**

Claim Payments:

CL2024-E323

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2024	\$840.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
11/15/2023-11/15/2023			
11/6/2023-11/6/2023			
10/2/2023-10/2/2023			

Case ID Number: CS2023-2D98

Victim Initials: H.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-53F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2023-11/14/2023			

Case ID Number: CS2023-2E20

Victim Initials: C.R.

Case Payment Totals: **\$3,624.00**

Claim Payments:

CL2025-1285

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of Service (If Applicable)</u>			
4/14/2025-4/14/2025			

CL2025-EC45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2025-3/31/2025			

CL2025-1F64

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/12/2025	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2025-3/10/2025			

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

07/03/2025
1:05:50AM

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.

CL2025-2868

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
2/3/2025-2/3/2025			

CL2025-6956

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2025	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
1/6/2025-1/6/2025			

CL2024-04B3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/27/2024	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
12/23/2024-12/23/2024			

CL2024-94CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2024	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
12/9/2024-12/9/2024			

CL2024-DEB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2024	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
11/11/2024-11/11/2024			

CL2024-9621

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2024	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
10/14/2024-10/14/2024			

CL2024-08FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2024	\$192.00	Mental Health	
Payee: Healthier You/Landenberger Counseling			
<u>Date(s) of #207022 (If Applicable)</u>			
9/16/2024-9/16/2024			

CL2024-3BCB

<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

07/03/2025
1:05:50AM

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.

09/17/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
9/2/2024-9/2/2024

CL2024-9CE3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/21/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
8/19/2024-8/19/2024

CL2024-2702

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/15/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
7/22/2024-7/22/2024

CL2024-062B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/30/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
7/8/2024-7/8/2024

CL2024-7204

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/30/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
6/24/2024-6/24/2024

CL2024-3D0A

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2024 **\$192.00** Mental Health
Payee: **Healthier You/Landenberger Counseling**
Date(s) of Service (If Applicable)
6/10/2024-6/10/2024

CL2024-DEFF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/05/2024 **\$184.00** Mental Health
Payee: **C & K Counseling**
Date(s) of Service (If Applicable)
1/22/2024-1/22/2024

CL2024-7F68

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/26/2024 **\$368.00** Mental Health
Payee: **C & K Counseling**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

1/8/2024-1/8/2024

12/18/2023-12/18/2023

Case ID Number: CS2023-2ED8

Victim Initials: A.H.

Case Payment Totals: **\$4,671.18**

Claim Payments:

CL2023-8CFA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/19/2023	\$4,671.18	Mental Health	

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

Date(s) of Service (If Applicable)

10/24/2023-10/24/2023

9/27/2023-9/27/2023

8/29/2023-8/29/2023

8/22/2023-8/22/2023

8/15/2023-8/15/2023

8/1/2023-8/1/2023

7/27/2023-7/27/2023

7/18/2023-7/18/2023

7/11/2023-7/11/2023

6/29/2023-6/29/2023

6/27/2023-6/27/2023

6/22/2023-6/22/2023

6/20/2023-6/20/2023

6/13/2023-6/13/2023

6/1/2023-6/1/2023

5/23/2023-5/23/2023

5/16/2023-5/16/2023

5/4/2023-5/4/2023

5/3/2023-5/3/2023

4/25/2023-4/25/2023

4/20/2023-4/20/2023

4/18/2023-4/18/2023

4/11/2023-4/11/2023

Case ID Number: CS2023-2FAB

Victim Initials: D.D.

Case Payment Totals: **\$4,216.00**

Claim Payments:

CL2023-3A5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2023	\$4,216.00	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

1/20/2023-1/20/2023

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

07/03/2025
1:05:50AM

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: CS2023-31C5

Victim Initials: S.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5249

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2023-1/9/2023			

Case ID Number: CS2023-33AF

Victim Initials: L.M.

Case Payment Totals: **\$1,098.12**

Claim Payments:

CL2024-4F45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$74.45	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/6/2023-10/6/2023			
9/28/2023-9/28/2023			

CL2023-467D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$111.67	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/15/2023-9/15/2023			
9/7/2023-9/7/2023			
8/3/2023-8/3/2023			

CL2023-EF3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2023-7/20/2023			

CL2023-D976

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$480.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/15/2023-6/15/2023			
6/8/2023-6/8/2023			
6/2/2023-6/2/2023			

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.

CL2023-765D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2023-5/22/2023			

Case ID Number: CS2023-347C

Victim Initials: M.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-DE3F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2023-5/23/2023			

Case ID Number: CS2023-3604

Victim Initials: M.S.

Case Payment Totals: **\$10,264.34**

Claim Payments:

CL2025-C346

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2025	\$374.02	Medical	Hospital or Clinic
Payee: Tioga Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2023-5/30/2023			

CL2025-A5D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2025	\$4,904.32	Medical	Hospital or Clinic
Payee: Tioga Fire Department / Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2023-5/30/2023			

CL2025-CB5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$1,476.00	Medical	Hospital or Clinic
Payee: Tioga Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2023-5/30/2023			

CL2025-B19D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$2,460.00	Medical	Hospital or Clinic
Payee: Tioga Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2023-5/30/2023			

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

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CL2023-C31E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/30/2023	\$1,050.00	Wage Loss	
Payee: M.S.			

Case ID Number: CS2023-3657

Victim Initials: M.J.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0A81

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2023-3/9/2023			

Case ID Number: CS2023-36A4

Victim Initials: C.V.

Case Payment Totals: **\$2,446.27**

Claim Payments:

CL2023-5B0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$494.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/4/2023-3/4/2023			
2/21/2023-2/21/2023			
2/14/2023-2/14/2023			

CL2023-FA5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2023	\$1,951.31	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2023-2/14/2023			
2/10/2023-2/10/2023			
1/18/2023-1/18/2023			
1/11/2023-1/11/2023			
11/28/2022-11/28/2022			
11/17/2022-11/17/2022			
11/9/2022-11/9/2022			
9/29/2022-9/29/2022			
9/21/2022-9/21/2022			
9/14/2022-9/14/2022			
9/7/2022-9/7/2022			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2023-38B0

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-8118

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/7/2023-8/7/2023			

Case ID Number: CS2023-3906

Victim Initials: H.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-5B88

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2023-12/18/2023			

Case ID Number: CS2023-3939

Victim Initials: J.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-D68D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2023-5/4/2023			

Case ID Number: CS2023-3A2B

Victim Initials: K.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-E809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2023-5/15/2023			

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.

Case ID Number: CS2023-3A82

Victim Initials: K.M.

Case Payment Totals: **\$2,064.00**

Claim Payments:

CL2024-0F31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$576.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/27/2024-3/27/2024			
3/20/2024-3/20/2024			
3/13/2024-3/13/2024			
3/6/2024-3/6/2024			

CL2024-3E53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$576.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2024-2/21/2024			
2/14/2024-2/14/2024			
2/7/2024-2/7/2024			
2/1/2024-2/1/2024			

CL2024-C56B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2024	\$432.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2023-12/19/2023			
12/13/2023-12/13/2023			
12/6/2023-12/6/2023			

CL2024-5131

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2023-11/28/2023			

CL2023-E489

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/7/2023-8/7/2023			

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.

Case ID Number: CS2023-3C56

Victim Initials: K.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-934F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2023-5/15/2023			

Case ID Number: CS2023-3D23

Victim Initials: D.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-C802

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2023-1/26/2023			

Case ID Number: CS2023-40B8

Victim Initials: B.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-C56A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/23/2023-2/23/2023			

Case ID Number: CS2023-4380

Victim Initials: X.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-207C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2023-7/31/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2023-4458

Victim Initials: A.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-1EEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2023-6/20/2023			

Case ID Number: CS2023-4666

Victim Initials: J.Q.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-C06B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/09/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/13/2023-7/13/2023			

Case ID Number: CS2023-46AF

Victim Initials: J.S.

Case Payment Totals: **\$317.60**

Claim Payments:

CL2023-D5FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$317.60	Mental Health	
Payee: Rural Psychiatry Associates (R.P.A.)			
<u>Date(s) of Service (If Applicable)</u>			
9/22/2023-9/22/2023			

Case ID Number: CS2023-46E4

Victim Initials: T.H.

Case Payment Totals: **\$601.20**

Claim Payments:

CL2023-96C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2023	\$601.20	Medical	Hospital or Clinic
Payee: T.H.			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2022-8/31/2022			

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.

Case ID Number: CS2023-47BE

Victim Initials: L.K.

Case Payment Totals: **\$3,839.12**

Claim Payments:

CL2024-E1B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$96.74	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2024-8/19/2024			

CL2024-65FE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$806.71	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2024-8/5/2024			
7/25/2024-7/25/2024			
7/10/2024-7/10/2024			
3/7/2024-3/7/2024			

CL2024-9607

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$421.12	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2024-6/13/2024			
5/31/2024-5/31/2024			

CL2024-93E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2024	\$130.78	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2024-5/6/2024			

CL2024-D898

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$261.55	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
4/2/2024-4/2/2024			
3/19/2024-3/19/2024			

CL2024-ECDF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/26/2024	\$130.78	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2024-2/20/2024			

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

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CL2024-9A6F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/05/2024	\$130.78	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2024-1/29/2024			

CL2024-70E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/06/2024	\$130.78	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2024-1/15/2024			

CL2024-9EE5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/26/2024	\$384.77	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2023-9/14/2023			
8/31/2023-8/31/2023			

CL2023-5A4B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2023	\$151.41	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
9/25/2023-9/25/2023			

CL2023-37C5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/06/2023	\$577.15	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2023-8/14/2023			
8/7/2023-8/7/2023			
7/25/2023-7/25/2023			

CL2023-ED33

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/03/2023	\$386.44	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2023-7/10/2023			
6/26/2023-6/26/2023			

CL2023-E345

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2023	\$230.11	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2023-5/30/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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Case ID Number: CS2023-47CC

Victim Initials: B.Z.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2BDA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2023-1/30/2023			

Case ID Number: CS2023-4888

Victim Initials: M.H.

Case Payment Totals: **\$7,000.00**

Claim Payments:

CL2024-8D35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/30/2024	\$528.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2024-8/29/2024			
7/22/2024-7/22/2024			
7/19/2024-7/19/2024			
7/3/2024-7/3/2024			

CL2024-7EE5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2024-6/28/2024			
6/13/2024-6/13/2024			

CL2024-1089

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$480.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2024-5/23/2024			
5/13/2024-5/13/2024			
5/7/2024-5/7/2024			

CL2024-7CBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$504.00	Mental Health	

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

Date(s) of Service (If Applicable)

4/23/2024-4/23/2024

4/18/2024-4/18/2024

4/9/2024-4/9/2024

CL2024-776D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

3/26/2024-3/26/2024

3/12/2024-3/12/2024

CL2024-AA16

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$672.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/21/2024-2/21/2024

2/13/2024-2/13/2024

2/5/2024-2/5/2024

2/1/2024-2/1/2024

CL2024-A83F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$624.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/22/2024-1/22/2024

1/18/2024-1/18/2024

1/9/2024-1/9/2024

1/5/2024-1/5/2024

CL2024-1C09

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$624.00	Mental Health	

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

Date(s) of Service (If Applicable)

12/18/2023-12/18/2023

12/11/2023-12/11/2023

12/7/2023-12/7/2023

12/1/2023-12/1/2023

CL2024-4B61

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$456.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/21/2023-11/21/2023

11/7/2023-11/7/2023

11/2/2023-11/2/2023

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

07/03/2025
1:05:50AM

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.

CL2023-6C30

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$480.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2023-10/19/2023			
10/12/2023-10/12/2023			
10/3/2023-10/3/2023			

CL2023-324F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2023	\$227.10	Travel	
Payee: K.B.			

CL2023-E2F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2023-9/26/2023			
9/21/2023-9/21/2023			
9/14/2023-9/14/2023			
9/1/2023-9/1/2023			

CL2023-AEBF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2023	\$772.90	Travel	
Payee: K.B.			

CL2023-0D93

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2023-2/22/2023			

Case ID Number: CS2023-4C29

Victim Initials: K.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-4A7B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2023-5/23/2023			

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

07/03/2025
1:05:50AM

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: CS2023-4C96

Victim Initials: B.R.

Case Payment Totals: **\$5,800.00**

Claim Payments:

CL2023-5E6D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2023	\$85.46	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
7/26/2023-7/26/2023			

CL2023-E708

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2023	\$94.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
7/12/2023-7/12/2023			

CL2023-1EF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2023	\$1,000.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
6/13/2023-6/13/2023			
5/19/2023-5/19/2023			
5/8/2023-5/8/2023			
4/28/2023-4/28/2023			
4/21/2023-4/21/2023			
4/7/2023-4/7/2023			
3/24/2023-3/24/2023			

CL2023-57DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2023	\$94.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
6/23/2023-6/23/2023			

CL2023-5970

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2023	\$94.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
7/7/2023-7/7/2023			

CL2023-A3FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2023	\$66.10	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Practice, (if applicable)</u>			
6/30/2023-6/30/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-AA09

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2023	\$94.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
6/14/2023-6/14/2023			

CL2023-7072

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2023	\$94.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
6/7/2023-6/7/2023			

CL2023-2EB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/19/2023	\$574.44	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
5/31/2023-5/31/2023			
5/26/2023-5/26/2023			
5/17/2023-5/17/2023			
5/10/2023-5/10/2023			
5/3/2023-5/3/2023			

CL2023-69AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/09/2023	\$376.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
4/28/2023-4/28/2023			
4/26/2023-4/26/2023			

CL2023-76D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/17/2023	\$376.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
4/19/2023-4/19/2023			
4/12/2023-4/12/2023			

CL2023-EB1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$188.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service, (If Applicable)</u>			
3/29/2023-3/29/2023			

CL2023-6BFC

<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

07/03/2025
1:05:50AM

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.

04/05/2023 **\$2,664.00** Mental Health

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

Date(s) of Service (If Applicable)

3/22/2023-3/22/2023

3/15/2023-3/15/2023

3/8/2023-3/8/2023

3/3/2023-3/3/2023

3/1/2023-3/1/2023

2/24/2023-2/24/2023

2/22/2023-2/22/2023

2/17/2023-2/17/2023

2/15/2023-2/15/2023

2/10/2023-2/10/2023

2/8/2023-2/8/2023

2/3/2023-2/3/2023

1/18/2023-1/18/2023

1/12/2023-1/12/2023

Case ID Number: CS2023-5074

Victim Initials: K.K.

Case Payment Totals: **\$4,909.08**

Claim Payments:

CL2024-6C8A

Approval Date

03/26/2024

AmountPaid

\$109.08

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **K.K.**

Date(s) of Service (If Applicable)

1/17/2024-1/17/2024

CL2024-FFA7

Approval Date

03/26/2024

AmountPaid

\$4,800.00

Claim Category

Wage Loss

Medical Category (if applicable)

Payee: **K.K.**

Case ID Number: CS2023-519C

Victim Initials: P.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-F9ED

Approval Date

02/07/2023

AmountPaid

\$288.00

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/26/2023-1/26/2023

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

07/03/2025
1:05:50AM

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: CS2023-537F

Victim Initials: M.M.

Case Payment Totals: **\$1,872.00**

Claim Payments:

CL2023-E51F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/27/2023-9/27/2023			
9/12/2023-9/12/2023			

CL2023-55F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2023-8/2/2023			
7/25/2023-7/25/2023			
7/19/2023-7/19/2023			

CL2023-D806

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$432.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			
6/14/2023-6/14/2023			
6/8/2023-6/8/2023			

CL2023-E994

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2023-5/26/2023			
5/19/2023-5/19/2023			

CL2023-1AC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2023-4/17/2023			

Case ID Number: CS2023-5395

Victim Initials: N.B.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

CL2023-538F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/12/2023-4/12/2023

Case ID Number: CS2023-53DD

Victim Initials: L.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-B057

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/15/2023-5/15/2023

Case ID Number: CS2023-5407

Victim Initials: M.W.

Case Payment Totals: **\$560.00**

Claim Payments:

CL2023-7272

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$160.00	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

9/7/2023-9/7/2023

CL2023-8009

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/17/2023	\$200.00	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

8/9/2023-8/9/2023

CL2023-87B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/04/2023	\$200.00	Mental Health	

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

7/13/2023-7/13/2023

Case ID Number: CS2023-565F

Victim Initials: J.L.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2023-9A1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
11/30/2023-11/30/2023

Case ID Number: CS2023-58CD

Victim Initials: A.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-3B50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)
8/10/2023-8/10/2023

Case ID Number: CS2023-59C5

Victim Initials: M.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5834

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
11/1/2023-11/1/2023

Case ID Number: CS2023-5A06

Victim Initials: A.M.

Case Payment Totals: **\$2,750.05**

Claim Payments:

CL2023-2B2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$1,985.09	Mental Health	

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

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

07/03/2025
1:05:50AM

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)

5/18/2023-5/18/2023
5/4/2023-5/4/2023
4/27/2023-4/27/2023
4/20/2023-4/20/2023
4/13/2023-4/13/2023
4/6/2023-4/6/2023
3/30/2023-3/30/2023
3/23/2023-3/23/2023
3/16/2023-3/16/2023
3/9/2023-3/9/2023
3/2/2023-3/2/2023

CL2023-9B49

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/03/2023	\$764.96	Mental Health	

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

Date(s) of Service (If Applicable)

2/23/2023-2/23/2023
2/16/2023-2/16/2023
2/8/2023-2/8/2023
2/3/2023-2/3/2023

Case ID Number: CS2023-5A29

Victim Initials: D.G.

Case Payment Totals: **\$4,653.96**

Claim Payments:

CL2025-9002

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/7/2025-4/7/2025

CL2025-F985

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/26/2025-2/26/2025

CL2025-1E44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/21/2025	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/15/2025-1/15/2025

CL2024-97CF

<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

07/03/2025
1:05:50AM

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.

05/17/2024 **\$192.38** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Service (If Applicable)
4/2/2024-4/2/2024

CL2024-DA08

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/10/2024 **\$35.44** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Service (If Applicable)
4/9/2024-4/9/2024

CL2024-23F6

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/18/2024 **\$192.38** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Service (If Applicable)
3/26/2024-3/26/2024

CL2024-7C43

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/02/2024 **\$577.15** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Service (If Applicable)
3/12/2024-3/12/2024
3/5/2024-3/5/2024
2/26/2024-2/26/2024

CL2024-224B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/26/2024 **\$478.40** Mental Health
Payee: **Badlands Human Service Center #1873**
Date(s) of Service (If Applicable)
8/16/2023-8/16/2023
8/8/2023-8/8/2023
7/25/2023-7/25/2023

CL2024-4D88

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/18/2024 **\$577.15** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Service (If Applicable)
2/20/2024-2/20/2024
2/13/2024-2/13/2024
2/6/2024-2/6/2024

CL2024-2960

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/22/2024 **\$384.77** Mental Health

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

07/03/2025
1:05:50AM

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: **Decoteau Trauma-Informed Care &**

Date(s) of Practice, (If Applicable)

1/30/2024-1/30/2024

1/23/2024-1/23/2024

CL2024-D92D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/24/2024	\$192.38	Mental Health	

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

Date(s) of Practice, (If Applicable)

1/2/2024-1/2/2024

CL2023-8EA5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/08/2023	\$133.58	Mental Health	

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

Date(s) of Practice, (If Applicable)

10/19/2023-10/19/2023

10/5/2023-10/5/2023

CL2023-B325

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/27/2023	\$188.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

9/26/2023-9/26/2023

CL2023-81A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/12/2023	\$188.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

8/28/2023-8/28/2023

CL2023-67E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2023	\$188.00	Mental Health	

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

Date(s) of Practice, (If Applicable)

8/10/2023-8/10/2023

CL2023-4092

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2023	\$130.33	Mental Health	

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

Date(s) of Practice, (If Applicable)

8/17/2023-8/17/2023

CL2023-3FA9

<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

07/03/2025

1:05:50AM

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.

09/14/2023 **\$596.00** Mental Health

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

Date(s) of Service (If Applicable)

7/27/2023-7/27/2023

7/19/2023-7/19/2023

7/12/2023-7/12/2023

Case ID Number: CS2023-5A8F

Victim Initials: M.N.

Case Payment Totals: **\$3,600.00**

Claim Payments:

CL2024-1BB4

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

01/04/2024

\$3,600.00

Wage Loss

Payee: **M.N.**

Case ID Number: CS2023-5B51

Victim Initials: J.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A089

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

12/18/2023

\$288.00

Medical

Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/18/2023-7/18/2023

Case ID Number: CS2023-5BCA

Victim Initials: C.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5878

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

03/13/2023

\$288.00

Mental Health

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

Date(s) of Service (If Applicable)

2/14/2023-2/14/2023

Case ID Number: CS2023-5BFD

Victim Initials: A.G.

Case Payment Totals: **\$2,132.05**

Claim Payments:

CL2024-9F46

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

01/08/2024 **\$256.51** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/19/2023-12/19/2023

CL2023-57B3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2023	\$1,587.54	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2023-10/3/2023			
9/22/2023-9/22/2023			
9/7/2023-9/7/2023			
8/24/2023-8/24/2023			
8/15/2023-8/15/2023			
8/11/2023-8/11/2023			

CL2023-8481

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2023-4/12/2023			

Case ID Number: CS2023-5C7E

Victim Initials: C.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A130

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2023-11/2/2023			

Case ID Number: CS2023-5F79

Victim Initials: J.M.

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

Claim Payments:

CL2023-7EC3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2023	\$5,000.00	Funeral	
Payee: Frank Family Funeral Home			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-60D1

Victim Initials: J.J.

Case Payment Totals: **\$1,085.95**

Claim Payments:

CL2023-FC69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/05/2023	\$1,085.95	Mental Health	

Payee: **Connect Us Therapy**

Date(s) of Service (If Applicable)

8/16/2023-8/16/2023

8/7/2023-8/7/2023

5/22/2023-5/22/2023

12/8/2022-12/8/2022

10/24/2022-10/24/2022

9/7/2022-9/7/2022

8/23/2022-8/23/2022

8/10/2022-8/10/2022

7/12/2022-7/12/2022

6/29/2022-6/29/2022

6/20/2022-6/20/2022

6/15/2022-6/15/2022

6/7/2022-6/7/2022

6/1/2022-6/1/2022

5/31/2022-5/31/2022

5/19/2022-5/19/2022

5/4/2022-5/4/2022

5/2/2022-5/2/2022

4/26/2022-4/26/2022

4/20/2022-4/20/2022

4/12/2022-4/12/2022

3/31/2022-3/31/2022

3/22/2022-3/22/2022

3/15/2022-3/15/2022

2/22/2022-2/22/2022

12/3/2021-12/3/2021

11/2/2021-11/2/2021

10/28/2021-10/28/2021

10/26/2021-10/26/2021

10/25/2021-10/25/2021

10/20/2021-10/20/2021

9/21/2021-9/21/2021

9/14/2021-9/14/2021

7/30/2021-7/30/2021

7/23/2021-7/23/2021

7/9/2021-7/9/2021

6/24/2021-6/24/2021

6/16/2021-6/16/2021

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-60EC

Victim Initials: N.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-592B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2023-2/13/2023			

Case ID Number: CS2023-6230

Victim Initials: M.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-789E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/27/2023-7/27/2023			

Case ID Number: CS2023-62D0

Victim Initials: B.E.

Case Payment Totals: **\$12,328.78**

Claim Payments:

CL2023-80E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2023	\$1,241.93	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2022-10/27/2022			
10/2/2022-10/2/2022			
11/15/2022-11/15/2022			

CL2023-B996

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2023	\$1,241.93	Medical	Hospital or Clinic
Payee: Chi St. Alexius			
<u>Date(s) of Service (If Applicable)</u>			
11/15/2022-11/15/2022			
10/2/2022-10/2/2022			
10/25/2022-10/27/2022			

CL2023-2AF0

<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

07/03/2025
1:05:50AM

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.

03/15/2023 **\$9,844.92** Medical Hospital or Clinic
Payee: **Chi St. Alexius Health**
Date(s) of Service (If Applicable)
10/2/2022-10/2/2022
11/29/2022-11/29/2022
10/25/2022-10/27/2022
11/15/2022-11/16/2022

Case ID Number: CS2023-62ED **Victim Initials: J.J.**

Case Payment Totals: **\$12,500.00**

Claim Payments:

CL2023-E587

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/28/2023	\$12,500.00	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2023-2/4/2023			

Case ID Number: CS2023-639F **Victim Initials: K.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-8DBD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2023-11/2/2023			

Case ID Number: CS2023-6450 **Victim Initials: K.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5A41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2023-5/30/2023			

Case ID Number: CS2023-64BC **Victim Initials: O.M.**

Case Payment Totals: **\$366.66**

Claim Payments:

CL2023-82E9

<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

07/03/2025

1:05:50AM

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.

12/01/2023 **\$78.66** Mental Health

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

Date(s) of Service (If Applicable)

9/28/2023-9/28/2023

9/15/2023-9/15/2023

CL2023-D6F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/30/2023-5/30/2023

Case ID Number: CS2023-68AC

Victim Initials: N.W.

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

Claim Payments:

CL2023-13AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2023	\$4,800.00	Wage Loss	

Payee: **N.W.**

Case ID Number: CS2023-6926

Victim Initials: W.L.

Case Payment Totals: **\$975.56**

Claim Payments:

CL2024-39F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/08/2024	\$113.34	Mental Health	

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

Date(s) of Service (If Applicable)

2/9/2024-2/9/2024

CL2024-DF17

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$51.29	Mental Health	

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

Date(s) of Service (If Applicable)

11/16/2023-11/16/2023

11/8/2023-11/8/2023

CL2023-E1BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$465.33	Mental Health	

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

10/10/2023-10/10/2023

9/28/2023-9/28/2023

9/14/2023-9/14/2023

9/7/2023-9/7/2023

CL2023-3277

Approval Date

09/20/2023

AmountPaid

\$57.60

Claim Category

Mental Health

Medical Category (if applicable)

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

Date(s) of Service (If Applicable)

6/23/2023-6/23/2023

CL2023-BE8F

Approval Date

01/19/2023

AmountPaid

\$288.00

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/19/2022-12/19/2022

Case ID Number: CS2023-6D28

Victim Initials: L.B.

Case Payment Totals: **\$1,250.90**

Claim Payments:

CL2024-7F77

Approval Date

01/12/2024

AmountPaid

\$350.16

Claim Category

Mental Health

Medical Category (if applicable)

Payee: **Robertson Counseling Llc**

Date(s) of Service (If Applicable)

9/4/2023-9/4/2023

8/28/2023-8/28/2023

CL2023-7651

Approval Date

12/01/2023

AmountPaid

\$192.00

Claim Category

Mental Health

Medical Category (if applicable)

Payee: **Robertson Counseling Llc**

Date(s) of Service (If Applicable)

8/21/2023-8/21/2023

CL2023-BD1F

Approval Date

09/12/2023

AmountPaid

\$420.74

Claim Category

Mental Health

Medical Category (if applicable)

Payee: **Robertson Counseling Llc**

Date(s) of Service (If Applicable)

8/7/2023-8/7/2023

7/31/2023-7/31/2023

CL2023-75BB

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

06/06/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Center (If Applicable)
5/23/2023-5/23/2023

Case ID Number: CS2023-6D6E

Victim Initials: M.L.

Case Payment Totals: **\$4,029.60**

Claim Payments:

CL2023-83F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2023	\$3,410.00	Funeral	
Payee: C.T.			

CL2023-B85E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2023	\$114.60	Funeral	
Payee: J.B.			

CL2023-90DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/09/2023	\$505.00	Funeral	
Payee: J.N.			

Case ID Number: CS2023-6D7F

Victim Initials: B.B.

Case Payment Totals: **\$379.99**

Claim Payments:

CL2024-582D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$30.66	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center</u> (If Applicable)			
10/27/2023-10/27/2023			

CL2023-239D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$61.33	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center</u> (If Applicable)			
10/20/2023-10/20/2023			
10/13/2023-10/13/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-9A19

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2023-9/7/2023			

Case ID Number: CS2023-6E18

Victim Initials: A.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-6C68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2023-6/8/2023			

Case ID Number: CS2023-6E71

Victim Initials: E.K.

Case Payment Totals: **\$3,121.17**

Claim Payments:

CL2023-051B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$200.00	Mental Health	
Payee: K.K.			
<u>Date(s) of Service (If Applicable)</u>			
3/13/2023-3/13/2023			

CL2023-E144

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/25/2023	\$1,971.28	Medical	Hospital or Clinic
Payee: K.K.			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2023-2/8/2023			

CL2023-8E65

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/02/2023	\$949.89	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2023-2/6/2023			

Case ID Number: CS2023-6F16

Victim Initials: L.S.

Case Payment Totals: **\$4,488.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-24E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/28/2024	\$3,380.00	Mental Health	
Payee: Aurora Mental Health PLLC			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2024-2/27/2024			
2/20/2024-2/20/2024			
2/13/2024-2/13/2024			
1/30/2024-1/30/2024			
1/23/2024-1/23/2024			
1/16/2024-1/16/2024			
1/9/2024-1/9/2024			
12/19/2023-12/19/2023			
12/12/2023-12/12/2023			
12/5/2023-12/5/2023			

CL2023-7D3B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2023	\$1,108.00	Mental Health	
Payee: Aurora Mental Health PLLC			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2023-11/28/2023			
11/21/2023-11/21/2023			
11/14/2023-11/14/2023			
10/31/2023-10/31/2023			
10/24/2023-10/24/2023			
10/17/2023-10/17/2023			

Case ID Number: CS2023-70D6

Victim Initials: A.S.

Case Payment Totals: **\$1,324.05**

Claim Payments:

CL2024-4552

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2024	\$844.05	Mental Health	
Payee: Buzick Counseling Services, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
3/6/2024-3/6/2024			
2/28/2024-2/28/2024			
2/14/2024-2/14/2024			
12/20/2023-12/20/2023			
12/13/2023-12/13/2023			
12/6/2023-12/6/2023			
11/29/2023-11/29/2023			
11/22/2023-11/22/2023			
11/15/2023-11/15/2023			
11/8/2023-11/8/2023			

CL2023-2376

<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

07/03/2025

1:05:50AM

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.

12/18/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
6/28/2023-6/28/2023

CL2023-810B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/20/2023 **\$192.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
7/21/2023-7/21/2023

Case ID Number: CS2023-71B8

Victim Initials: M.W.

Case Payment Totals: **\$3,010.30**

Claim Payments:

CL2024-5C32

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/30/2024 **\$195.22** Medical Dental
Payee: **Prairie Rose Family Dentistry**
Date(s) of Service (If Applicable)
1/22/2024-1/22/2024

CL2024-F624

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/06/2024 **\$299.40** Medical Dental
Payee: **M.W.**
Date(s) of Service (If Applicable)
1/22/2024-1/22/2024

CL2024-BFF4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/22/2024 **\$958.08** Medical Dental
Payee: **Prairie Rose Family Dentistry**
Date(s) of Service (If Applicable)
1/22/2024-1/22/2024

CL2023-80B9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/27/2023 **\$4.00** Mental Health
Payee: **Nuvation Health Services, P.C.**
Date(s) of Service (If Applicable)
9/20/2023-9/20/2023

CL2023-7354

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/12/2023 **\$1,337.60** Medical Dental
Payee: **Prairie Rose Family Dentistry**
Date(s) of Service (If Applicable)
9/12/2023-9/12/2023

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.

CL2023-EEAF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/05/2023	\$216.00	Medical	Dental
Payee: Prairie Rose Family Dentistry			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2023-8/16/2023			

Case ID Number: CS2023-733D

Victim Initials: K.Z.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-05FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2023-11/2/2023			

Case ID Number: CS2023-74C9

Victim Initials: K.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-4BEA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/14/2023-3/14/2023			

Case ID Number: CS2023-7703

Victim Initials: E.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-1A70

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2022-12/30/2022			

Case ID Number: CS2023-773A

Victim Initials: H.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A52D

<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

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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.

06/06/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/23/2023-5/23/2023

Case ID Number: CS2023-77B6 **Victim Initials: S.I.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0F39

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2023-8/24/2023			

Case ID Number: CS2023-7920 **Victim Initials: E.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-001D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/27/2023-11/27/2023			

Case ID Number: CS2023-7949 **Victim Initials: S.D.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2023-BCDF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/03/2023	\$25,000.00	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2022-10/21/2022			

Case ID Number: CS2023-7BF3 **Victim Initials: R.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-7FF3

<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

07/03/2025
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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.

06/06/2023 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Center (If Applicable)

5/8/2023-5/8/2023

Case ID Number: CS2023-8104

Victim Initials: H.H.

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

Claim Payments:

CL2023-18F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/22/2023	\$4,800.00	Wage Loss	
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Payee: **H.H.**

Case ID Number: CS2023-8113

Victim Initials: S.P.

Case Payment Totals: **\$500.19**

Claim Payments:

CL2023-AC31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/01/2023	\$61.33	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

9/28/2023-9/28/2023

9/14/2023-9/14/2023

CL2023-CBCD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/31/2023	\$61.33	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

8/24/2023-8/24/2023

8/3/2023-8/3/2023

CL2023-A49B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/20/2023	\$89.53	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Center (If Applicable)

7/24/2023-7/24/2023

6/28/2023-6/28/2023

6/22/2023-6/22/2023

CL2023-E76F

<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

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1:05:50AM

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

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03/13/2023 **\$288.00** Mental Health

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

Date(s) of Service (If Applicable)

2/21/2023-2/21/2023

Case ID Number: CS2023-8414

Victim Initials: J.D.

Case Payment Totals: **\$500.00**

Claim Payments:

CL2023-556B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$500.00	Medical	Hospital or Clinic

Payee: **J.D.**

Date(s) of Service (If Applicable)

8/22/2023-8/22/2023

Case ID Number: CS2023-846E

Victim Initials: J.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-60A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/31/2023-5/31/2023

Case ID Number: CS2023-8667

Victim Initials: C.R.

Case Payment Totals: **\$2,527.25**

Claim Payments:

CL2023-4FEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/18/2023	\$628.69	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

6/26/2023-6/26/2023

CL2023-4587

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2023	\$99.04	Mental Health	

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

6/12/2023-6/12/2023

5/24/2023-5/24/2023

5/12/2023-5/12/2023

5/5/2023-5/5/2023

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.

CL2023-DE44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/26/2023	\$380.12	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2023-6/2/2023			
5/4/2023-5/4/2023			
5/24/2023-5/24/2023			
5/31/2023-5/31/2023			
6/26/2023-6/26/2023			
5/22/2023-5/22/2023			

CL2023-9994

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2023	\$99.04	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2023-4/25/2023			
4/11/2023-4/11/2023			
3/30/2023-3/30/2023			
3/15/2023-3/15/2023			

CL2023-FF69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/03/2023	\$1,320.36	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2023-2/10/2023			
2/16/2023-2/16/2023			
2/5/2023-2/5/2023			

Case ID Number: CS2023-8917

Victim Initials: R.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-6AF8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2023-6/5/2023			

Case ID Number: CS2023-8943

Victim Initials: W.Z.

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

Claim Payments:

CL2023-DA71

<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

07/03/2025
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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.

12/18/2023 **\$4,800.00** Wage Loss
Payee: **W.Z.**

Case ID Number: CS2023-8946

Victim Initials: V.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-3DC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/02/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2022-12/20/2022			

Case ID Number: CS2023-8B01

Victim Initials: N.O.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-61CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2023-12/6/2023			

Case ID Number: CS2023-8B35

Victim Initials: B.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-1277

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2023-4/26/2023			

Case ID Number: CS2023-8BEA

Victim Initials: G.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-1FC5

<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

07/03/2025
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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.

12/01/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/19/2023-9/19/2023

Case ID Number: CS2023-8C16 **Victim Initials: Z.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-9C66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2023-10/4/2023			

Case ID Number: CS2023-8C4C **Victim Initials: M.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-EF10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2023-5/31/2023			

Case ID Number: CS2023-8D50 **Victim Initials: G.H.**

Case Payment Totals: **\$8,665.36**

Claim Payments:

CL2023-0973

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/08/2023	\$8,665.36	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2022-9/16/2022			

Case ID Number: CS2023-8DA2 **Victim Initials: M.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-941F

<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

07/03/2025
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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.

10/24/2023 **\$288.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
8/21/2023-8/21/2023

Case ID Number: CS2023-8DE0

Victim Initials: K.G.

Case Payment Totals: **\$636.00**

Claim Payments:

CL2023-3DC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/28/2023-3/28/2023			

CL2023-6153

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/3/2023-3/3/2023			

CL2023-4C0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/20/2023-1/20/2023			

Case ID Number: CS2023-8E2B

Victim Initials: K.G.

Case Payment Totals: **\$3,731.00**

Claim Payments:

CL2024-A103

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2024	\$244.00	Medical	Dental
Payee: Sticka Dental Clinic Pc			
<u>Date(s) of Service (If Applicable)</u>			
7/12/2023-7/12/2023			

CL2023-5778

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$1,040.00	Medical	Dental
Payee: Sticka Dental Clinic Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2023-10/12/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:05:50AM

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.

CL2023-893B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2023	\$840.00	Medical	Dental
Payee: Sticka Dental Clinic Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2023-8/10/2023			

CL2023-7D75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$407.00	Medical	Dental
Payee: K.G.			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2023-6/12/2023			

CL2023-B5F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$1,200.00	Medical	Dental
Payee: Sticka Dental Clinic Pc			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2023-6/13/2023			
6/29/2023-6/29/2023			

Case ID Number: **CS2023-8E3A**

Victim Initials: **T.S.**

Case Payment Totals: **\$3,195.54**

Claim Payments:

CL2024-94D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2024	\$2,855.20	Mental Health	
Payee: Badlands Human Service Center #1873			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2024-1/8/2024			
12/5/2023-12/5/2023			
11/9/2023-11/9/2023			
11/3/2023-11/3/2023			
11/2/2023-11/2/2023			

CL2024-5CCA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$295.40	Mental Health	
Payee: State Of Nd/BI Outpatient			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2023-10/31/2023			

CL2023-829E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2023	\$44.94	Medical	Prescription
Payee: Badlands Human Service Center #1873			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2023-11/3/2023			

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

07/03/2025
1:05:50AM

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: CS2023-8EA2

Victim Initials: H.T.

Case Payment Totals: **\$15,271.03**

Claim Payments:

CL2023-CF06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$305.92	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2023-8/14/2023			

CL2023-E0FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$308.00	Medical	Hospital or Clinic
Payee: Pain Treatment Center			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2023-8/15/2023			

CL2023-63E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2023	\$305.92	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2023-7/10/2023			

CL2023-A841

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2023	\$1,366.74	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2023-8/15/2023			

CL2023-C45D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/28/2023	\$2,623.54	Medical	Hospital or Clinic
Payee: Bismarck Surgical Associates			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2023-8/15/2023			

CL2023-A634

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2023	\$75.00	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
5/11/2023-5/11/2023			

CL2023-AEA1

<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

07/03/2025
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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.

04/17/2023 **\$75.00** Medical Hospital or Clinic
Payee: **The Bone & Joint Center**
Date(s) of Service (If Applicable)
3/23/2023-3/23/2023

CL2023-0CE1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/11/2023 **\$179.10** Medical Hospital or Clinic
Payee: **The Bone & Joint Center**
Date(s) of Service (If Applicable)
3/23/2023-3/23/2023

CL2023-7E86

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2023 **\$10,031.81** Medical Hospital or Clinic
Payee: **The Bone & Joint Center**
Date(s) of Service (If Applicable)
2/22/2023-2/22/2023
2/17/2023-2/17/2023

Case ID Number: CS2023-8EF1

Victim Initials: S.W.

Case Payment Totals: **\$900.00**

Claim Payments:

CL2023-342D

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/30/2023 **\$900.00** Wage Loss
Payee: **S.W.**

Case ID Number: CS2023-90BB

Victim Initials: K.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-5E75

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/23/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/12/2023-10/12/2023

Case ID Number: CS2023-90EC

Victim Initials: M.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-4377

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

01/02/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/21/2023-11/21/2023

Case ID Number: CS2023-91CA **Victim Initials: A.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-70E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2023-8/18/2023			

Case ID Number: CS2023-95B3 **Victim Initials: T.O.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5774

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2023-4/25/2023			

Case ID Number: CS2023-9754 **Victim Initials: M.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-911C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/30/2023-6/30/2023			

Case ID Number: CS2023-992D **Victim Initials: E.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-4A24

<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

07/03/2025
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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.

05/04/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/31/2023-1/31/2023

Case ID Number: CS2023-9A8B **Victim Initials: A.A.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-9789

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/12/2023-12/12/2023			

Case ID Number: CS2023-9B5F **Victim Initials: M.T.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2024-DEC1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$25,000.00	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2023-8/26/2023			

Case ID Number: CS2023-9BF8 **Victim Initials: E.M.**

Case Payment Totals: **\$798.00**

Claim Payments:

CL2023-6696

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2023-2/22/2023			
2/7/2023-2/7/2023			

CL2023-452E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2023	\$174.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2023-1/19/2023			
1/6/2023-1/6/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-B662

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
1/19/2023-1/19/2023

Case ID Number: CS2023-9D05

Victim Initials: J.F.

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

Claim Payments:

CL2023-3D38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$2,000.00	Funeral	

Payee: **J.H.**

CL2023-7822

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$3,000.00	Funeral	

Payee: **Fulkerson Stevenson Funeral Home**

Case ID Number: CS2023-9F4F

Victim Initials: J.M.

Case Payment Totals: **\$480.00**

Claim Payments:

CL2023-2A13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$192.00	Mental Health	

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

Date(s) of Service (If Applicable)
5/26/2023-5/26/2023

CL2023-342A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
4/24/2023-4/24/2023

Case ID Number: CS2023-9F72

Victim Initials: D.L.

Case Payment Totals: **\$18,615.72**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-D890

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2024	\$251.20	Medical	Hospital or Clinic
Payee: Lakewood Health Center			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2023-7/16/2023			
7/16/2023-7/16/2023			

CL2023-B3DF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2023	\$17,784.70	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
7/13/2023-7/13/2023			
7/16/2023-7/16/2023			

CL2023-E10C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/10/2023	\$579.82	Medical	Hospital or Clinic
Payee: Hetland Ear Nose Throat Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2023-8/2/2023			

Case ID Number: CS2023-9FE1

Victim Initials: B.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-EBB6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/09/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/3/2023-4/3/2023			

Case ID Number: CS2023-A022

Victim Initials: C.S.

Case Payment Totals: **\$220.00**

Claim Payments:

CL2023-41D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/22/2023	\$220.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2023-10/24/2023			

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.

Case ID Number: CS2023-A072

Victim Initials: Q.E.

Case Payment Totals: **\$782.40**

Claim Payments:

CL2024-3D20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$294.40	Medical	Chiropractic or Massage
Payee: Premier Chiropractic			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2023-11/30/2023			
12/21/2023-12/21/2023			
12/7/2023-12/7/2023			
12/28/2023-12/28/2023			
12/14/2023-12/14/2023			

CL2024-7669

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2024	\$128.00	Medical	Chiropractic or Massage
Payee: Premier Chiropractic			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2023-11/30/2023			
12/7/2023-12/7/2023			

CL2024-DF57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/26/2024	\$360.00	Mental Health	
Payee: State Of Nd/ North Central Human			
<u>Date(s) of Service (If Applicable)</u>			
8/23/2023-8/23/2023			
8/9/2023-8/9/2023			
7/26/2023-7/26/2023			
7/19/2023-7/19/2023			
7/12/2023-7/12/2023			
7/5/2023-7/5/2023			

Case ID Number: CS2023-A1EB

Victim Initials: E.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-7C77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/14/2023-7/14/2023			

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.

Case ID Number: CS2023-A311

Victim Initials: L.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-DF42

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/15/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/19/2023-5/19/2023			

Case ID Number: CS2023-A32A

Victim Initials: A.C.

Case Payment Totals: **\$820.00**

Claim Payments:

CL2024-9F62

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2024	\$820.00	Mental Health	
Payee: Open Range Counseling Center			
<u>Date(s) of Service (If Applicable)</u>			
7/14/2023-7/14/2023			
7/5/2023-7/5/2023			
6/28/2023-6/28/2023			

Case ID Number: CS2023-A374

Victim Initials: E.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5BFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/17/2023-1/17/2023			

Case ID Number: CS2023-A3F2

Victim Initials: S.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2F29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2023-4/17/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2023-A47D

Victim Initials: J.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-F378

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2023-6/14/2023			

Case ID Number: CS2023-A4AF

Victim Initials: K.J.

Case Payment Totals: **\$3,042.62**

Claim Payments:

CL2024-265E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2024	\$1,007.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2024-3/1/2024			
2/23/2024-2/23/2024			
2/16/2024-2/16/2024			
2/9/2024-2/9/2024			
1/19/2024-1/19/2024			

CL2023-0D1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/27/2023	\$2,034.66	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/2/2023-6/2/2023			
6/1/2023-6/1/2023			
5/25/2023-5/25/2023			
5/23/2023-5/23/2023			
5/18/2023-5/18/2023			
5/18/2023-5/18/2023			
5/9/2023-5/9/2023			
5/4/2023-5/4/2023			
4/27/2023-4/27/2023			
4/27/2023-4/27/2023			
4/20/2023-4/20/2023			
4/20/2023-4/20/2023			
4/6/2023-4/6/2023			
3/23/2023-3/23/2023			
3/16/2023-3/16/2023			
3/9/2023-3/9/2023			
2/23/2023-2/23/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-A4B6

Victim Initials: M.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-E031

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2023-2/15/2023			

Case ID Number: CS2023-A592

Victim Initials: M.S.

Case Payment Totals: **\$12,500.00**

Claim Payments:

CL2023-8107

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2023	\$240.00	Medical	Hospital or Clinic
Payee: Pathology Consultants			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2023-4/1/2023			
3/31/2023-3/31/2023			

CL2023-BAA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2023	\$12,260.00	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2023-3/31/2023			

Case ID Number: CS2023-A619

Victim Initials: E.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-AA8A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2023-1/12/2023			

Case ID Number: CS2023-A629

Victim Initials: C.T.

Case Payment Totals: **\$408.99**

Claim Payments:

CL2024-56FD

<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

07/03/2025
1:05:50AM

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.

01/29/2024 **\$62.33** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/30/2023-10/30/2023

CL2023-3B6E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$58.66	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2023-7/25/2023			
6/23/2023-6/23/2023			

CL2023-39CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/3/2023-4/3/2023			

Case ID Number: CS2023-A7FC

Victim Initials: H.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A79F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/8/2023-8/8/2023			

Case ID Number: CS2023-A89E

Victim Initials: K.F.

Case Payment Totals: **\$676.00**

Claim Payments:

CL2023-5633

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/08/2023	\$388.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2023-5/1/2023			
4/24/2023-4/24/2023			
4/14/2023-4/14/2023			

CL2023-265D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2023-3/21/2023			

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

07/03/2025
1:05:50AM

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: CS2023-AA30

Victim Initials: J.S.

Case Payment Totals: **\$3,555.18**

Claim Payments:

CL2023-07DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$50.00	Medical	Hospital or Clinic
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2022-11/30/2022			

CL2023-2814

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$35.19	Medical	Hospital or Clinic
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2022-12/28/2022			

CL2023-3A76

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$1,108.11	Medical	Hospital or Clinic
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2022-10/8/2022			

CL2023-3FF1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$70.00	Medical	Dental
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2022-10/19/2022			

CL2023-5507

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$150.00	Medical	Hospital or Clinic
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2022-12/28/2022			

CL2023-9B6D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/28/2023	\$386.74	Medical	Hospital or Clinic
Payee: J.S.			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2022-10/8/2022			

CL2023-A7E9

<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

07/03/2025
1:05:50AM

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.

09/28/2023 **\$1,400.00** Medical Dental
Payee: **J.S.**
Date(s) of Service (If Applicable)
1/20/2023-1/20/2023

CL2023-C90F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/28/2023 **\$343.07** Medical Hospital or Clinic
Payee: **J.S.**
Date(s) of Service (If Applicable)
12/28/2022-12/28/2022

CL2023-D4C4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/28/2023 **\$12.07** Medical Prescription
Payee: **J.S.**
Date(s) of Service (If Applicable)
12/28/2022-12/28/2022

Case ID Number: CS2023-AA62

Victim Initials: M.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-B4C3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/06/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
5/19/2023-5/19/2023

Case ID Number: CS2023-AB16

Victim Initials: J.G.

Case Payment Totals: **\$1,227.69**

Claim Payments:

CL2024-EAAA

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/28/2024 **\$288.74** Mental Health
Payee: **S.G.**
Date(s) of Service (If Applicable)
3/18/2024-3/18/2024
2/22/2024-2/22/2024

CL2024-DE21

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/28/2024 **\$440.61** Mental Health
Payee: **S.G.**
Date(s) of Service (If Applicable)
1/22/2024-1/22/2024
1/17/2024-1/17/2024
1/3/2024-1/3/2024

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

07/03/2025
1:05:50AM

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.

CL2024-0860

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2024	\$498.34	Mental Health	
Payee: S.G.			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2023-12/6/2023			
11/30/2023-11/30/2023			
11/22/2023-11/22/2023			
11/3/2023-11/3/2023			

Case ID Number: CS2023-AB19

Victim Initials: A.G.

Case Payment Totals: **\$4,992.56**

Claim Payments:

CL2023-7F43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2023	\$4,992.56	Funeral	
Payee: Leak And Sons Funeral Chapels			

Case ID Number: CS2023-AC47

Victim Initials: W.B.

Case Payment Totals: **\$440.00**

Claim Payments:

CL2023-0F57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2023	\$440.00	Medical	Hospital or Clinic
Payee: Killdeer Area Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2023-6/13/2023			

Case ID Number: CS2023-B064

Victim Initials: C.O.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-D5A6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/11/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/17/2023-5/17/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-B213

Victim Initials: L.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0014

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2023-1/31/2023			

Case ID Number: CS2023-B233

Victim Initials: E.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2311

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2023-7/20/2023			

Case ID Number: CS2023-B379

Victim Initials: L.L.

Case Payment Totals: **\$5,504.00**

Claim Payments:

CL2025-18F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$752.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2025-4/28/2025			
4/23/2025-4/23/2025			
4/7/2025-4/7/2025			
4/1/2025-4/1/2025			

CL2025-CB50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$672.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2025-3/24/2025			
3/17/2025-3/17/2025			
3/10/2025-3/10/2025			
3/3/2025-3/3/2025			

CL2025-A46A

<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

07/03/2025

1:05:50AM

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.

05/01/2025 **\$672.00** Mental Health

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

Date(s) of Service (If Applicable)

2/26/2025-2/26/2025

2/20/2025-2/20/2025

2/11/2025-2/11/2025

2/4/2025-2/4/2025

CL2025-B312

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/07/2025 **\$672.00** Mental Health

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

Date(s) of Service (If Applicable)

1/28/2025-1/28/2025

1/21/2025-1/21/2025

1/16/2025-1/16/2025

1/9/2025-1/9/2025

CL2025-837A

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/27/2025 **\$1,152.00** Mental Health

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

Date(s) of Service (If Applicable)

12/30/2024-12/30/2024

12/23/2024-12/23/2024

12/9/2024-12/9/2024

12/2/2024-12/2/2024

10/28/2024-10/28/2024

10/23/2024-10/23/2024

10/17/2024-10/17/2024

CL2025-180C

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/10/2025 **\$336.00** Mental Health

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

Date(s) of Service (If Applicable)

11/14/2024-11/14/2024

11/5/2024-11/5/2024

CL2024-B1FA

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/15/2024 **\$168.00** Mental Health

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

Date(s) of Service (If Applicable)

5/23/2024-5/23/2024

CL2024-48AE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/18/2024 **\$168.00** Mental Health

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

Date(s) of Service (If Applicable)

4/11/2024-4/11/2024

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

CL2024-0EE3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2024-3/19/2024			
3/6/2024-3/6/2024			

CL2024-DBE1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2024-2/15/2024			

CL2024-E49D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2024-1/18/2024			

CL2024-6067

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2023-12/6/2023			

Case ID Number: CS2023-B424

Victim Initials: J.M.

Case Payment Totals: **\$1,098.50**

Claim Payments:

CL2023-8876

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/05/2023	\$1,098.50	Loss Of Support	
Payee: N.M.			

Case ID Number: CS2023-B431

Victim Initials: K.G.

Case Payment Totals: **\$3,064.05**

Claim Payments:

CL2025-B5EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$484.38	Mental Health	
Payee: S.G.			

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

07/03/2025
1:05:50AM

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)

2/4/2025-2/4/2025

1/21/2025-1/21/2025

1/7/2025-1/7/2025

CL2024-4C36

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/28/2024	\$236.03	Mental Health	

Payee: **S.G.**

Date(s) of Service (If Applicable)

4/15/2024-4/15/2024

4/11/2024-4/11/2024

4/2/2024-4/2/2024

3/18/2024-3/18/2024

3/12/2024-3/12/2024

2/22/2024-2/22/2024

CL2024-F8AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/28/2024	\$453.51	Mental Health	

Payee: **S.G.**

Date(s) of Service (If Applicable)

4/4/2024-4/4/2024

3/21/2024-3/21/2024

2/19/2024-2/19/2024

2/8/2024-2/8/2024

CL2024-2F89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2024	\$426.87	Mental Health	

Payee: **S.G.**

Date(s) of Service (If Applicable)

1/25/2024-1/25/2024

1/17/2024-1/17/2024

1/3/2024-1/3/2024

CL2024-4D5A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2024	\$963.97	Mental Health	

Payee: **S.G.**

Date(s) of Service (If Applicable)

2/13/2024-2/13/2024

2/8/2024-2/8/2024

1/30/2024-1/30/2024

1/23/2024-1/23/2024

1/16/2024-1/16/2024

1/10/2024-1/10/2024

1/3/2024-1/3/2024

CL2024-C7E5

<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

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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.

01/23/2024 **\$499.29** Mental Health

Payee: **S.G.**

Date(s) of Service (If Applicable)

12/6/2023-12/6/2023

11/30/2023-11/30/2023

11/22/2023-11/22/2023

11/3/2023-11/3/2023

Case ID Number: CS2023-B4CC

Victim Initials: J.L.

Case Payment Totals: **\$643.00**

Claim Payments:

CL2024-1351

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/29/2024	\$39.23	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/30/2023-10/30/2023

CL2023-CE78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/01/2023	\$315.77	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

10/16/2023-10/16/2023

10/11/2023-10/11/2023

10/3/2023-10/3/2023

9/26/2023-9/26/2023

9/21/2023-9/21/2023

9/15/2023-9/15/2023

CL2023-7251

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/19/2023	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/19/2022-12/19/2022

Case ID Number: CS2023-B9DD

Victim Initials: K.W.

Case Payment Totals: **\$726.40**

Claim Payments:

CL2024-E59E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/19/2024	\$528.00	Medical	Dental
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Payee: **Sticka Dental Clinic Pc**

Date(s) of Service (If Applicable)

1/17/2024-1/17/2024

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

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1:05:50AM

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.

CL2024-69E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2024	\$198.40	Medical	Dental
Payee: Sticka Dental Clinic Pc			
<u>Date(s) of Service (If Applicable)</u>			
11/28/2023-11/28/2023			

Case ID Number: CS2023-BAD8

Victim Initials: D.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-62E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2023-5/23/2023			

Case ID Number: CS2023-BB5F

Victim Initials: W.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-F2F1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2023-6/12/2023			

Case ID Number: CS2023-BC9E

Victim Initials: E.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-492C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/20/2023-10/20/2023			

Case ID Number: CS2023-BD02

Victim Initials: A.T.

Case Payment Totals: **\$304.98**

Claim Payments:

CL2023-EE07

<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

07/03/2025
1:05:50AM

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.

12/01/2023 **\$304.98** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/8/2023-11/8/2023

Case ID Number: CS2023-BD3C **Victim Initials: J.P.**

Case Payment Totals: **\$1,680.32**

Claim Payments:

CL2023-6B81

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/30/2023	\$830.86	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2023-4/26/2023			
4/20/2023-4/20/2023			
4/13/2023-4/13/2023			
3/30/2023-3/30/2023			
3/24/2023-3/24/2023			
3/17/2023-3/17/2023			

CL2023-0C6C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/13/2023	\$849.46	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2023-3/10/2023			
2/24/2023-2/24/2023			
2/16/2023-2/16/2023			
1/23/2023-1/23/2023			
1/20/2023-1/20/2023			

Case ID Number: CS2023-BDF6 **Victim Initials: K.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5A72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/14/2023-9/14/2023			

Case ID Number: CS2023-BE2C **Victim Initials: N.D.**

Case Payment Totals: **\$2,664.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-5BD2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/8/2024-2/8/2024			
2/2/2024-2/2/2024			

CL2024-B71E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$264.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2024-3/19/2024			
3/8/2024-3/8/2024			

CL2024-E67F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2024-1/12/2024			

CL2024-7DDA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2023-12/21/2023			
12/15/2023-12/15/2023			

CL2024-BE6A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2023-11/30/2023			

CL2023-AC5B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$432.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/20/2023-10/20/2023			
10/12/2023-10/12/2023			
10/5/2023-10/5/2023			

CL2023-05F1

<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

07/03/2025
1:05:50AM

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.

10/31/2023 **\$600.00** Mental Health

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

Date(s) of Service (If Applicable)

9/28/2023-9/28/2023

9/20/2023-9/20/2023

9/14/2023-9/14/2023

9/8/2023-9/8/2023

CL2023-DFB3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$192.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/28/2023-7/28/2023

CL2023-B1BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/15/2023-6/15/2023

Case ID Number: CS2023-BE4A

Victim Initials: T.T.

Case Payment Totals: **\$160.00**

Claim Payments:

CL2023-D68F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$160.00	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

6/17/2022-6/17/2022

Case ID Number: CS2023-C1CF

Victim Initials: B.O.

Case Payment Totals: **\$442.58**

Claim Payments:

CL2024-B876

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$30.66	Mental Health	

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

Date(s) of Service (If Applicable)

11/14/2023-11/14/2023

CL2023-3C8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$62.59	Mental Health	

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

07/03/2025
1:05:50AM

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)

10/20/2023-10/20/2023

10/2/2023-10/2/2023

9/25/2023-9/25/2023

CL2023-CE09

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2023	\$61.33	Mental Health	

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

Date(s) of Service (If Applicable)

8/28/2023-8/28/2023

8/21/2023-8/21/2023

CL2023-9545

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/28/2023-3/28/2023

Case ID Number: CS2023-C1EF

Victim Initials: V.A.

Case Payment Totals: **\$1,399.20**

Claim Payments:

CL2024-700F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2024	\$226.40	Mental Health	

Payee: **Mountrail County Medical Center**

Date(s) of Service (If Applicable)

1/24/2024-1/24/2024

CL2023-CE73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2023	\$514.40	Mental Health	

Payee: **Mountrail County Medical Center**

Date(s) of Service (If Applicable)

10/18/2023-10/18/2023

10/4/2023-10/4/2023

9/20/2023-9/20/2023

CL2023-4177

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/17/2023-7/17/2023

CL2023-116E

<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

07/03/2025
1:05:50AM

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

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09/18/2023 **\$370.40** Mental Health

Payee: **Mountrail County Medical Center**

Date(s) of Service (If Applicable)

9/6/2023-9/6/2023

8/30/2023-8/30/2023

Case ID Number: CS2023-C46B

Victim Initials: M.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0BB9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/14/2023	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/20/2023-7/20/2023

Case ID Number: CS2023-C49E

Victim Initials: K.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-2D96

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/06/2023	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

5/22/2023-5/22/2023

Case ID Number: CS2023-C56D

Victim Initials: K.H.

Case Payment Totals: **\$1,230.25**

Claim Payments:

CL2024-185F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/24/2024	\$379.61	Mental Health	
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Payee: **E.H.**

Date(s) of Service (If Applicable)

5/28/2024-5/28/2024

5/14/2024-5/14/2024

5/1/2024-5/1/2024

4/16/2024-4/16/2024

3/19/2024-3/19/2024

CL2024-D53F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/02/2024	\$850.64	Mental Health	
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Payee: **E.H.**

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

07/03/2025
1:05:50AM

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)

3/5/2024-3/5/2024

2/21/2024-2/21/2024

2/6/2024-2/6/2024

1/29/2024-1/29/2024

1/15/2024-1/15/2024

1/2/2024-1/2/2024

Case ID Number: CS2023-C65C

Victim Initials: M.G.

Case Payment Totals: **\$317.37**

Claim Payments:

CL2023-CAD9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$29.37	Mental Health	

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

Date(s) of Service (If Applicable)

5/26/2023-5/26/2023

CL2023-6101

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

12/29/2022-12/29/2022

Case ID Number: CS2023-C6B8

Victim Initials: K.E.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-FF78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/13/2023-9/13/2023

Case ID Number: CS2023-C852

Victim Initials: C.H.

Case Payment Totals: **\$1,724.00**

Claim Payments:

CL2025-BDF8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/12/2025	\$96.00	Mental Health	

Payee: **Summit Counseling**

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

07/03/2025
1:05:50AM

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)

2/25/2025-2/25/2025
2/10/2025-2/10/2025
1/28/2025-1/28/2025
8/13/2024-8/13/2024
7/30/2024-7/30/2024
7/16/2024-7/16/2024

CL2024-F0E5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$128.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

7/2/2024-7/2/2024
6/18/2024-6/18/2024
6/5/2024-6/5/2024
5/21/2024-5/21/2024
5/2/2024-5/2/2024
4/17/2024-4/17/2024
4/3/2024-4/3/2024
3/21/2024-3/21/2024

CL2024-4642

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2024	\$1,500.00	Wage Loss	

Payee: **C.H.**

Case ID Number: CS2023-C882

Victim Initials: D.K.

Case Payment Totals: **\$8,495.00**

Claim Payments:

CL2024-4EE5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2024	\$565.00	Medical	Dental

Payee: **D.K.**

Date(s) of Service (If Applicable)

4/29/2024-4/29/2024

CL2023-9E94

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$1,080.00	Medical	Chiropractic or Massage

Payee: **D.K.**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

8/23/2022-8/23/2022

9/27/2022-9/27/2022

7/7/2022-7/7/2022

10/18/2022-10/18/2022

7/26/2022-7/26/2022

8/31/2022-8/31/2022

12/20/2022-12/20/2022

8/16/2022-8/16/2022

9/20/2022-9/20/2022

9/7/2022-9/7/2022

8/3/2022-8/3/2022

7/6/2022-7/6/2022

7/19/2022-7/19/2022

11/29/2022-11/29/2022

11/15/2022-11/15/2022

8/10/2022-8/10/2022

CL2023-17DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/24/2023	\$3,885.00	Medical	Dental

Payee: **D.K.**

Date(s) of Service (If Applicable)

10/13/2023-10/13/2023

CL2023-8040

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2023	\$1,780.00	Medical	Hospital or Clinic

Payee: **D.K.**

Date(s) of Service (If Applicable)

4/21/2023-4/21/2023

CL2023-279E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/08/2023	\$550.00	Medical	Dental

Payee: **D.K.**

Date(s) of Service (If Applicable)

7/20/2022-7/20/2022

CL2023-4A97

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$120.00	Medical	Chiropractic or Massage

Payee: **D.K.**

Date(s) of Service (If Applicable)

3/2/2023-3/2/2023

7/12/2022-7/12/2022

7/26/2022-7/26/2022

1/10/2023-1/10/2023

11/2/2022-11/2/2022

9/6/2022-9/6/2022

2/7/2023-2/7/2023

10/13/2022-10/13/2022

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.

CL2023-BC11

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$500.00	Medical	Hospital or Clinic
Payee: D.K.			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2023-7/20/2023			

CL2023-FD10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$15.00	Medical	Hospital or Clinic
Payee: D.K.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2022-8/2/2022			

Case ID Number: CS2023-C963

Victim Initials: R.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-071A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/17/2023-1/17/2023			

Case ID Number: CS2023-C989

Victim Initials: B.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-01ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2023-2/6/2023			

Case ID Number: CS2023-CB9E

Victim Initials: M.H.

Case Payment Totals: **\$12,500.00**

Claim Payments:

CL2023-4AC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2023	\$2,844.88	Medical	Hospital or Clinic
Payee: Mckenzie County Healthcare System			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2023-1/30/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-5405

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2023	\$9,655.12	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2023-1/30/2023			

Case ID Number: CS2023-CD7F

Victim Initials: R.S.

Case Payment Totals: **\$7,679.40**

Claim Payments:

CL2023-4F1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/24/2023	\$6,688.20	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2022-12/5/2022			

CL2023-054C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2023	\$991.20	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2022-12/5/2022			

Case ID Number: CS2023-CDD5

Victim Initials: E.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-531E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2023-8/10/2023			

Case ID Number: CS2023-CF16

Victim Initials: W.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A34E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2023-4/26/2023			

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

07/03/2025
1:05:50AM

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: CS2023-CF77

Victim Initials: I.G.

Case Payment Totals: **\$6,200.00**

Claim Payments:

CL2023-A606

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2023	\$160.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
10/17/2023-10/17/2023			

CL2023-09A3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/05/2023	\$160.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2023-8/17/2023			

CL2023-4A07

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/04/2023	\$240.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
8/3/2023-8/3/2023			

CL2023-E18F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/19/2023	\$640.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2023-5/23/2023			
5/16/2023-5/16/2023			
5/12/2023-5/12/2023			

CL2023-4110

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2023	\$5,000.00	Funeral	
Payee: Fulkerson Funeral Home			

Case ID Number: CS2023-D099

Victim Initials: T.M.

Case Payment Totals: **\$480.00**

Claim Payments:

CL2023-EE68

<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

07/03/2025
1:05:50AM

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.

06/08/2023 **\$192.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/19/2023-5/19/2023

CL2023-461E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
4/17/2023-4/17/2023

Case ID Number: CS2023-D0E2

Victim Initials: E.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0740

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2023	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
8/7/2023-8/7/2023

Case ID Number: CS2023-D28B

Victim Initials: A.V.

Case Payment Totals: **\$3,022.93**

Claim Payments:

CL2023-4B22

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/27/2023	\$406.36	Mental Health	

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
5/4/2023-5/4/2023
4/27/2023-4/27/2023
4/20/2023-4/20/2023
3/29/2023-3/29/2023
3/13/2023-3/13/2023

CL2023-D579

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2023	\$1,211.26	Mental Health	

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/22/2023-2/22/2023
2/16/2023-2/16/2023
2/8/2023-2/8/2023
2/2/2023-2/2/2023
1/18/2023-1/18/2023
1/11/2023-1/11/2023
12/19/2022-12/19/2022

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

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1:05:50AM

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.

CL2023-35C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/30/2023	\$1,405.31	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/12/2022-12/12/2022			
11/28/2022-11/28/2022			
11/17/2022-11/17/2022			
11/9/2022-11/9/2022			
10/27/2022-10/27/2022			
9/21/2022-9/21/2022			
9/14/2022-9/14/2022			
9/7/2022-9/7/2022			

Case ID Number: CS2023-D3BC

Victim Initials: H.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-9B0F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2023-9/26/2023			

Case ID Number: CS2023-D64B

Victim Initials: T.D.

Case Payment Totals: **\$40.00**

Claim Payments:

CL2023-C9D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2023	\$40.00	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic/Essentia Health			
<u>Date(s) of Service (If Applicable)</u>			
6/7/2023-6/7/2023			

Case ID Number: CS2023-D87C

Victim Initials: D.L.

Case Payment Totals: **\$175.00**

Claim Payments:

CL2023-E5C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/27/2023	\$175.00	Mental Health	
Payee: D.L.			

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.

Date(s) of Service (If Applicable)

11/11/2022-11/11/2022

10/19/2022-10/19/2022

9/7/2022-9/7/2022

8/24/2022-8/24/2022

8/10/2022-8/10/2022

7/27/2022-7/27/2022

Case ID Number: CS2023-D891

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-0294

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/20/2023-7/20/2023

Case ID Number: CS2023-D8B2

Victim Initials: D.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-3E5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

1/20/2023-1/20/2023

Case ID Number: CS2023-D9D3

Victim Initials: T.A.

Case Payment Totals: **\$1,144.00**

Claim Payments:

CL2024-FECB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2024	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/18/2024-7/18/2024

CL2024-C222

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2024	\$200.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/18/2024-7/18/2024

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.

CL2024-550D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$200.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLP			
<u>Date(s) of Service (If Applicable)</u> 5/23/2024-5/23/2024			

CL2024-6E24

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$544.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLP			
<u>Date(s) of Service (If Applicable)</u> 5/9/2024-5/9/2024 4/11/2024-4/11/2024 3/14/2024-3/14/2024			

Case ID Number: CS2023-DAC6

Victim Initials: E.W.

Case Payment Totals: **\$1,017.96**

Claim Payments:

CL2023-5075

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2023	\$729.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 4/3/2023-4/3/2023 3/31/2023-3/31/2023 3/24/2023-3/24/2023 3/16/2023-3/16/2023			

CL2023-006D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2023	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 2/17/2023-2/17/2023			

Case ID Number: CS2023-DAD1

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-210B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 12/7/2023-12/7/2023			

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

07/03/2025
1:05:50AM

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: CS2023-DC5D

Victim Initials: M.U.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-DDA7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2023-5/31/2023			

Case ID Number: CS2023-DC7E

Victim Initials: G.S.

Case Payment Totals: **\$624.00**

Claim Payments:

CL2023-CAFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			
6/5/2023-6/5/2023			

CL2023-EF32

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/4/2023-8/4/2023			
7/6/2023-7/6/2023			

Case ID Number: CS2023-DE4C

Victim Initials: T.S.

Case Payment Totals: **\$4,646.00**

Claim Payments:

CL2023-88DF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2023	\$3,951.00	Funeral	
Payee: Thomas Funeral Home			

CL2023-B78C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2023	\$695.00	Funeral	
Payee: F.T.			

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.

Case ID Number: CS2023-DF20

Victim Initials: K.M.

Case Payment Totals: **\$2,409.06**

Claim Payments:

CL2024-671D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/30/2024	\$394.80	Medical	Hospital or Clinic
Payee: D.M.			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2023-11/10/2023			
11/3/2023-11/3/2023			

CL2024-6C32

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/30/2024	\$53.87	Medical	Hospital or Clinic
Payee: D.M.			
<u>Date(s) of Service (If Applicable)</u>			
2/1/2024-2/1/2024			

CL2024-90E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$78.96	Medical	Hospital or Clinic
Payee: Nelson County Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2023-11/3/2023			
11/10/2023-11/10/2023			

CL2024-07CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2024	\$394.80	Medical	Hospital or Clinic
Payee: Nelson County Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/10/2023-11/10/2023			
11/3/2023-11/3/2023			

CL2024-6443

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/12/2024	\$1,486.63	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2023-11/14/2023			
11/13/2023-11/13/2023			
11/30/2023-11/30/2023			

Case ID Number: CS2023-DFDD

Victim Initials: H.E.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2023-67AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/14/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2023-5/31/2023			

Case ID Number: CS2023-E0E2

Victim Initials: L.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-B50B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/15/2023-11/15/2023			

Case ID Number: CS2023-E0F4

Victim Initials: K.I.

Case Payment Totals: **\$15,802.24**

Claim Payments:

CL2023-D9E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2023	\$15,802.24	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
10/13/2023-10/13/2023			

Case ID Number: CS2023-E195

Victim Initials: A.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-CC7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2023	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2023-1/23/2023			

Case ID Number: CS2023-E3B6

Victim Initials: E.H.

Case Payment Totals: **\$1,326.34**

Claim Payments:

CL2024-AF5B

<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

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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.

06/24/2024 **\$521.39** Mental Health

Payee: **E.H.**

Date(s) of Service (If Applicable)

5/29/2024-5/29/2024

5/15/2024-5/15/2024

4/30/2024-4/30/2024

4/17/2024-4/17/2024

4/3/2024-4/3/2024

3/20/2024-3/20/2024

CL2024-B7BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/02/2024	\$804.95	Mental Health	
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Payee: **E.H.**

Date(s) of Service (If Applicable)

3/6/2024-3/6/2024

2/21/2024-2/21/2024

2/7/2024-2/7/2024

1/31/2024-1/31/2024

1/17/2024-1/17/2024

1/3/2024-1/3/2024

Case ID Number: CS2023-E53A

Victim Initials: D.G.

Case Payment Totals: **\$8,959.20**

Claim Payments:

CL2023-4EA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/13/2023	\$900.00	Wage Loss	
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Payee: **D.G.**

CL2023-E9AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/05/2023	\$1,800.00	Wage Loss	
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Payee: **D.G.**

CL2023-1595

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/29/2023	\$427.20	Medical	Hospital or Clinic
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Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

7/18/2023-7/18/2023

7/21/2023-7/21/2023

CL2023-5C3B

<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

07/03/2025
1:05:50AM

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.

08/23/2023 **\$2,100.00** Wage Loss
Payee: **D.G.**

CL2023-1855

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$3,075.20	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
7/7/2023-7/7/2023			

CL2023-1C7A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$238.40	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2023-7/24/2023			

CL2023-4E11

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$232.00	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
7/14/2023-7/14/2023			

CL2023-9237

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2023	\$186.40	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2023-7/24/2023			

Case ID Number: CS2023-E57D

Victim Initials: K.H.

Case Payment Totals: **\$654.58**

Claim Payments:

CL2024-E26E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/21/2024	\$379.07	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/21/2023-8/21/2023			

CL2024-5609

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$116.42	Medical	Hospital or Clinic
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
8/21/2023-8/21/2023			

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

07/03/2025
1:05:50AM

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.

CL2023-AB31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/29/2023	\$159.09	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/21/2023-8/21/2023			

Case ID Number: CS2023-E758

Victim Initials: I.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-5299

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/8/2023-2/8/2023			

Case ID Number: CS2023-EA4E

Victim Initials: S.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-B4B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/11/2023	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2023-5/4/2023			

Case ID Number: CS2023-EAA1

Victim Initials: K.B.

Case Payment Totals: **\$130.35**

Claim Payments:

CL2023-8D29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/31/2023	\$130.35	Travel	
Payee: K.B.			

Case ID Number: CS2023-ECDE

Victim Initials: A.B.

Case Payment Totals: **\$3,600.00**

Claim Payments:

CL2024-46B3

<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

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1:05:50AM

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.

12/12/2024 **\$95.12** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
9/30/2024-9/30/2024

CL2024-137B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
10/23/2024 **\$208.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
9/11/2024-9/11/2024

CL2024-407F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/25/2024 **\$416.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
8/5/2024-8/5/2024
7/22/2024-7/22/2024

CL2024-A6FF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/14/2024 **\$208.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
7/8/2024-7/8/2024

CL2024-A061

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/28/2024 **\$392.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
6/10/2024-6/10/2024
5/22/2024-5/22/2024

CL2024-AABB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/28/2024 **\$196.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
4/29/2024-4/29/2024

CL2024-A940

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/24/2024 **\$392.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
4/8/2024-4/8/2024
3/13/2024-3/13/2024

CL2024-F220

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
1:05:50AM

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.

03/25/2024 **\$528.00** Mental Health

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

2/21/2024-2/21/2024

2/5/2024-2/5/2024

1/23/2024-1/23/2024

CL2023-D308

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2023	\$1,164.88	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

8/28/2023-8/28/2023

8/7/2023-8/7/2023

7/19/2023-7/19/2023

7/3/2023-7/3/2023

5/1/2023-5/1/2023

4/3/2023-4/3/2023

Case ID Number: CS2023-ED0C

Victim Initials: S.M.

Case Payment Totals: **\$938.00**

Claim Payments:

CL2024-E6D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2024	\$232.80	Medical	Hospital or Clinic

Payee: **Chi St. Alexius Health Williston (Mercy**

Date(s) of Service (If Applicable)

10/28/2022-10/28/2022

CL2023-217D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2023	\$705.20	Medical	Hospital or Clinic

Payee: **Mercy Medical Center**

Date(s) of Service (If Applicable)

10/28/2022-10/28/2022

Case ID Number: CS2023-EFDB

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-6AB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/13/2023-4/13/2023

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2023-F0F0

Victim Initials: M.M.

Case Payment Totals: **\$1,944.00**

Claim Payments:

CL2023-B39B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/01/2023	\$480.00	Mental Health	

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

Date(s) of Service (If Applicable)

9/19/2023-9/19/2023

9/5/2023-9/5/2023

8/21/2023-8/21/2023

CL2023-5D5B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$1,176.00	Mental Health	

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

Date(s) of Service (If Applicable)

3/23/2023-3/23/2023

3/16/2023-3/16/2023

3/8/2023-3/8/2023

3/2/2023-3/2/2023

2/23/2023-2/23/2023

2/15/2023-2/15/2023

2/8/2023-2/8/2023

CL2023-2D2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/10/2023-1/10/2023

Case ID Number: CS2023-F424

Victim Initials: A.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-1955

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/19/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/28/2023-2/28/2023

Case ID Number: CS2023-FA5D

Victim Initials: V.T.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2023-C51D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/15/2023-11/15/2023

Case ID Number: CS2023-FABE

Victim Initials: S.F.

Case Payment Totals: **\$912.00**

Claim Payments:

CL2023-3338

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/18/2023	\$336.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/12/2023-6/12/2023

5/26/2023-5/26/2023

CL2023-B20D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/20/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

7/21/2023-7/21/2023

6/26/2023-6/26/2023

CL2023-8767

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2023	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/24/2023-4/24/2023

Case ID Number: CS2023-FB30

Victim Initials: A.F.

Case Payment Totals: **\$1,520.00**

Claim Payments:

CL2023-0E69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/18/2023	\$288.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/27/2023-6/27/2023

6/5/2023-6/5/2023

CL2023-C88E

<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

07/03/2025
1:05:50AM

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.

07/18/2023 **\$408.00** Mental Health

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

Date(s) of Service (If Applicable)

5/26/2023-5/26/2023

5/18/2023-5/18/2023

5/4/2023-5/4/2023

CL2023-D417

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/08/2023 **\$268.00** Mental Health

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

Date(s) of Service (If Applicable)

4/26/2023-4/26/2023

4/14/2023-4/14/2023

CL2023-A59D

Approval Date AmountPaid Claim Category Medical Category (if applicable)

05/05/2023 **\$268.00** Mental Health

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

Date(s) of Service (If Applicable)

4/26/2023-4/26/2023

4/14/2023-4/14/2023

CL2023-A5AC

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/19/2023 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/21/2023-3/21/2023

Case ID Number: CS2023-FBCF

Victim Initials: B.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-CA83

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/01/2023 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/11/2023-9/11/2023

Case ID Number: CS2023-FD24

Victim Initials: K.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2023-A7D6

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

07/03/2025
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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06/11/2023 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/13/2023-3/13/2023

Case ID Number: CS2024-0486 **Victim Initials: C.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-53C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2024-4/26/2024			

Case ID Number: CS2024-06BC **Victim Initials: E.Y.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-5E13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/6/2024-3/6/2024			

Case ID Number: CS2024-06ED **Victim Initials: S.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-7A0C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2024-6/12/2024			

Case ID Number: CS2024-0848 **Victim Initials: C.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-4267

<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

07/03/2025
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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.

05/15/2024 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/15/2024-2/15/2024

Case ID Number: CS2024-0950

Victim Initials: T.B.

Case Payment Totals: **\$1,260.00**

Claim Payments:

CL2024-95EF

Approval Date

08/14/2024

AmountPaid

\$1,260.00

Claim Category

Wage Loss

Medical Category (if applicable)

Payee: **T.B.**

Case ID Number: CS2024-0A41

Victim Initials: D.O.

Case Payment Totals: **\$4,168.34**

Claim Payments:

CL2025-11BF

Approval Date

05/14/2025

AmountPaid

\$1,099.80

Claim Category

Medical

Medical Category (if applicable)

Dental

Payee: **D.O.**

Date(s) of Service (If Applicable)

6/13/2024-6/13/2024

5/28/2024-5/28/2024

9/6/2024-9/6/2024

7/3/2024-7/3/2024

CL2025-3E89

Approval Date

05/14/2025

AmountPaid

\$765.41

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **D.O.**

Date(s) of Service (If Applicable)

6/13/2024-6/13/2024

5/28/2024-5/28/2024

CL2025-6EEC

Approval Date

05/14/2025

AmountPaid

\$200.55

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **D.O.**

Date(s) of Service (If Applicable)

5/26/2024-5/26/2024

CL2025-A5C0

Approval Date

05/14/2025

AmountPaid

\$294.32

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **D.O.**

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

07/03/2025
1:05:50AM

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)
5/26/2024-5/26/2024

CL2025-CA91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$208.26	Medical	Hospital or Clinic
Payee: D.O.			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2024-6/5/2024			

CL2025-E979

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$1,600.00	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2024-5/26/2024			

Case ID Number: CS2024-0BF4

Victim Initials: B.D.

Case Payment Totals: **\$2,206.98**

Claim Payments:

CL2024-09E5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$277.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2024-5/20/2024			

CL2024-1DAE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$60.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
7/3/2024-7/3/2024			

CL2024-45BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$54.40	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2024-5/29/2024			

CL2024-7A85

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$47.54	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
4/5/2024-4/5/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

CL2024-8FDB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$376.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
7/3/2024-7/3/2024			

CL2024-B4AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$47.54	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2024-4/24/2024			

CL2024-C975

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$215.20	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2024-7/24/2024			

CL2024-1B9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$1,127.90	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2024-3/10/2024			

Case ID Number: CS2024-0D6F

Victim Initials: M.M.

Case Payment Totals: **\$616.45**

Claim Payments:

CL2024-B389

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2024	\$344.89	Mental Health	
Payee: Northwest Therapy Services Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/17/2024-7/17/2024			
6/25/2024-6/25/2024			

CL2024-ECD3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2024	\$271.56	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Williston (Mercy Medical)			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2024-6/20/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-0ED6

Victim Initials: M.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-0C94

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2024-6/12/2024			

Case ID Number: CS2024-1141

Victim Initials: A.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-238F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2025	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2024-11/1/2024			

Case ID Number: CS2024-124E

Victim Initials: M.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-D703

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2024-1/29/2024			

Case ID Number: CS2024-14E6

Victim Initials: G.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-D739

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/1/2024-2/1/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-16C1

Victim Initials: C.J.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-DC03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/12/2024-4/12/2024			

Case ID Number: CS2024-198C

Victim Initials: E.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-4AFA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2024-2/15/2024			

Case ID Number: CS2024-1B79

Victim Initials: B.V.

Case Payment Totals: **\$3,800.80**

Claim Payments:

CL2025-6415

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$532.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/30/2025-4/30/2025			
4/17/2025-4/17/2025			
4/9/2025-4/9/2025			

CL2025-66BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$624.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2025-3/31/2025			
3/19/2025-3/19/2025			
3/14/2025-3/14/2025			
3/7/2025-3/7/2025			

CL2025-BD00

<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

07/03/2025
1:05:50AM

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.

05/01/2025 \$364.80 Mental Health

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

Date(s) of Service (If Applicable)

2/25/2025-2/25/2025

2/18/2025-2/18/2025

2/10/2025-2/10/2025

CL2025-0181

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/27/2025	\$144.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/9/2024-12/9/2024

CL2025-C354

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/10/2025	\$144.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/5/2024-11/5/2024

CL2024-A9EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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12/17/2024	\$456.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/24/2024-9/24/2024

9/17/2024-9/17/2024

9/5/2024-9/5/2024

CL2024-E22C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/31/2024	\$312.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/21/2024-8/21/2024

8/6/2024-8/6/2024

CL2024-E84B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/31/2024	\$288.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/29/2024-7/29/2024

7/22/2024-7/22/2024

CL2024-0F18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/25/2024	\$144.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

6/17/2024-6/17/2024

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

07/03/2025
1:05:50AM

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.

CL2024-F55F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$504.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2024-5/29/2024			
5/8/2024-5/8/2024			
5/3/2024-5/3/2024			

CL2024-E372

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/2/2024-4/2/2024			

Case ID Number: CS2024-1C68

Victim Initials: N.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6026

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/20/2024-3/20/2024			

Case ID Number: CS2024-1E16

Victim Initials: E.L.

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

Claim Payments:

CL2024-B459

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$5,000.00	Funeral	
Payee: A.J.			

Case ID Number: CS2024-1FFF

Victim Initials: C.G.

Case Payment Totals: **\$1,823.03**

Claim Payments:

CL2025-C08F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$136.52	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			

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

07/03/2025
1:05:50AM

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)

4/21/2025-4/21/2025

CL2025-6866

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/07/2025	\$136.52	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

3/17/2025-3/17/2025

CL2025-BC28

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/07/2025	\$105.30	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

1/6/2025-1/6/2025

CL2025-5F2E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/21/2025	\$105.30	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

1/2/2025-1/2/2025

CL2024-3279

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/04/2024	\$66.60	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

8/6/2024-8/6/2024

CL2024-D468

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/14/2024	\$204.46	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

7/8/2024-7/8/2024

6/12/2024-6/12/2024

CL2024-8D3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/09/2024	\$552.79	Mental Health	
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Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

6/5/2024-6/5/2024

5/29/2024-5/29/2024

5/22/2024-5/22/2024

5/15/2024-5/15/2024

CL2024-12F1

<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

07/03/2025
1:05:50AM

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.

05/28/2024 **\$515.54** Mental Health

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

5/1/2024-5/1/2024

4/24/2024-4/24/2024

4/10/2024-4/10/2024

Case ID Number: CS2024-2093

Victim Initials: E.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-4648

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/30/2024-4/30/2024

Case ID Number: CS2024-22CB

Victim Initials: P.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-13F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/11/2024-7/11/2024

Case ID Number: CS2024-269F

Victim Initials: D.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-5867

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2025	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/21/2024-11/21/2024

Case ID Number: CS2024-26EB

Victim Initials: J.E.

Case Payment Totals: **\$3,969.00**

Claim Payments:

CL2025-A420

<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

07/03/2025
1:05:50AM

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.

02/26/2025 **\$3,969.00** Wage Loss
Payee: **J.E.**

Case ID Number: CS2024-27BD

Victim Initials: T.B.

Case Payment Totals: **\$530.04**

Claim Payments:

CL2025-1B1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2025	\$190.18	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
4/10/2025-4/10/2025			
1/8/2025-1/8/2025			
12/12/2024-12/12/2024			
12/3/2024-12/3/2024			
11/22/2024-11/22/2024			

CL2025-274A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2025	\$63.22	Mental Health	
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2025-1/30/2025			

CL2025-FD2F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/11/2025	\$133.50	Mental Health	
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2025-1/21/2025			
1/2/2025-1/2/2025			

CL2025-2B22

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/09/2025	\$143.14	Mental Health	
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2024-12/4/2024			
11/21/2024-11/21/2024			

Case ID Number: CS2024-292C

Victim Initials: L.B.

Case Payment Totals: **\$1,388.00**

Claim Payments:

CL2025-032F

<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

07/03/2025
1:05:50AM

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.

04/25/2025 **\$220.00** Mental Health
Payee:
Date(s) of Service (If Applicable)
4/8/2025-4/8/2025

CL2025-A678

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$660.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
Counseling/Therapy Wellness			
2/4/2025-2/4/2025			
1/29/2025-1/29/2025			
1/22/2025-1/22/2025			

CL2024-2FF2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
Center			
8/22/2024-8/22/2024			

CL2024-CA77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2024	\$220.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
Counseling/Therapy Wellness			
8/29/2024-8/29/2024			

Case ID Number: CS2024-2F09

Victim Initials: M.A.

Case Payment Totals: **\$3,221.80**

Claim Payments:

CL2025-3391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/26/2025	\$120.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2025-2/12/2025			

CL2025-472D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/13/2025	\$120.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2025-1/2/2025			

CL2024-88A9

<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

07/03/2025
1:05:50AM

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.

12/16/2024 **\$120.00** Mental Health
Payee: **S.A.**
Date(s) of Service (If Applicable)
12/4/2024-12/4/2024

CL2024-9CAC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2024	\$240.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2024-10/29/2024			
10/15/2024-10/15/2024			

CL2024-6941

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2024	\$360.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
9/11/2024-9/11/2024			
8/27/2024-8/27/2024			
7/16/2024-7/16/2024			

CL2024-DFBB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/20/2024	\$120.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2024-8/13/2024			

CL2024-7FFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$120.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2024-7/30/2024			

CL2024-0D4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/09/2024	\$1,733.80	Mental Health	
Payee: S.A.			

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

07/03/2025
1:05:50AM

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)

6/17/2024-6/17/2024
6/10/2024-6/10/2024
6/3/2024-6/3/2024
5/16/2024-5/16/2024
5/13/2024-5/13/2024
5/6/2024-5/6/2024
4/29/2024-4/29/2024
4/22/2024-4/22/2024
4/15/2024-7/15/2024
4/8/2024-4/8/2024
4/4/2024-4/4/2024
3/25/2024-3/25/2024
3/18/2024-3/18/2024
3/11/2024-3/11/2024
3/4/2024-3/4/2024
2/19/2024-2/19/2024
2/12/2024-2/12/2024
2/5/2024-2/5/2024
1/25/2024-1/25/2024
1/15/2024-1/15/2024
1/12/2024-1/12/2024
1/8/2024-1/8/2024
12/18/2023-12/18/2023
12/4/2023-12/4/2023
12/1/2023-12/1/2023

CL2024-9475

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/29/2024-4/29/2024

Case ID Number: CS2024-3123

Victim Initials: K.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-E746

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/20/2024-9/20/2024

Case ID Number: CS2024-3127

Victim Initials: T.H.

Case Payment Totals: **\$6,388.72**

Claim Payments:

CL2024-328B

<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

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

07/03/2025
1:05:50AM

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.

08/20/2024 **\$5,000.00** Funeral
Payee: **A.S.**

CL2024-D02B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/20/2024	\$344.21	Medical	Hospital or Clinic
Payee: A.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/25/2023-6/25/2023			

CL2024-E1CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/20/2024	\$187.89	Medical	Hospital or Clinic
Payee: A.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			

CL2024-EC84

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/20/2024	\$69.31	Medical	Hospital or Clinic
Payee: A.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			

CL2024-FE84

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/20/2024	\$787.31	Medical	Hospital or Clinic
Payee: A.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2023-6/26/2023			

Case ID Number: CS2024-31F0

Victim Initials: K.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A9A2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2024-8/13/2024			

Case ID Number: CS2024-32BC

Victim Initials: J.L.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-6B8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2024-7/16/2024			

Case ID Number: CS2024-3376

Victim Initials: A.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6501

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2024-6/14/2024			

Case ID Number: CS2024-3442

Victim Initials: A.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-A784

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2024-9/20/2024			

Case ID Number: CS2024-34D2

Victim Initials: E.W.

Case Payment Totals: **\$2,220.00**

Claim Payments:

CL2024-54F9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2024	\$2,220.00	Wage Loss	
Payee: E.W.			

Case ID Number: CS2024-377D

Victim Initials: V.V.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-68D0

<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

07/03/2025
1:05:50AM

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.

05/15/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/26/2024-3/26/2024

Case ID Number: CS2024-3912

Victim Initials: V.B.

Case Payment Totals: **\$2,253.47**

Claim Payments:

CL2025-EEB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/28/2025	\$1,429.81	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2024-8/28/2024			
8/14/2024-8/14/2024			
7/31/2024-7/31/2024			
7/24/2024-7/24/2024			
7/19/2024-7/19/2024			
7/12/2024-7/12/2024			
6/28/2024-6/28/2024			
6/21/2024-6/21/2024			

CL2025-8EA3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2025	\$134.15	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
4/22/2024-4/22/2024			

CL2024-6BBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2024	\$401.51	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
4/22/2024-4/22/2024			

CL2024-CBB6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/7/2024-5/7/2024			

Case ID Number: CS2024-3A3A

Victim Initials: C.E.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-25B2

<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

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

07/03/2025
1:05:50AM

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.

05/15/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/25/2024-3/25/2024

Case ID Number: CS2024-3CE9 **Victim Initials: M.Y.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-4587

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2024-3/18/2024			

Case ID Number: CS2024-3E0F **Victim Initials: A.M.**

Case Payment Totals: **\$2,283.30**

Claim Payments:

CL2025-4A5A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/26/2025	\$2,283.30	Wage Loss	
Payee: A.M.			

Case ID Number: CS2024-3E71 **Victim Initials: L.D.**

Case Payment Totals: **\$985.60**

Claim Payments:

CL2024-E79F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/20/2024	\$145.60	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2024-10/3/2024			

CL2024-1B82

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$840.00	Wage Loss	
Payee: L.D.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-40BC

Victim Initials: J.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-BB36

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2024-5/13/2024			

Case ID Number: CS2024-4115

Victim Initials: A.P.

Case Payment Totals: **\$400.00**

Claim Payments:

CL2025-B7EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$400.00	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2025-2/3/2025			
1/29/2025-1/29/2025			

Case ID Number: CS2024-42BE

Victim Initials: D.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-B12F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2024-4/9/2024			

Case ID Number: CS2024-42C5

Victim Initials: L.H.

Case Payment Totals: **\$1,694.40**

Claim Payments:

CL2025-1801

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$337.60	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2025-5/29/2025			
5/21/2025-5/21/2025			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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.

CL2025-54D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$465.60	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2025-5/6/2025			
4/30/2025-4/30/2025			
4/23/2025-4/23/2025			

CL2025-7556

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$313.60	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2025-4/15/2025			
4/9/2025-4/9/2025			

CL2025-17AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$577.60	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
4/2/2025-4/2/2025			
3/27/2025-3/27/2025			
3/12/2025-3/12/2025			

Case ID Number: CS2024-465B

Victim Initials: L.M.

Case Payment Totals: \$288.00

Claim Payments:

CL2024-4540

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2024-8/13/2024			

Case ID Number: CS2024-4776

Victim Initials: P.L.

Case Payment Totals: \$288.00

Claim Payments:

CL2024-4F70

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2024-5/13/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-4B28

Victim Initials: T.S.

Case Payment Totals: **\$4,682.76**

Claim Payments:

CL2024-F634

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/26/2024	\$40.00	Medical	Alternative Treatment
Payee: Zynex Medical			
<u>Date(s) of Service (If Applicable)</u>			
9/7/2023-9/7/2023			
9/7/2023-9/7/2023			
11/9/2023-11/9/2023			
9/9/2023-9/9/2023			
9/8/2023-9/8/2023			
10/9/2023-10/9/2023			

CL2024-0891

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/26/2024	\$2,673.04	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
11/30/2023-11/30/2023			
10/31/2023-10/31/2023			
8/31/2023-8/31/2023			
7/3/2023-7/3/2023			
7/31/2023-7/31/2023			
9/30/2023-9/30/2023			
9/11/2023-9/11/2023			

CL2024-22CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/26/2024	\$1,473.16	Medical	Hospital or Clinic
Payee: T.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2023-12/8/2023			

CL2024-302A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/21/2024	\$496.56	Medical	Hospital or Clinic
Payee: T.S.			
<u>Date(s) of Service (If Applicable)</u>			
6/15/2023-6/15/2023			

Case ID Number: CS2024-4B46

Victim Initials: A.L.

Case Payment Totals: **\$1,332.00**

Claim Payments:

CL2025-04B7

<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

07/03/2025
1:05:50AM

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.

06/12/2025 **\$300.00** Mental Health

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

Date(s) of Service (If Applicable)

4/24/2025-4/24/2025

4/4/2025-4/4/2025

CL2025-7375

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/14/2025	\$576.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

3/28/2025-3/28/2025

3/18/2025-3/18/2025

3/14/2025-3/14/2025

3/7/2025-3/7/2025

CL2025-BEF2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/01/2025	\$288.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/21/2025-2/21/2025

2/5/2025-2/5/2025

CL2025-E16A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/07/2025	\$168.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/16/2025-1/16/2025

Case ID Number: CS2024-4F22

Victim Initials: M.M.

Case Payment Totals: **\$100.00**

Claim Payments:

CL2025-C12C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/01/2025	\$100.00	Mental Health	
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Payee: **Resilient Health & Trauma Center**

Date(s) of Service (If Applicable)

3/4/2025-3/4/2025

2/6/2025-2/6/2025

1/30/2025-1/30/2025

1/23/2025-1/23/2025

1/13/2025-1/13/2025

Case ID Number: CS2024-4FFD

Victim Initials: H.S.

Case Payment Totals: **\$192.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-CBD2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2024	\$48.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2024-8/28/2024			
8/22/2024-8/22/2024			
8/15/2024-8/15/2024			

CL2024-7E80

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$64.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2024-7/24/2024			
7/17/2024-7/17/2024			
7/10/2024-7/10/2024			
7/2/2024-7/2/2024			

CL2024-DB94

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/14/2024	\$80.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2024-6/12/2024			
6/5/2024-6/5/2024			
5/29/2024-5/29/2024			
5/16/2024-5/16/2024			
5/1/2024-5/1/2024			

Case ID Number: CS2024-5228

Victim Initials: Z.S.

Case Payment Totals: **\$2,744.50**

Claim Payments:

CL2025-4354

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/25/2025	\$104.50	Mental Health	
Payee: The Edge Of The Center Therapy			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2025-6/16/2025			

CL2025-9415

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$110.00	Mental Health	
Payee: The Edge Of The Center Therapy			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2025-5/29/2025			

CL2025-9400

<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

07/03/2025
1:05:50AM

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.

05/14/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
4/29/2025-4/29/2025

CL2025-7FD8

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/25/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
4/14/2025-4/14/2025

CL2025-D074

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/07/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
4/3/2025-4/3/2025

CL2025-0152

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/27/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
3/25/2025-3/25/2025

CL2025-602F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/14/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
3/14/2025-3/14/2025

CL2025-C81F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/06/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
3/3/2025-3/3/2025

CL2025-0F74

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/28/2025 **\$110.00** Mental Health
Payee: **The Edge Of The Center Therapy**
Date(s) of Service (If Applicable)
2/25/2025-2/25/2025

CL2025-EBF9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
02/28/2025 **\$110.00** Mental Health

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

07/03/2025
1:05:50AM

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: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

2/18/2025-2/18/2025

CL2025-F540

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2025	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

2/12/2025-2/12/2025

CL2025-9932

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

2/3/2025-2/3/2025

CL2025-57A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2025	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

1/21/2025-1/21/2025

CL2025-37BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2025	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

1/15/2025-1/15/2025

CL2024-F589

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2024	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

12/19/2024-12/19/2024

CL2024-02AC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$110.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Services (If Applicable)

12/2/2024-12/2/2024

CL2024-ACC2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$550.00	Mental Health	

Payee: **Z.S.**

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

07/03/2025
1:05:50AM

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)

10/3/2024-10/3/2024

9/26/2024-9/26/2024

9/21/2024-9/21/2024

9/9/2024-9/9/2024

9/3/2024-9/3/2024

CL2024-C646

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$440.00	Mental Health	

Payee: **The Edge Of The Center Therapy**

Date(s) of Service (If Applicable)

11/20/2024-11/20/2024

11/1/2024-11/1/2024

10/22/2024-10/22/2024

10/11/2024-10/11/2024

Case ID Number: CS2024-52B9

Victim Initials: B.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-2FC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/21/2024-5/21/2024

Case ID Number: CS2024-55E9

Victim Initials: M.O.

Case Payment Totals: **\$1,329.20**

Claim Payments:

CL2025-26AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$105.60	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

1/20/2025-1/20/2025

CL2024-3768

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2024	\$190.00	Medical	Hospital or Clinic

Payee: **Metro-Area Ambulance Service**

Date(s) of Service (If Applicable)

5/8/2024-5/8/2024

CL2024-F18E

<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

07/03/2025
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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.

12/16/2024 **\$140.00** Mental Health
Payee: **Soul Survivor Counseling Services, Pc**
Date(s) of Service (If Applicable)
12/10/2024-12/10/2024

CL2024-959B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2024	\$140.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2024-10/21/2024			

CL2024-7951

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2024	\$208.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
9/11/2024-9/11/2024			

CL2024-A63B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$105.60	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2024-8/19/2024			

CL2024-FE38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$440.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2024-7/23/2024			
7/8/2024-7/8/2024			

Case ID Number: CS2024-5785

Victim Initials: G.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-ECA3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2024-5/30/2024			

Case ID Number: CS2024-58A2

Victim Initials: R.S.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
1:05:50AM

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.

CL2024-D91A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2024-4/15/2024			

Case ID Number: CS2024-5932

Victim Initials: R.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-E2ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/6/2024-9/6/2024			

Case ID Number: CS2024-5B2C

Victim Initials: C.H.

Case Payment Totals: **\$1,388.25**

Claim Payments:

CL2024-EC33

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$64.46	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2024-4/20/2024			

CL2024-SCEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/09/2024	\$224.00	Medical	Hospital or Clinic
Payee: Tioga Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2024-5/31/2024			
7/5/2024-7/5/2024			
7/10/2024-7/10/2024			
4/20/2024-4/20/2024			
6/21/2024-6/21/2024			
6/7/2024-6/7/2024			
6/12/2024-6/12/2024			
6/28/2024-6/28/2024			
5/20/2024-5/20/2024			
7/17/2024-7/17/2024			

CL2024-1940

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/16/2024	\$356.83	Medical	Hospital or Clinic
Payee: Trinity Hospital			

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

07/03/2025
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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.

Date(s) of Service (If Applicable)

4/21/2024-4/21/2024

4/22/2024-4/22/2024

4/23/2024-4/23/2024

4/20/2024-4/20/2024

CL2024-4AAA

Approval Date

08/14/2024

AmountPaid

\$240.00

Claim Category

Wage Loss

Medical Category (if applicable)

Payee: **C.H.**

CL2024-B77F

Approval Date

08/14/2024

AmountPaid

\$458.50

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Tioga Fire Department / Ambulance**

Date(s) of Service (If Applicable)

4/20/2024-4/20/2024

CL2024-E733

Approval Date

08/14/2024

AmountPaid

\$44.46

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

4/20/2024-4/20/2024

Case ID Number: CS2024-5CB7

Victim Initials: J.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A723

Approval Date

06/18/2024

AmountPaid

\$288.00

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/13/2024-5/13/2024

Case ID Number: CS2024-5DA4

Victim Initials: B.B.

Case Payment Totals: **\$2,387.03**

Claim Payments:

CL2024-F511

Approval Date

02/21/2024

AmountPaid

\$2,387.03

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Guardian Flight Llc DbA Valley Med**

Date(s) of Service (If Applicable)

7/8/2023-7/8/2023

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2024-5DD8

Victim Initials: A.D.

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

Claim Payments:

CL2024-5FE4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$5,000.00	Funeral	

Payee: **Thompson Funeral
Home-Garrison/Youngbird Family Funeral
Homes**

Case ID Number: CS2024-619A

Victim Initials: D.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-E6B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)
7/11/2024-7/11/2024

Case ID Number: CS2024-6304

Victim Initials: B.D.

Case Payment Totals: **\$3,940.30**

Claim Payments:

CL2025-7062

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$107.31	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)
10/10/2024-10/10/2024

CL2025-A54E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$40.00	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)
10/10/2024-10/10/2024

CL2025-CF12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2025	\$3,244.46	Medical	Hospital or Clinic

Payee: **Sanford Health**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Date(s) of Service (If Applicable)

1/14/2025-1/14/2025

3/11/2025-3/11/2025

10/10/2024-10/10/2024

2/11/2025-2/11/2025

1/28/2025-1/28/2025

1/14/2025-1/14/2025

11/27/2024-11/27/2024

11/7/2024-11/30/2024

CL2025-3CAF

Approval Date

04/07/2025

AmountPaid

\$330.11

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

6/6/2024-7/9/2024

CL2025-89DE

Approval Date

03/21/2025

AmountPaid

\$34.30

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

8/27/2024-8/27/2024

CL2025-7A84

Approval Date

01/22/2025

AmountPaid

\$34.30

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

7/9/2024-7/9/2024

CL2024-FC2A

Approval Date

12/30/2024

AmountPaid

\$149.82

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Hospital**

Date(s) of Service (If Applicable)

6/1/2024-6/1/2024

6/11/2024-6/11/2024

Case ID Number: CS2024-630F

Victim Initials: J.B.

Case Payment Totals: \$855.30

Claim Payments:

CL2024-19A1

Approval Date

10/21/2024

AmountPaid

\$42.52

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/12/2024-1/12/2024

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.

CL2024-679A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$102.63	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/3/2024-1/3/2024

CL2024-8C38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$55.57	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/3/2024-1/3/2024

12/26/2023-12/26/2023

CL2024-9781

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$24.00	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/11/2024-1/12/2024

CL2024-A1DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$102.13	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/1/2024-1/1/2024

CL2024-A5CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$87.56	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/15/2024-1/15/2024

CL2024-AEC6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$102.13	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

1/2/2024-1/2/2024

12/29/2023-12/29/2023

CL2024-AFDA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$29.38	Medical	Hospital or Clinic

Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

2/8/2024-2/8/2024

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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

CL2024-B9C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$232.59	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/25/2023-12/25/2023			
12/24/2023-12/24/2023			

CL2024-C7D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$66.89	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2024-2/15/2024			

CL2024-C9F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/21/2024	\$9.90	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/11/2024-1/11/2024			

Case ID Number: CS2024-6490

Victim Initials: K.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-72B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2024-4/16/2024			

Case ID Number: CS2024-693A

Victim Initials: K.T.

Case Payment Totals: **\$1,964.22**

Claim Payments:

CL2025-8CC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$136.52	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2025-5/13/2025			

CL2025-0FEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$136.52	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			

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.

Date(s) of Service (If Applicable)

4/2/2025-4/2/2025

CL2025-8AE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$136.52	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

3/19/2025-3/19/2025

CL2025-00A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$136.52	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

3/5/2025-3/5/2025

CL2025-CDF8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2025	\$297.38	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

2/19/2025-2/19/2025

2/11/2025-2/11/2025

CL2025-3DDF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$409.56	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

2/4/2025-2/4/2025

1/29/2025-1/29/2025

1/22/2025-1/22/2025

CL2025-BD8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$409.55	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

1/13/2025-1/13/2025

1/2/2025-1/2/2025

CL2025-E3EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2025	\$50.55	Mental Health	

Payee: **Soul Survivor Counseling Services, Pc**

Date(s) of Service (If Applicable)

12/5/2024-12/5/2024

11/26/2024-11/26/2024

11/21/2024-11/21/2024

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

07/03/2025
1:05:50AM

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.

CL2024-474C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2024	\$251.10	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2024-12/19/2024			
11/14/2024-11/14/2024			
11/11/2024-11/11/2024			
10/31/2024-10/31/2024			
10/17/2024-10/17/2024			
10/14/2024-10/14/2024			

Case ID Number: CS2024-699D

Victim Initials: S.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-8181

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2024-7/24/2024			

Case ID Number: CS2024-69D9

Victim Initials: T.H.

Case Payment Totals: **\$1,224.11**

Claim Payments:

CL2024-BEA7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2024	\$1,224.11	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2024-4/20/2024			

Case ID Number: CS2024-6AEC

Victim Initials: T.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-DC3F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2024-2/26/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-6B1B

Victim Initials: S.R.

Case Payment Totals: **\$3,455.00**

Claim Payments:

CL2024-24E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2024	\$3,455.00	Funeral	
Payee: S.G.			

Case ID Number: CS2024-6D8B

Victim Initials: M.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-4982

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/13/2024-9/13/2024			

Case ID Number: CS2024-6D9B

Victim Initials: J.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-87C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2024-1/22/2024			

Case ID Number: CS2024-6E2A

Victim Initials: L.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-8D8E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2024-9/26/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2024-6FC2

Victim Initials: G.S.

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

Claim Payments:

CL2025-7B5B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/08/2025	\$5,000.00	Funeral	
Payee: R.S.			

Case ID Number: CS2024-7049

Victim Initials: T.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-0851

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2024-2/20/2024			

Case ID Number: CS2024-753F

Victim Initials: R.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F32B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2024-4/25/2024			

Case ID Number: CS2024-756B

Victim Initials: J.W.

Case Payment Totals: **\$24,843.51**

Claim Payments:

CL2024-CA2E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/05/2024	\$24,843.51	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
8/31/2024-9/4/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-75E7

Victim Initials: L.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-C930

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2024-2/12/2024			

Case ID Number: CS2024-7760

Victim Initials: K.B.

Case Payment Totals: **\$888.00**

Claim Payments:

CL2024-011F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/22/2024-8/22/2024			
8/2/2024-8/2/2024			

CL2024-43A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/19/2024-7/19/2024			

CL2024-8C25

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/9/2024-5/9/2024			
5/3/2024-5/3/2024			

CL2024-C69B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/11/2024-4/11/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2024-7799

Victim Initials: C.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F586

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2024-1/8/2024			

Case ID Number: CS2024-779F

Victim Initials: L.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-CD06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/31/2024-5/31/2024			

Case ID Number: CS2024-77A7

Victim Initials: L.C.

Case Payment Totals: **\$180.00**

Claim Payments:

CL2024-2D92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/24/2024	\$180.00	Wage Loss	
Payee: L.C.			

Case ID Number: CS2024-77E9

Victim Initials: K.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-EA3B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/2/2024-5/2/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-783B

Victim Initials: K.V.

Case Payment Totals: **\$348.80**

Claim Payments:

CL2024-E307

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/11/2024	\$348.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2023-11/19/2023			
11/19/2023-11/19/2023			

Case ID Number: CS2024-7975

Victim Initials: K.Y.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-565B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2024-3/18/2024			

Case ID Number: CS2024-79CF

Victim Initials: M.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-0B1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/23/2024-7/23/2024			

Case ID Number: CS2024-7A67

Victim Initials: D.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-839A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2024-7/16/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-7ABC

Victim Initials: G.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-70C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/1/2024-2/1/2024			

Case ID Number: CS2024-7B0A

Victim Initials: K.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-9DC9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/8/2024-7/8/2024			

Case ID Number: CS2024-7B8C

Victim Initials: D.S.

Case Payment Totals: **\$669.60**

Claim Payments:

CL2024-A8E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2024	\$669.60	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/21/2023-12/21/2023			
12/22/2023-12/22/2023			
12/21/2023-12/21/2023			

Case ID Number: CS2024-7F64

Victim Initials: S.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6402

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2024-5/6/2024			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2024-8157

Victim Initials: S.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A08B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/26/2024-7/26/2024			

Case ID Number: CS2024-8202

Victim Initials: K.H.

Case Payment Totals: **\$8,977.54**

Claim Payments:

CL2025-6813

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$283.20	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/13/2024-8/13/2024			

CL2025-BF1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2025	\$181.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2024-8/2/2024			

CL2025-479B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2025	\$6,525.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2024-8/2/2024			

CL2024-A4A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/18/2024	\$1,987.14	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2024-8/2/2024			

Case ID Number: CS2024-8233

Victim Initials: K.H.

Case Payment Totals: **\$3,102.58**

Claim Payments:

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.

CL2025-8BC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$1,245.24	Mental Health	
Payee: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
3/3/2025-3/3/2025			
2/24/2025-2/24/2025			
2/17/2025-2/17/2025			
2/11/2025-2/11/2025			
2/3/2025-2/3/2025			
1/27/2025-1/27/2025			

CL2024-4095

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/20/2024	\$1,515.00	Mental Health	
Payee: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2024-10/28/2024			
10/21/2024-10/21/2024			
10/14/2024-10/14/2024			
10/7/2024-10/7/2024			
9/23/2024-9/23/2024			

CL2024-1DC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$342.34	Mental Health	
Payee: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
4/22/2024-4/22/2024			
4/8/2024-4/8/2024			

Case ID Number: CS2024-827C

Victim Initials: J.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-2158

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/23/2024-4/23/2024			

Case ID Number: CS2024-84ED

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-7AA1

<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

07/03/2025
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Document can be searched by clicking **CTRL+F**, then entering text to search.

01/10/2025 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/5/2024-11/5/2024

Case ID Number: CS2024-85E6 **Victim Initials: M.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6F17

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2024-9/18/2024			

Case ID Number: CS2024-8625 **Victim Initials: A.N.**

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2025-1309

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2025	\$16,980.39	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2024-3/10/2024			

CL2024-E8AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$6,163.20	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2024-3/9/2024			

CL2024-FDA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$1,676.41	Medical	Hospital or Clinic
Payee: F-M Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2024-3/9/2024			

CL2024-C0D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/26/2024	\$180.00	Wage Loss	
Payee: A.N.			

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.

Case ID Number: CS2024-8645

Victim Initials: H.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-7430

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2024-9/20/2024			

Case ID Number: CS2024-8DBD

Victim Initials: H.R.

Case Payment Totals: **\$1,298.26**

Claim Payments:

CL2024-BE90

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$782.38	Mental Health	
Payee: B.R.			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2024-2/12/2024			
1/31/2024-1/31/2024			
1/22/2024-1/22/2024			

CL2024-F1C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$515.88	Mental Health	
Payee: T.R.			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2024-1/25/2024			
1/16/2024-1/16/2024			

Case ID Number: CS2024-8F2A

Victim Initials: G.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-B7ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2024-1/2/2024			

Case ID Number: CS2024-8FF2

Victim Initials: P.M.

Case Payment Totals: **\$288.00**

Claim Payments:

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.

CL2025-BC32

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2025	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/21/2024-11/21/2024			

Case ID Number: CS2024-90F5

Victim Initials: E.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-ED45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/26/2024-8/26/2024			

Case ID Number: CS2024-919D

Victim Initials: T.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-B0FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2024-1/18/2024			

Case ID Number: CS2024-929E

Victim Initials: M.P.

Case Payment Totals: **\$934.36**

Claim Payments:

CL2025-3E46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2025	\$934.36	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2024-9/9/2024			

Case ID Number: CS2024-945E

Victim Initials: K.P.

Case Payment Totals: **\$578.91**

Claim Payments:

CL2024-C64E

<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

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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.

12/31/2024 **\$290.91** Mental Health

Payee: **Melissa Nystuen Counseling Services**

Date(s) of Service (If Applicable)

7/29/2024-7/29/2024

7/15/2024-7/15/2024

CL2024-F59C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/11/2024-7/11/2024

Case ID Number: CS2024-9773

Victim Initials: B.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-5CE3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

8/22/2024-8/22/2024

Case ID Number: CS2024-97C3

Victim Initials: X.W.

Case Payment Totals: **\$304.98**

Claim Payments:

CL2024-EE64

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$304.98	Mental Health	

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

Date(s) of Service (If Applicable)

8/16/2024-8/16/2024

Case ID Number: CS2024-9809

Victim Initials: P.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-82ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

9/26/2024-9/26/2024

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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: CS2024-9B58

Victim Initials: J.J.

Case Payment Totals: **\$2,260.73**

Claim Payments:

CL2025-0641

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$605.23	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2024-12/4/2024			
11/20/2024-11/20/2024			
9/4/2024-9/4/2024			
8/7/2024-8/27/2024			
7/29/2024-7/29/2024			

CL2025-5B01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$1,367.50	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2024-12/18/2024			
11/6/2024-11/6/2024			
10/30/2024-10/30/2024			
7/2/2024-7/2/2024			
6/28/2024-6/28/2024			
6/18/2024-6/18/2024			
6/12/2024-6/12/2024			
6/5/2024-6/5/2024			

CL2024-9A44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/2/2024-2/2/2024			

Case ID Number: CS2024-9B8E

Victim Initials: A.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-8CD2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2024-1/25/2024			

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

07/03/2025
1:05:50AM

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: CS2024-9E55

Victim Initials: J.H.

Case Payment Totals: **\$480.00**

Claim Payments:

CL2024-F0AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2024	\$480.00	Medical	Dental
Payee: Brooke Baker Dds/Coffey Baker Dental			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2024-6/20/2024			

Case ID Number: CS2024-9F18

Victim Initials: M.H.

Case Payment Totals: **\$2,059.71**

Claim Payments:

CL2025-8410

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/11/2025	\$62.02	Mental Health	
Payee: Rebecca Kopp Dunham PLLC			
<u>Date(s) of Service (If Applicable)</u>			
10/15/2024-10/15/2024			
7/23/2024-7/23/2024			

CL2024-51BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$25.51	Mental Health	
Payee: Rebecca Kopp Dunham PLLC			
<u>Date(s) of Service (If Applicable)</u>			
6/18/2024-6/18/2024			

CL2024-85B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$1,468.18	Mental Health	
Payee: Rebecca Kopp Dunham PLLC			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2024-5/23/2024			
5/16/2024-5/16/2024			
4/16/2024-4/16/2024			
3/15/2024-3/15/2024			
2/15/2024-2/15/2024			
1/16/2024-1/16/2024			
1/8/2024-1/8/2024			

CL2024-66F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2024	\$504.00	Mental Health	
Payee: A.H.			

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

07/03/2025
1:05:50AM

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)

5/7/2024-5/7/2024
4/9/2024-4/9/2024
4/2/2024-4/2/2024
3/26/2024-3/26/2024
3/12/2024-3/12/2024
3/5/2024-3/5/2024
2/20/2024-2/20/2024
2/14/2024-2/14/2024
1/17/2024-1/17/2024
12/22/2023-12/22/2023
11/27/2023-11/27/2023
11/20/2023-11/20/2023
11/6/2023-11/6/2023
10/24/2023-10/24/2023
10/3/2023-10/3/2023

Case ID Number: CS2024-9FFC

Victim Initials: S.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-40CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2024-2/26/2024			

Case ID Number: CS2024-A110

Victim Initials: S.D.

Case Payment Totals: **\$818.00**

Claim Payments:

CL2024-BA66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$818.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/3/2024-9/3/2024			
8/27/2024-8/27/2024			
8/19/2024-8/19/2024			

Case ID Number: CS2024-A187

Victim Initials: K.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-1C9B

<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

07/03/2025
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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.

06/18/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
4/16/2024-4/16/2024

Case ID Number: CS2024-A309

Victim Initials: C.C.

Case Payment Totals: **\$907.03**

Claim Payments:

CL2025-55DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$177.47	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2024-12/17/2024			

CL2025-B511

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2025	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2024-11/19/2024			

CL2025-662F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/09/2025	\$441.56	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
11/25/2024-11/25/2024			
11/12/2024-11/12/2024			
11/8/2024-11/8/2024			

Case ID Number: CS2024-A562

Victim Initials: E.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-5EDE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/7/2024-3/7/2024			

Case ID Number: CS2024-A7EB

Victim Initials: R.P.

Case Payment Totals: **\$288.00**

Claim Payments:

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

07/03/2025
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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.

CL2024-A539

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2024-4/1/2024			

Case ID Number: CS2024-A988

Victim Initials: M.L.

Case Payment Totals: **\$1,536.86**

Claim Payments:

CL2024-7971

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2024	\$420.00	Wage Loss	
Payee: M.L.			

CL2024-7DA7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2024	\$1,021.24	Mental Health	
Payee: Empower Counseling			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2024-4/9/2024			
3/18/2024-3/18/2024			
3/13/2024-3/13/2024			
3/4/2024-3/4/2024			
2/20/2024-2/20/2024			
2/13/2024-2/13/2024			

CL2024-7FEB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2024	\$95.62	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/2/2024-2/2/2024			

Case ID Number: CS2024-A994

Victim Initials: M.W.

Case Payment Totals: **\$2,813.60**

Claim Payments:

CL2025-F1F9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/21/2025	\$208.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
3/12/2025-3/12/2025			

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

07/03/2025
1:05:50AM

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.

CL2024-B5B9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/23/2024	\$208.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2024-9/26/2024			

CL2024-4712

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$105.60	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2024-8/28/2024			

CL2024-6A4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/14/2024	\$196.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2024-6/26/2024			

CL2024-6211

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/28/2024	\$196.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
5/16/2024-5/16/2024			

CL2024-57DF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/24/2024	\$588.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
4/10/2024-4/10/2024			
3/27/2024-3/27/2024			
3/12/2024-3/12/2024			

CL2024-DF43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/07/2024	\$1,312.00	Mental Health	
Payee: Soul Survivor Counseling Services, Pc			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2023-12/7/2023			
11/9/2023-11/9/2023			
10/12/2023-10/12/2023			
9/12/2023-9/12/2023			
8/9/2023-8/9/2023			
7/27/2023-7/27/2023			
7/19/2023-7/19/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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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.

Case ID Number: CS2024-AA96

Victim Initials: S.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-20FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2024-3/26/2024			

Case ID Number: CS2024-AB0B

Victim Initials: B.D.

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

Claim Payments:

CL2024-4E20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2024	\$5,000.00	Funeral	
Payee: M.D.			

Case ID Number: CS2024-ABF7

Victim Initials: L.M.

Case Payment Totals: **\$2,414.88**

Claim Payments:

CL2025-15A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$280.80	Mental Health	
Payee: Chatter Pediatric Therapy #184736			
<u>Date(s) of Service (If Applicable)</u>			
4/14/2025-4/14/2025			
4/7/2025-4/7/2025			

CL2025-AF53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$421.20	Mental Health	
Payee: Chatter Pediatric Therapy #184736			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2025-3/24/2025			
3/17/2025-3/17/2025			
3/3/2025-3/3/2025			

CL2025-A91F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/14/2025	\$982.80	Mental Health	
Payee: Chatter Pediatric Therapy #184736			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

1:05:50AM

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)

2/24/2025-3/24/2025

2/17/2025-2/17/2025

2/13/2025-2/13/2025

2/3/2025-2/3/2025

1/27/2025-1/27/2025

1/20/2025-1/20/2025

1/6/2025-1/6/2025

CL2025-15B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/09/2025	\$730.08	Mental Health	

Payee: **Chatter Pediatric Therapy #184736**

Date(s) of Service (If Applicable)

12/30/2024-12/30/2024

12/16/2024-12/16/2024

12/11/2024-12/11/2024

12/4/2024-12/4/2024

Case ID Number: CS2024-AD6A

Victim Initials: F.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-1A3F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/25/2024-6/25/2024

Case ID Number: CS2024-B2A2

Victim Initials: K.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-3269

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/27/2024-2/27/2024

Case ID Number: CS2024-B378

Victim Initials: R.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-595D

<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

07/03/2025
1:05:50AM

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.

05/20/2025 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/24/2024-9/24/2024

Case ID Number: CS2024-B4BB **Victim Initials: I.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-24FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/5/2024-9/5/2024			

Case ID Number: CS2024-B583 **Victim Initials: M.W.**

Case Payment Totals: **\$2,560.00**

Claim Payments:

CL2024-A6C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$2,560.00	Wage Loss	
Payee: M.W.			

Case ID Number: CS2024-B5B5 **Victim Initials: S.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A937

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2024-8/19/2024			

Case ID Number: CS2024-B8B4 **Victim Initials: E.H.**

Case Payment Totals: **\$2,044.80**

Claim Payments:

CL2024-DC0F

<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

07/03/2025
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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.

05/20/2024 **\$2,044.80** Wage Loss
Payee: **E.H.**

Case ID Number: CS2024-BA35

Victim Initials: H.M.

Case Payment Totals: **\$2,274.64**

Claim Payments:

CL2025-531F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/13/2025	\$886.49	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/13/2024-12/13/2024			
12/9/2024-12/9/2024			
12/4/2024-12/4/2024			
11/26/2024-11/26/2024			
11/22/2024-11/22/2024			
11/12/2024-11/12/2024			
11/7/2024-11/7/2024			
10/28/2024-10/28/2024			
10/14/2024-10/14/2024			
10/2/2024-10/2/2024			
9/27/2024-9/27/2024			
9/17/2024-9/17/2024			
9/12/2024-9/12/2024			
8/29/2024-8/29/2024			

CL2024-1971

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$603.18	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/15/2024-8/15/2024			
8/8/2024-8/8/2024			
7/29/2024-7/29/2024			
7/24/2024-7/24/2024			
7/18/2024-7/18/2024			
7/11/2024-7/11/2024			

CL2024-6478

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$496.97	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/20/2024-6/20/2024			
6/11/2024-6/11/2024			
6/6/2024-6/6/2024			
5/31/2024-5/31/2024			
5/17/2024-5/17/2024			

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.
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CL2024-E740

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2024-5/13/2024			

Case ID Number: CS2024-BC1F

Victim Initials: E.J.

Case Payment Totals: **\$1,816.80**

Claim Payments:

CL2024-78E1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$383.20	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2024-7/30/2024			
7/9/2024-7/9/2024			
7/9/2024-7/9/2024			

CL2024-F006

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$383.20	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
6/27/2024-6/27/2024			
6/12/2024-6/12/2024			
6/12/2024-6/12/2024			

CL2024-331D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2024	\$339.20	Mental Health	
Payee: The Village Family Service Center			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2024-5/20/2024			
5/13/2024-5/13/2024			

CL2024-4ED8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2024-4/9/2024			

CL2024-2E6B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2024	\$423.20	Mental Health	
Payee: The Village Family Service Center			

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.
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Date(s) of Service (If Applicable)

4/29/2024-4/29/2024

4/29/2024-4/29/2024

4/22/2024-4/22/2024

Case ID Number: CS2024-BD7E

Victim Initials: T.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F8BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/19/2024-3/19/2024

Case ID Number: CS2024-BE0A

Victim Initials: A.P.

Case Payment Totals: **\$160.00**

Claim Payments:

CL2024-3AB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/27/2024	\$48.00	Mental Health	

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/12/2024-12/12/2024

11/4/2024-11/4/2024

10/10/2024-10/10/2024

CL2024-F259

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$112.00	Mental Health	

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

10/1/2024-10/1/2024

9/23/2024-9/23/2024

9/16/2024-9/16/2024

9/11/2024-9/11/2024

9/5/2024-9/5/2024

8/20/2024-8/20/2024

7/30/2024-7/30/2024

Case ID Number: CS2024-BEB3

Victim Initials: J.S.

Case Payment Totals: **\$1,920.00**

Claim Payments:

CL2024-9B3D

<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

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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.

07/31/2024 **\$1,920.00** Wage Loss
Payee: **J.S.**

Case ID Number: CS2024-BEDD **Victim Initials: J.G.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-2554

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2024-1/25/2024			

Case ID Number: CS2024-BFE4 **Victim Initials: A.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-EBA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/10/2025	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/22/2024-11/22/2024			

Case ID Number: CS2024-C047 **Victim Initials: M.N.**

Case Payment Totals: **\$1,040.00**

Claim Payments:

CL2025-D64D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$400.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2025-1/23/2025			
1/9/2025-1/9/2025			

CL2025-A3E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/28/2025	\$400.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2025-1/23/2025			
1/9/2025-1/9/2025			

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.
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CL2024-A8B9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$240.00	Mental Health	

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

Date(s) of Service (If Applicable)

10/29/2024-10/29/2024

Case ID Number: CS2024-C0AB

Victim Initials: C.J.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F62E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/27/2024-2/27/2024

Case ID Number: CS2024-C128

Victim Initials: A.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6F12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

7/26/2024-7/26/2024

Case ID Number: CS2024-C2C8

Victim Initials: D.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-0541

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/10/2024-1/10/2024

Case ID Number: CS2024-C4DD

Victim Initials: J.W.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2024-BE13

<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

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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.

11/19/2024 **\$25,000.00** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
8/13/2023-8/17/2023

Case ID Number: CS2024-C4FA **Victim Initials: M.H.**

Case Payment Totals: **\$440.00**

Claim Payments:

CL2025-5AB6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/31/2025	\$440.00	Mental Health	
Payee: Decoteau Trauma-Informed Care & Practice, PLLC			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2025-1/22/2025			
1/13/2025-1/13/2025			

Case ID Number: CS2024-C60C **Victim Initials: V.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-DFF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/2/2024-5/2/2024			

Case ID Number: CS2024-C74B **Victim Initials: S.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-938A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/12/2024-3/12/2024			

Case ID Number: CS2024-C7ED **Victim Initials: E.T.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A316

<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

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

03/20/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Center (If Applicable)
1/2/2024-1/2/2024

Case ID Number: CS2024-C8BB **Victim Initials: H.M.**

Case Payment Totals: **\$480.00**

Claim Payments:

CL2024-3860

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center</u> (If Applicable)			
2/9/2024-2/9/2024			

CL2024-9936

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center</u> (If Applicable)			
1/9/2024-1/9/2024			

Case ID Number: CS2024-C906 **Victim Initials: N.V.**

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

Claim Payments:

CL2024-5967

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2024	\$5,000.00	Funeral	
Payee: R.V.			

Case ID Number: CS2024-CBFD **Victim Initials: B.H.**

Case Payment Totals: **\$480.00**

Claim Payments:

CL2024-1C44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Center</u> (If Applicable)			
7/1/2024-7/1/2024			

CL2024-2F0D

<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

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

05/15/2024 **\$288.00** Medical Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/12/2024-3/12/2024

Case ID Number: CS2024-CDA8

Victim Initials: S.P.

Case Payment Totals: **\$900.00**

Claim Payments:

CL2024-8015

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

06/18/2024

\$900.00

Wage Loss

Payee: **S.P.**

Case ID Number: CS2024-D397

Victim Initials: S.B.

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

Claim Payments:

CL2024-82FC

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

10/23/2024

\$5,000.00

Funeral

Payee: **M.T.**

Case ID Number: CS2024-D3CD

Victim Initials: T.E.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-10C1

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

08/15/2024

\$288.00

Medical

Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/1/2024-5/1/2024

Case ID Number: CS2024-D4B8

Victim Initials: S.H.

Case Payment Totals: **\$400.00**

Claim Payments:

CL2025-61EC

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

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.

05/22/2025 **\$48.00** Mental Health
Payee: **Winds Of Change Counseling Center, Llc**
Date(s) of Service (If Applicable)
5/7/2025-5/7/2025
5/1/2025-5/1/2025
4/16/2025-4/16/2025

CL2025-CC0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2025	\$112.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2025-4/9/2025			
3/26/2025-3/26/2025			
3/19/2025-3/19/2025			
3/12/2025-3/12/2025			
2/19/2025-2/19/2025			
12/18/2024-12/18/2024			
12/11/2024-12/11/2024			

CL2024-D606

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2024	\$48.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2024-12/4/2024			
11/21/2024-11/21/2024			
11/13/2024-11/13/2024			

CL2024-F528

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2024	\$64.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/6/2024-11/6/2024			
10/30/2024-10/30/2024			
10/23/2024-10/23/2024			
10/16/2024-10/16/2024			

CL2024-C18B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2024	\$128.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/2/2024-10/2/2024			
9/25/2024-9/25/2024			
9/4/2024-9/4/2024			
8/28/2024-8/28/2024			
8/21/2024-8/21/2024			
7/31/2024-7/31/2024			
7/24/2024-7/24/2024			
7/17/2024-7/17/2024			

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.

Case ID Number: CS2024-D712

Victim Initials: H.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-3F29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2023-12/4/2023			

Case ID Number: CS2024-D80E

Victim Initials: A.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-8994

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2024-3/15/2024			

Case ID Number: CS2024-D8BD

Victim Initials: L.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6B45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/08/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2024-2/22/2024			

Case ID Number: CS2024-D913

Victim Initials: A.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-79F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2024-9/17/2024			

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.

Case ID Number: CS2024-D99C

Victim Initials: K.C.

Case Payment Totals: **\$568.00**

Claim Payments:

CL2025-2797

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/13/2025	\$168.00	Mental Health	
Payee:			
<u>Date(s) of Service (If Applicable)</u>			
11/21/2024-11/21/2024			
11/12/2024-11/12/2024			
10/22/2024-10/22/2024			
10/15/2024-10/15/2024			
10/1/2024-10/1/2024			
9/24/2024-9/24/2024			

CL2024-720A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/31/2024	\$28.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2024-10/29/2024			

CL2024-D4E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2024	\$84.00	Mental Health	
Payee: Staci Ekblad Professional			
<u>Date(s) of Service (If Applicable)</u>			
7/2/2024-7/2/2024			
6/18/2024-6/18/2024			
6/3/2024-6/3/2024			

CL2024-F649

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/9/2024-4/9/2024			

Case ID Number: CS2024-D9DB

Victim Initials: A.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A5BC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2024-2/12/2024			

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.

Case ID Number: CS2024-DBBB

Victim Initials: M.T.

Case Payment Totals: **\$5,044.65**

Claim Payments:

CL2025-2AC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$1,000.00	Medical	Dental
Payee: M.T.			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2025-5/20/2025			

CL2024-9136

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/18/2024	\$1,694.09	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2024-1/30/2024			

CL2024-36D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2024	\$160.00	Medical	Hospital or Clinic
Payee: F-M Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2024-1/28/2024			

CL2024-8CC9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/27/2024	\$900.49	Medical	Hospital or Clinic
Payee: Essentia Health			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2024-1/28/2024			

CL2024-4019

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/26/2024	\$765.07	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2024-1/30/2024			

CL2024-30D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/20/2024	\$525.00	Wage Loss	
Payee: M.T.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:05:50AM

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: CS2024-DDED

Victim Initials: B.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-D83D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2024-5/13/2024			

Case ID Number: CS2024-DF1A

Victim Initials: B.R.

Case Payment Totals: **\$2,393.48**

Claim Payments:

CL2025-1085

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/27/2025	\$2,393.48	Wage Loss	
Payee: B.R.			

Case ID Number: CS2024-DF2F

Victim Initials: K.R.

Case Payment Totals: **\$1,547.89**

Claim Payments:

CL2024-65EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$1,547.89	Mental Health	

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.

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Payee: **Watterud Counseling And Consultation**

Date(s) of Service (If Applicable)

6/12/2024-6/12/2024

6/4/2024-6/4/2024

5/14/2024-5/14/2024

5/7/2024-5/7/2024

4/30/2024-4/30/2024

4/16/2024-4/16/2024

4/9/2024-4/9/2024

4/2/2024-4/2/2024

3/19/2024-3/19/2024

3/5/2024-3/5/2024

2/27/2024-2/27/2024

2/20/2024-2/20/2024

1/31/2024-1/31/2024

1/10/2024-1/10/2024

12/20/2023-12/20/2023

12/11/2023-12/11/2023

12/5/2023-12/5/2023

11/29/2023-11/29/2023

11/15/2023-11/15/2023

11/8/2023-11/8/2023

11/1/2023-11/1/2023

10/18/2023-10/18/2023

10/17/2023-10/17/2023

10/4/2023-10/4/2023

9/20/2023-9/20/2023

9/6/2023-9/6/2023

8/9/2023-8/9/2023

Case ID Number: CS2024-E175

Victim Initials: B.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-1127

Approval Date

05/15/2024

Amount Paid

\$288.00

Claim Category

Medical

Medical Category (if applicable)

Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/12/2024-3/12/2024

Case ID Number: CS2024-E230

Victim Initials: N.M.

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

Claim Payments:

CL2025-4B87

Approval Date

01/13/2025

Amount Paid

\$5,000.00

Claim Category

Funeral

Medical Category (if applicable)

Payee: **R.M.**

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.

Case ID Number: CS2024-E2FE

Victim Initials: S.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-831C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2024-5/20/2024			

Case ID Number: CS2024-E484

Victim Initials: M.O.

Case Payment Totals: **\$2,772.00**

Claim Payments:

CL2024-AE8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/10/2024	\$324.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2024-3/26/2024			

CL2024-1393

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/09/2024	\$388.96	Travel	
Payee: G.O.			

CL2024-77D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/24/2024	\$1,448.00	Mental Health	
Payee: Open Range Counseling Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2024-4/25/2024			
4/18/2024-4/18/2024			
4/4/2024-4/4/2024			
3/28/2024-3/28/2024			
3/21/2024-3/21/2024			
3/14/2024-3/14/2024			

CL2024-DB50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/18/2024	\$611.04	Travel	
Payee: G.O.			

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.

Case ID Number: CS2024-E645

Victim Initials: A.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-EBCD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/19/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2024-6/14/2024			

Case ID Number: CS2024-E763

Victim Initials: C.L.

Case Payment Totals: **\$1,384.32**

Claim Payments:

CL2024-8A86

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2024	\$604.80	Medical	Dental
Payee: Prairie Rose Family Dentistry			
<u>Date(s) of Service (If Applicable)</u>			
3/1/2024-3/1/2024			

CL2024-5C41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2024	\$672.00	Medical	Dental
Payee: Prairie Rose Family Dentistry			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2024-2/19/2024			

CL2024-550B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2024	\$81.92	Medical	Dental
Payee: Prairie Rose Family Dentistry			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2024-2/15/2024			

CL2024-9EE4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/15/2024	\$25.60	Medical	Dental
Payee: C.L.			
<u>Date(s) of Service (If Applicable)</u>			
2/15/2024-2/15/2024			

Case ID Number: CS2024-E77A

Victim Initials: V.E.

Case Payment Totals: **\$288.00**

Claim Payments:

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.

CL2024-E156

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2024-2/20/2024			

Case ID Number: CS2024-E7B7

Victim Initials: S.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-A4E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/26/2024-9/26/2024			

Case ID Number: CS2024-E89B

Victim Initials: C.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-6AD7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/15/2024-3/15/2024			

Case ID Number: CS2024-E8E5

Victim Initials: R.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-926D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/6/2024-9/6/2024			

Case ID Number: CS2024-EBF6

Victim Initials: Z.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-B57A

<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

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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.

06/18/2024 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
4/1/2024-4/1/2024

Case ID Number: CS2024-ECFF

Victim Initials: B.C.

Case Payment Totals: **\$1,261.68**

Claim Payments:

CL2025-EE6F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2025	\$163.58	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
5/16/2024-5/16/2024			
5/8/2024-5/8/2024			
5/8/2024-5/8/2024			

CL2024-3D9A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$240.00	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
4/19/2024-4/19/2024			

CL2024-F4FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$858.10	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
4/19/2024-4/19/2024			

Case ID Number: CS2024-F004

Victim Initials: E.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-1028

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/08/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2023-12/4/2023			

Case ID Number: CS2024-F01C

Victim Initials: J.H.

Case Payment Totals: **\$5,080.00**

Claim Payments:

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.

CL2025-4E1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/27/2025	\$40.00	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2024-12/17/2024			
12/10/2024-12/10/2024			
11/19/2024-11/19/2024			
11/12/2024-11/12/2024			
7/15/2024-7/15/2024			

CL2024-3E5B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$40.00	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2024-9/30/2024			
9/23/2024-9/23/2024			
9/10/2024-9/10/2024			
8/28/2024-8/28/2024			
8/12/2024-8/12/2024			

CL2024-2866

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$5,000.00	Funeral	
Payee: E.H.			

Case ID Number: CS2024-F15F

Victim Initials: M.P.

Case Payment Totals: \$288.00

Claim Payments:

CL2024-F105

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2024-4/8/2024			

Case ID Number: CS2024-F1C2

Victim Initials: K.P.

Case Payment Totals: \$288.00

Claim Payments:

CL2024-BD4F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/8/2024-5/8/2024			

North Dakota Crime Victims Compensation
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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.

Case ID Number: CS2024-F253 **Victim Initials: J.D.**

Case Payment Totals: **\$4,243.29**

Claim Payments:

CL2025-8F0A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/03/2025	\$4,243.29	Mental Health	
Payee: K.T.			
<u>Date(s) of Service (If Applicable)</u>			
9/25/2024-9/25/2024			
9/10/2024-9/10/2024			
8/29/2024-8/29/2024			
8/15/2024-8/15/2024			
8/6/2024-8/6/2024			
7/23/2024-7/23/2024			
7/16/2024-7/16/2024			
7/9/2024-7/9/2024			
6/25/2024-6/25/2024			
6/11/2024-6/11/2024			
6/4/2024-6/4/2024			
5/31/2024-5/31/2024			
5/21/2024-5/21/2024			
5/14/2024-5/14/2024			
5/7/2024-5/7/2024			
4/30/2024-4/30/2024			
4/23/2024-4/23/2024			
4/16/2024-4/16/2024			
4/9/2024-4/9/2024			
4/2/2024-4/2/2024			
3/26/2024-3/26/2024			
3/12/2024-3/12/2024			
3/5/2024-3/5/2024			
2/29/2024-2/29/2024			
2/20/2024-2/20/2024			
2/13/2024-2/13/2024			
2/6/2024-2/6/2024			
1/30/2024-1/30/2024			
1/23/2024-1/23/2024			
1/18/2024-1/18/2024			
1/9/2024-1/9/2024			
1/2/2024-1/2/2024			
9/26/2023-9/26/2023			
9/19/2023-9/19/2023			
9/14/2023-9/14/2023			
9/7/2023-9/7/2023			
9/1/2023-9/1/2023			
8/23/2023-8/23/2023			
8/16/2023-8/16/2023			
8/10/2023-8/10/2023			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2024-F3C5

Victim Initials: B.K.

Case Payment Totals: **\$304.98**

Claim Payments:

CL2024-D724

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$304.98	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2024-9/4/2024			

Case ID Number: CS2024-F3F1

Victim Initials: C.T.

Case Payment Totals: **\$1,020.00**

Claim Payments:

CL2024-9E85

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2024	\$1,020.00	Wage Loss	
Payee: C.T.			

Case ID Number: CS2024-F5A6

Victim Initials: K.W.

Case Payment Totals: **\$2,414.11**

Claim Payments:

CL2025-78EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$41.97	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
1/10/2025-1/10/2025			

CL2025-0057

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$25.00	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2024-12/6/2024			

CL2025-1829

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$25.00	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2024-10/31/2024			

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.
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CL2025-1B23

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$43.11	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
3/14/2025-3/14/2025			

CL2025-5314

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$57.96	Medical	Prescription
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
7/26/2024-12/16/2024			

CL2025-98C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$27.00	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
2/14/2025-2/14/2025			

CL2025-CD40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$27.00	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2024-11/20/2024			

CL2024-14F0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/20/2024	\$1,077.07	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2024-10/4/2024			

CL2024-9748

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2024	\$329.70	Travel	
Payee: K.W.			

CL2024-3A87

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$90.00	Medical	Hospital or Clinic
Payee: K.W.			
<u>Date(s) of Service (If Applicable)</u>			
8/29/2024-8/29/2024			
7/24/2024-7/24/2024			

CL2024-5009

<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

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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.

11/26/2024 **\$206.76** Travel
Payee: **K.W.**

CL2024-F339

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$463.54	Travel	

Payee: **K.W.**

Case ID Number: CS2024-F638

Victim Initials: K.S.

Case Payment Totals: **\$528.00**

Claim Payments:

CL2024-AEC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/26/2024	\$40.00	Mental Health	

Payee: **The Kids Therapy Center, Llc**
Date(s) of Service (If Applicable)
9/3/2024-9/3/2024
8/22/2024-8/22/2024

CL2024-0844

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2024	\$80.00	Mental Health	

Payee: **The Kids Therapy Center, Llc**
Date(s) of Service (If Applicable)
8/15/2024-8/15/2024
8/6/2024-8/6/2024
7/23/2024-7/23/2024
7/18/2024-7/18/2024

CL2024-503F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2024	\$100.00	Mental Health	

Payee: **The Kids Therapy Center, Llc**
Date(s) of Service (If Applicable)
5/21/2024-5/21/2024
5/6/2024-5/6/2024
4/23/2024-4/23/2024
4/9/2024-4/9/2024
4/1/2024-4/1/2024

CL2024-7B75

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/28/2024-2/28/2024

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2024-1F4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/02/2024	\$20.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/12/2024-3/12/2024			

Case ID Number: CS2024-F701

Victim Initials: E.B.

Case Payment Totals: **\$195.00**

Claim Payments:

CL2024-E053

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2024	\$195.00	Mental Health	
Payee: C.B.			
<u>Date(s) of Service (If Applicable)</u>			
4/14/2024-4/14/2024			
4/7/2024-4/7/2024			

Case ID Number: CS2024-F78F

Victim Initials: R.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-8825

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/12/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/23/2024-9/23/2024			

Case ID Number: CS2024-F844

Victim Initials: L.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-EB9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2024-2/9/2024			

Case ID Number: CS2024-F99C

Victim Initials: F.S.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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CL2024-EAA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2024-4/15/2024			

Case ID Number: CS2024-FA4F

Victim Initials: A.G.

Case Payment Totals: **\$216.00**

Claim Payments:

CL2025-BB55

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$24.00	Mental Health	
Payee: Northern Reins Counseling			
<u>Date(s) of Service (If Applicable)</u>			
12/30/2024-12/30/2024			

CL2025-F43E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2025	\$48.00	Mental Health	
Payee: Northern Reins Counseling			
<u>Date(s) of Service (If Applicable)</u>			
12/9/2024-12/9/2024			
11/26/2024-11/26/2024			

CL2024-B127

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/16/2024	\$24.00	Mental Health	
Payee: Northern Reins Counseling			
<u>Date(s) of Service (If Applicable)</u>			
11/13/2024-11/13/2024			

CL2024-B28C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2024	\$120.00	Mental Health	
Payee: Northern Reins Counseling			
<u>Date(s) of Service (If Applicable)</u>			
10/21/2024-10/21/2024			
10/16/2024-10/16/2024			
10/1/2024-10/1/2024			
9/9/2024-9/9/2024			
8/6/2024-8/6/2024			

Case ID Number: CS2024-FBA6

Victim Initials: L.J.

Case Payment Totals: **\$1,572.50**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2025-38D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2025	\$34.94	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2024-10/26/2024			

CL2025-E239

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2025	\$4.76	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2024-10/26/2024			

CL2025-3420

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2025	\$1,532.80	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2024-10/26/2024			

Case ID Number: CS2024-FC50

Victim Initials: B.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-16C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/20/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2024-1/29/2024			

Case ID Number: CS2024-FCDE

Victim Initials: L.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2025-0895

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2024-9/20/2024			

Case ID Number: CS2024-FDCD

Victim Initials: T.S.

Case Payment Totals: **\$300.00**

Claim Payments:

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

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CL2024-1790

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2024	\$300.00	Wage Loss	
Payee: T.S.			

Case ID Number: CS2024-FE9F

Victim Initials: N.D.

Case Payment Totals: **\$768.00**

Claim Payments:

CL2024-CD0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/2/2024-7/2/2024			

CL2024-2488

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/25/2024	\$144.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/14/2024-6/14/2024			

CL2024-98AC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2024	\$192.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/10/2024-5/10/2024			

CL2024-C3C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/15/2024	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2024-2/20/2024			

Case ID Number: CS2025-0087

Victim Initials: W.W.

Case Payment Totals: **\$300.00**

Claim Payments:

CL2025-BF2A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2025	\$300.00	Wage Loss	
Payee: W.W.			

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.

Case ID Number: CS2025-0E26

Victim Initials: I.R.

Case Payment Totals: **\$826.04**

Claim Payments:

CL2025-81C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$826.04	Medical	Hospital or Clinic
Payee: Tioga Fire Department / Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
11/22/2024-11/22/2024			

Case ID Number: CS2025-1054

Victim Initials: L.T.

Case Payment Totals: **\$3,456.43**

Claim Payments:

CL2025-B9D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/27/2025	\$3,456.43	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
11/24/2024-11/24/2024			

Case ID Number: CS2025-116D

Victim Initials: L.C.

Case Payment Totals: **\$13,593.38**

Claim Payments:

CL2025-247F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$1,347.26	Medical	Hospital or Clinic
Payee: F-M Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2025-2/24/2025			

CL2025-6236

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$9,350.56	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2025-2/24/2025			
3/6/2025-3/6/2025			

CL2025-92BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$2,533.96	Wage Loss	
Payee: L.C.			

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

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CL2025-F6DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$253.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2025-2/24/2025			

CL2025-F797

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$108.00	Medical	Chiropractic or Massage
Payee: L.C.			
<u>Date(s) of Service (If Applicable)</u>			
3/20/2025-3/20/2025			
3/27/2025-3/27/2025			

Case ID Number: CS2025-1336

Victim Initials: B.W.

Case Payment Totals: **\$145.60**

Claim Payments:

CL2025-31B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2025	\$145.60	Medical	Hospital or Clinic
Payee: Sakakawea Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2025-2/4/2025			

Case ID Number: CS2025-1350

Victim Initials: C.K.

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

Claim Payments:

CL2025-3CCD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/11/2025	\$5,000.00	Funeral	
Payee: Fulkerson Stevenson Funeral Home			

Case ID Number: CS2025-14AC

Victim Initials: K.L.

Case Payment Totals: **\$1,701.03**

Claim Payments:

CL2025-6F7E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/25/2025	\$213.68	Medical	Hospital or Clinic
Payee: H.M.			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2025-2/10/2025			

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

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CL2025-A0D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/25/2025	\$16.35	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2025-2/11/2025			

CL2025-111B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$115.12	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/6/2025-3/6/2025			

CL2025-17DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$17.00	Medical	Hospital or Clinic
Payee: H.M.			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2024-12/6/2024			

CL2025-720D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$18.62	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2024-12/6/2024			

CL2025-97A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$57.56	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/13/2025-3/13/2025			

CL2025-A2F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$283.86	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2025-2/11/2025			

CL2025-CAD6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$3.12	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2024-12/6/2024			

CL2025-D85D

<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

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06/24/2025 **\$281.57** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/10/2025-2/10/2025

CL2025-DB30

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 **\$15.06** Medical Hospital or Clinic
Payee: **H.M.**
Date(s) of Service (If Applicable)
12/6/2024-12/6/2024

CL2025-DBD7

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 **\$153.13** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
3/24/2025-3/24/2025

CL2025-E35A

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 **\$254.42** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/20/2025-2/20/2025

CL2025-EBFE

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 **\$215.95** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/17/2025-2/17/2025

CL2025-FF1E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 **\$55.59** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/10/2025-2/10/2025

Case ID Number: CS2025-1AFB

Victim Initials: D.H.

Case Payment Totals: **\$1,167.06**

Claim Payments:

CL2025-7BD0

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/02/2025 **\$504.07** Wage Loss
Payee: **D.H.**

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

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CL2025-F97F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/02/2025	\$30.57	Medical	Hospital or Clinic
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
4/29/2025-4/29/2025			

CL2025-6696

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2025	\$437.21	Medical	Hospital or Clinic
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2024-11/11/2024			
3/26/2025-3/26/2025			
11/25/2024-11/25/2024			
2/27/2025-2/27/2025			
10/15/2024-10/15/2024			
10/24/2024-10/24/2024			
12/10/2024-12/10/2024			
10/30/2024-10/30/2024			
1/30/2025-1/30/2025			
12/30/2024-12/30/2024			

CL2025-9824

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2025	\$58.21	Medical	Hospital or Clinic
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2025-2/26/2025			

CL2025-75E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$62.00	Medical	Dental
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
3/13/2025-3/13/2025			

CL2025-EDB2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$75.00	Medical	Hospital or Clinic
Payee: D.H.			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2025-2/26/2025			

Case ID Number: CS2025-23B9

Victim Initials: B.J.

Case Payment Totals: **\$1,918.88**

Claim Payments:

CL2025-2FAC

<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

07/03/2025
1:05:50AM

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.

02/07/2025 **\$468.48** Medical Dental
Payee: **Maisey Dental**
Date(s) of Service (If Applicable)
2/6/2025-2/6/2025

CL2025-B477

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/07/2025	\$146.40	Medical	Dental

Payee: **B.J.**
Date(s) of Service (If Applicable)
2/6/2025-2/6/2025

CL2025-5BA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/13/2025	\$1,304.00	Medical	Hospital or Clinic

Payee: **B.J.**
Date(s) of Service (If Applicable)
8/22/2024-8/22/2024

Case ID Number: CS2025-2965

Victim Initials: D.M.

Case Payment Totals: **\$1,360.00**

Claim Payments:

CL2025-1AE0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/25/2025	\$1,360.00	Medical	Dental

Payee: **D.M.**
Date(s) of Service (If Applicable)
2/11/2025-2/26/2025

Case ID Number: CS2025-2FAB

Victim Initials: T.H.

Case Payment Totals: **\$768.80**

Claim Payments:

CL2025-61EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$144.80	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
3/24/2025-3/24/2025

CL2025-C9AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2025	\$288.00	Mental Health	

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/27/2025-2/27/2025
2/11/2025-2/11/2025

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

07/03/2025
1:05:50AM

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.

CL2025-59DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2025	\$336.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2025-1/28/2025			
1/17/2025-1/17/2025			

Case ID Number: CS2025-49FB

Victim Initials: S.u.

Case Payment Totals: **\$4,108.86**

Claim Payments:

CL2025-BE8A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/01/2025	\$4,108.86	Medical	Hospital or Clinic
Payee: Chi St. Alexius			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2024-2/26/2024			

Case ID Number: CS2025-5120

Victim Initials: O.H.

Case Payment Totals: **\$1,476.00**

Claim Payments:

CL2025-061E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2025	\$360.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2025-5/30/2025			
5/5/2025-5/5/2025			

CL2025-2E3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/30/2025-4/30/2025			

CL2025-69EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2025-3/24/2025			

CL2025-77AF

<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

07/03/2025
1:05:50AM

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.

05/01/2025 **\$312.00** Mental Health

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

Date(s) of Service (If Applicable)

2/27/2025-2/27/2025

2/12/2025-2/12/2025

CL2025-7B6E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/07/2025	\$456.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/28/2025-1/28/2025

1/15/2025-1/15/2025

1/8/2025-1/8/2025

Case ID Number: CS2025-5EFF

Victim Initials: M.J.

Case Payment Totals: **\$1,170.65**

Claim Payments:

CL2025-9432

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/24/2025	\$877.10	Medical	Hospital or Clinic
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Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/15/2024-12/15/2024

CL2025-C80D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/14/2025	\$293.55	Medical	Hospital or Clinic
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Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/15/2024-12/15/2024

Case ID Number: CS2025-692C

Victim Initials: N.M.

Case Payment Totals: **\$1,664.00**

Claim Payments:

CL2025-A117

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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06/23/2025	\$720.00	Mental Health	
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Payee: **Heather Kippen, Licsw, Just Breathe**

Date(s) of Service (If Applicable)

6/10/2025-6/10/2025

6/3/2025-6/3/2025

5/20/2025-5/20/2025

5/13/2025-5/13/2025

5/6/2025-5/6/2025

4/21/2025-4/21/2025

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

07/03/2025
1:05:50AM

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.

CL2025-5415

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/25/2025	\$512.00	Mental Health	
Payee: Heather Kippen, Licsw, Just Breathe			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2025-3/17/2025			
3/13/2025-3/13/2025			
3/3/2025-3/3/2025			
2/27/2025-2/27/2025			

CL2025-27FB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/28/2025	\$432.00	Mental Health	
Payee: Heather Kippen, Licsw, Just Breathe			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2025-1/31/2025			
12/20/2024-12/20/2024			
12/4/2024-12/4/2024			
11/5/2024-11/5/2024			

Case ID Number: CS2025-7FBE

Victim Initials: J.G.

Case Payment Totals: **\$847.85**

Claim Payments:

CL2025-B40C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2025	\$847.85	Mental Health	
Payee: S.G.			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2025-2/4/2025			
1/21/2025-1/21/2025			
1/15/2025-1/15/2025			
1/7/2025-1/7/2025			
1/3/2025-1/3/2025			

Case ID Number: CS2025-839D

Victim Initials: R.W.

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

Claim Payments:

CL2025-85F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/12/2025	\$5,000.00	Funeral	
Payee: C.B.			

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

07/03/2025
1:05:50AM

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: CS2025-83AF

Victim Initials: K.H.

Case Payment Totals: **\$1,498.16**

Claim Payments:

CL2025-A517

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$1,498.16	Mental Health	
Payee: J.H.			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2023-6/8/2023			
5/10/2023-5/10/2023			
3/28/2023-3/28/2023			
3/7/2023-3/7/2023			
2/20/2023-2/20/2023			
2/2/2023-2/2/2023			
1/12/2023-1/12/2023			
1/2/2023-1/2/2023			

Case ID Number: CS2025-89A6

Victim Initials: E.O.

Case Payment Totals: **\$350.00**

Claim Payments:

CL2025-0C7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2025	\$350.00	Medical	Hospital or Clinic
Payee: E.O.			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2024-9/10/2024			

Case ID Number: CS2025-8DF4

Victim Initials: R.B.

Case Payment Totals: **\$1,011.04**

Claim Payments:

CL2025-0E5F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2025	\$1,011.04	Medical	Hospital or Clinic
Payee: Dickinson Area Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2025-4/15/2025			

Case ID Number: CS2025-9269

Victim Initials: C.S.

Case Payment Totals: **\$16,313.62**

Claim Payments:

CL2025-6149

<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

07/03/2025
1:05:50AM

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.

06/24/2025 \$49.60 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-9A13

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 \$55.20 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-B6DB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 \$859.22 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/28/2025-4/28/2025

CL2025-DFA6

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/24/2025 \$47.20 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-2166

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/23/2025 \$47.20 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-4EAC

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/23/2025 \$60.80 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-A17D

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/23/2025 \$55.20 Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
4/25/2025-4/26/2025

CL2025-A30D

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/23/2025 \$49.60 Medical Hospital or Clinic
Payee: **Altru Health System**

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.

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Date(s) of Service (If Applicable)
4/26/2025-4/26/2025

CL2025-C8E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2025	\$53.60	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 4/26/2025-4/26/2025			

CL2025-CBBB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2025	\$2,148.00	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 4/26/2025-4/26/2025			

CL2025-D86F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/23/2025	\$12,888.00	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u> 4/26/2025-4/26/2025			

Case ID Number: CS2025-9B34

Victim Initials: M.A.

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

Claim Payments:

CL2025-3EB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/12/2025	\$5,000.00	Funeral	
Payee: M.G.			

Case ID Number: CS2025-B595

Victim Initials: P.S.

Case Payment Totals: **\$2,888.22**

Claim Payments:

CL2025-CEDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/12/2025	\$790.22	Medical	Hospital or Clinic
Payee: Ashley Ambulance Service #23344			
<u>Date(s) of Service (If Applicable)</u> 1/22/2025-1/22/2025			

CL2025-8DF4

<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

07/03/2025

1:05:50AM

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.

02/28/2025 **\$480.00** Mental Health

Payee: **Harmony Haven Therapy**

Date(s) of Service (If Applicable)

2/18/2025-2/18/2025

2/11/2025-2/11/2025

2/4/2025-2/4/2025

1/28/2025-1/28/2025

1/22/2025-1/22/2025

CL2025-9C39

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/12/2025 **\$1,360.80** Medical Hospital or Clinic

Payee: **Ashley Medical Center - Hospital**

Date(s) of Service (If Applicable)

1/22/2025-1/22/2025

CL2025-8DC3

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/11/2025 **\$257.20** Medical Hospital or Clinic

Payee: **Ashley Medical Center - Clinic**

Date(s) of Service (If Applicable)

1/22/2025-1/22/2025

Case ID Number: CS2025-B899

Victim Initials: N.P.

Case Payment Totals: **\$1,869.69**

Claim Payments:

CL2025-119D

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/02/2025 **\$1,133.41** Medical Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/27/2025-2/27/2025

11/22/2024-2/27/2025

12/30/2024-12/30/2024

CL2025-C5E8

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/02/2025 **\$485.41** Medical Hospital or Clinic

Payee: **C.P.**

Date(s) of Service (If Applicable)

11/22/2024-11/22/2024

CL2025-D819

Approval Date AmountPaid Claim Category Medical Category (if applicable)

05/20/2025 **\$250.87** Medical Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

2/27/2025-2/27/2025

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

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1:05:50AM

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: CS2025-CD58

Victim Initials: R.Z.

Case Payment Totals: **\$1,235.87**

Claim Payments:

CL2025-73B9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/12/2025	\$1,235.87	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2025-1/3/2025			

Case ID Number: CS2025-EFB9

Victim Initials: J.G.

Case Payment Totals: **\$1,048.53**

Claim Payments:

CL2025-C42C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2025	\$1,048.53	Mental Health	
Payee: S.G.			
<u>Date(s) of Service (If Applicable)</u>			
1/30/2025-1/30/2025			
1/23/2025-1/23/2025			
1/16/2025-1/16/2025			
1/9/2025-1/9/2025			

Case ID Number: CS2025-FCF1

Victim Initials: K.G.

Case Payment Totals: **\$1,084.30**

Claim Payments:

CL2025-9065

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2025	\$1,084.30	Mental Health	
Payee: S.G.			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2025-2/26/2025			
2/20/2025-2/20/2025			
2/13/2025-2/13/2025			
2/3/2025-2/3/2025			
1/28/2025-1/28/2025			
1/21/2025-1/21/2025			
1/3/2025-1/3/2025			
