Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS201	8-4011	Victim In	itials: A.P.	
Case Payment Totals: \$98	0.80			
Claim Payments:				
CL2019-A80E <u>Approval Date</u> 09/09/2019 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 7/31/2019-7/31/2019	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2019-E72E <u>Approval Date</u> 08/07/2019 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 6/24/2019-6/24/2019	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2019-FAE5 <u>Approval Date</u> 06/21/2019 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 5/23/2019-5/23/2019 4/29/2019-4/29/2019	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2019-BD72 <u>Approval Date</u> 05/10/2019 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 4/16/2019-4/16/2019 4/4/2019-4/4/2019	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
Case ID Number: CS201	8-4022	Victim In	iitials: K.D.	
Case Payment Totals: \$2 ,0	067 33			
Claim Payments: CL2018-30d4 <u>Approval Date</u> 10/29/2018 Payee: Chi St. Alexiu <u>Date(s) of Service (If A</u> 3/14/2018-3/15/2018	AmountPaid \$2,007.33 us Health	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2018-5c59 Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898 Bismarck, ND 58502-1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Page 1 of 72

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. 10/29/2018 Medical Hospital or Clinic \$60.00 Payee: Sanford Health Date(s) of Service (If Applicable) 3/23/2018-3/23/2018 Victim Initials: A.C. Case ID Number: CS2018-4060 Case Payment Totals: \$1,663.94 Claim Payments: CL2019-26d5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/30/2019 Mental Health \$46.23 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/9/2019-1/9/2019 CL2019-e9d2 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/30/2019 \$157.68 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/20/2018-12/20/2018 CL2018-10a9 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$79.07 Mental Health 11/28/2018 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/24/2018-10/24/2018 CL2018-25c4 Claim Category Approval Date AmountPaid Medical Category (if applicable) 11/28/2018 \$79.07 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/21/2018-9/21/2018 CL2018-32c0 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/28/2018 \$77.77 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/14/2018-9/14/2018 CL2018-6323 AmountPaid Approval Date Claim Category Medical Category (if applicable) 11/28/2018 \$70.07 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/30/2018-5/30/2018

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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-d98b **AmountPaid** Claim Category Approval Date Medical Category (if applicable) 11/28/2018 Mental Health \$79.07 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/28/2018-9/28/2018 CL2018-f78f Claim Category Approval Date AmountPaid Medical Category (if applicable) 11/28/2018 \$79.07 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/9/2018-10/9/2018 CL2018-127c Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/05/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/17/2018-8/17/2018 CL2018-5b00 Claim Category Medical Category (if applicable) Approval Date AmountPaid 10/05/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/1/2018-8/1/2018 CL2018-5ba6 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 10/05/2018 \$87.74 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/9/2018-8/9/2018 CL2018-7978 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/05/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/24/2018-8/24/2018 CL2018-9323 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 10/05/2018 \$87.74 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/25/2018-7/25/2018 CL2018-fce5 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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10/05/2018	\$87.74 hildren'S Advocacy	Mental Health		
Date(s) of Service	-	Center		
5/2/2018-5/2/2018				
CL2018-18bf				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/04/2018 Davias: Dakota C	\$79.15 hildren'S Advocacy	Mental Health		
Date(s) of Service	-	Genter		
7/11/2018-7/11/201				
CL2018-4965				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/04/2018	\$71.90	Mental Health		
=	hildren'S Advocacy	Center		
Date(s) of Service				
5/16/2018-5/16/201	18			
CL2018-6849				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/04/2018	\$71.90	Mental Health		
Date(s) of Service	hildren'S Advocacy	Center		
6/26/2018-6/26/201				
CL2018-7755 <u>Approval Date</u> 10/04/2018 Payee: Dakota C <u>Date(s) of Service</u> 6/13/2018-6/13/207		<u>Claim Category</u> Mental Health v Center	<u>Medical Category (if applicable)</u>	
0/10/2010 0/10/20				
CL2018-94c6				
<u>Approval Date</u> 10/04/2018	<u>AmountPaid</u> \$79.15	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy			
Date(s) of Service	-			
7/20/2018-7/20/201	18			
CL2018-9b02				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/04/2018	\$87.74	Mental Health		
Date(s) of Service	hildren'S Advocacy	Center		
8/31/2018-8/31/201				
Case ID Number: CS	2018-4065	Victim II	nitials: A.S.	
Case Payment Totals:	\$2,589.45			
Claim Payments:	-			
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRco</u>	mpensation@nd.gov	Page 4 o
Bismarck, ND 58502-189	98			, ugo +0

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Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Mckenzie County Healthcare System Data(1/2015) Ste A84.65 Medical Category (if applicable) Ci2019-9646 Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Mckenzie County Healthcare System Data(2) if Ste Ste 30 Medical Category (if applicable) Payee: Mckenzie County Healthcare System Data(2) if Storice (if Applicable) Medical Category (if applicable) Ci2019-9e4a Approval Date AmountPaid Claim Category Medical Category (if applicable) Ci2019-9e4a Approval Date AmountPaid Claim Category Medical Category (if applicable) Ci2019-9e4a Approval Date AmountPaid Claim Category Medical Category (if applicable) Ci2019-9e4a Approval Date AmountPaid Claim Category Medical Category (if applicable) Ci2019-9e4a Approval Date AmountPaid Claim Category Medical Category (if applicable) Ci202018-0/202018 St75.49 Mentral Health Medical Category (if applicable) Medical Category (if applicable) Ci202019-2/202019			•		
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Out // 22019 \$364.80 Medical Hospital or Clinic Payee: Mckenzie County Healthcare System Date // 2018-014/2018 CL2018-9e4a AmountPaid Claim Category Medical Claim Category Medical Category (if applicable) FU/2018-01/2018 S576.00 Medical Payee: Anova Family Health Conter Medical Date(s) of Service (if Applicable) Graim Category Medical Category (if applicable) 6/202018-8/2202018 S576.00 Medical S202018-8/2202018 Victim Initials: G.B. Sase Payment Totals: \$2,250.59 Same Payments: CL20201-Fis2 Approval Date AmountPaid Claim Category Medical Category (if applicable) 2/24/2020 S175.49 Mental Health Payee: Dakota Children's Advocacy Center Date(s) of Service (if Applicable) 2/24/2019-2/28/2019 2/19/2019-2/19/2019 Viction For Sation (if Applicable) 2/24/2020 S17.74 Mental Health Payee: Dakota Children's Advocacy Center Date(s) of Service (if Applicable) 1/14/2019-1/14/2019 Keicel Category (if applicable) S17.74 Mental Health Payee: Dakota Children's Advocacy Center Date(s) of Service (if Applicable) Keicel Category (if appli	CL2019-864B				
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Date(s) of Service (If Applicable) 11/7/2018-11/7/2018 CL2019-0e45 Approval Date AmountPaid Claim Category Medical Category (if applicable)	CL2020-FE92 <u>Approval Date</u> 02/24/2020 Payee: Dakota Childre <u>Date(s) of Service (If App</u> 2/28/2019-2/28/2019 2/19/2019-2/19/2019 CL2019-13fe <u>Approval Date</u> 01/30/2019 Payee: Dakota Childre <u>Date(s) of Service (If App</u> 1/14/2019-1/14/2019	<u>AmountPaid</u> \$175.49 en'S Advocacy blicable) AmountPaid \$87.74 en'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Approval Date AmountPaid Claim Category Medical Category (if applicable)	CL2019-13fe Approval Date 02/24/2020 Payee: Dakota Childre Date(s) of Service (If App 2/28/2019-2/28/2019 2/19/2019-2/19/2019 CL2019-13fe Approval Date 01/30/2019 Payee: Dakota Childre Date(s) of Service (If App 1/14/2019-1/14/2019 CL2019-8767 Approval Date 01/14/2019	AmountPaid \$175.49 en'S Advocacy blicable) AmountPaid \$87.74 en'S Advocacy blicable) AmountPaid \$79.06	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	Medical Category (if applicable) Medical Category (if applicable)	
	Claim Payments: CL2020-FE92 Approval Date 02/24/2020 Payee: Dakota Childre Date(s) of Service (If App 2/28/2019-2/28/2019 2/19/2019-2/19/2019 CL2019-13fe Approval Date 01/30/2019 Payee: Dakota Childre Date(s) of Service (If App 1/14/2019-1/14/2019 CL2019-8767 Approval Date 01/14/2019 Payee: Dakota Childre Date(s) of Service (If App	AmountPaid \$175.49 en'S Advocacy blicable) AmountPaid \$87.74 en'S Advocacy blicable) AmountPaid \$79.06 en'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	Medical Category (if applicable) Medical Category (if applicable)	
	Claim Payments: CL2020-FE92 <u>Approval Date</u> 02/24/2020 Payee: Dakota Childre <u>Date(s) of Service (If App</u> 2/28/2019-2/28/2019 2/19/2019-2/19/2019 CL2019-13fe <u>Approval Date</u> 01/30/2019 Payee: Dakota Childre <u>Date(s) of Service (If App</u> 1/14/2019-1/14/2019 CL2019-8767 <u>Approval Date</u> 01/14/2019 Payee: Dakota Childre <u>Date(s) of Service (If App</u> 1/17/2018-11/7/2018 CL2019-0e45	AmountPaid \$175.49 en'S Advocacy blicable) AmountPaid \$87.74 en'S Advocacy blicable) AmountPaid \$79.06 en'S Advocacy blicable)	Claim Category Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center	Medical Category (if applicable) Medical Category (if applicable) Medical Category (if applicable)	

	aim Payments: Ser	rvice Providers 8	Personal Reimbursements, by Case	07/03/202 1:05:50AI	
	roval, please allow 7- searched by clicking (-	or processing and check issuance. ring text to search.		
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					
<u>Approval Date</u> 01/02/2019 Payee: Dakota Cl Date(s) of Service (<u>AmountPaid</u> \$87.74 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
8/22/2018-8/22/201	8				
CL2019-a5e6					
<u>Approval Date</u> 01/02/2019	<u>AmountPaid</u> \$87.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Dakota C <u>Date(s) of Service (</u> 7/25/2018-7/25/201		Center			
CL2019-f0f6					
		Claim Catagory	Medical Category (if applicable)		
<u>Approval Date</u> 01/02/2019 Payee: Dakota Cl <u>Date(s) of Service (</u> 8/16/2018-8/16/201		<u>Claim Category</u> Mental Health Center			
01/02/2019 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy (If Applicable)	Mental Health			
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 <u>Approval Date</u> 01/02/2019	\$87.74 hildren'S Advocacy (If Applicable) 8 <u>AmountPaid</u> \$87.74	Mental Health Center <u>Claim Category</u> Mental Health	Medical Category (if applicable)		
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 <u>Approval Date</u> 01/02/2019	\$87.74 hildren'S Advocacy (If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (If Applicable)	Mental Health Center <u>Claim Category</u> Mental Health			
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy (If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (If Applicable)	Mental Health Center <u>Claim Category</u> Mental Health			
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018	\$87.74 hildren'S Advocacy (If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (If Applicable) 2018 <u>AmountPaid</u> \$147.70	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health			
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018	\$87.74 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (<u>If Applicable</u>) 2018 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)		
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (<u>If Applicable</u>) 2018 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)		
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (6/21/2018-6/21/201 CL2018-7287 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (<u>If Applicable</u>) 2018 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)		
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (6/21/2018-6/21/201 CL2018-7287 Approval Date 08/31/2018 Payee: Dakota Cl	\$87.74 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (<u>If Applicable</u>) 2018 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)		
01/02/2019 Payee: Dakota Cl Date(s) of Service (8/16/2018-8/16/201 CL2019-ff16 Approval Date 01/02/2019 Payee: Dakota Cl Date(s) of Service (10/19/2018-10/19/2 CL2018-6673 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (6/21/2018-6/21/201 CL2018-7287 Approval Date 08/31/2018 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (<u>If Applicable</u>) 2018 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>) 8 <u>AmountPaid</u> \$147.70 hildren'S Advocacy (<u>If Applicable</u>)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)		

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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) 7/23/2018-7/23/2018 CL2018-898c Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health \$147.70 08/31/2018 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/5/2018-7/5/2018 CL2018-f7b3 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 08/31/2018 \$147.70 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/19/2018-7/19/2018 CL2018-2525 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/17/2018 \$147.70 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/6/2018-6/6/2018 CL2018-50d9 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/17/2018 \$288.00 Hospital or Clinic Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/10/2018-5/10/2018 CL2018-6557 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/17/2018 \$147.70 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/14/2018-6/14/2018 CL2018-7ed5 Claim Category Medical Category (if applicable) Approval Date **AmountPaid** Mental Health 07/17/2018 \$147.70 Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/31/2018-5/31/2018 Case ID Number: CS2018-4080 Victim Initials: K.S. Case Payment Totals: \$374.13 Claim Payments:

		/ictims Compensation & Personal Reimbursements, by Cas	se 07/03/2025 1:05:50AM
NOTE: Upon payment approval, please allow 7- Document can be searched by clicking		· •	1.00.00410
CL2019-45c4 Approval Date AmountPaid 01/30/2019 \$43.62 Payee: Dakota Children'S Advocacy Date(s) of Service (If Applicable) 9/4/2018-9/4/2018	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2019-8cb5 <u>Approval Date</u> <u>AmountPaid</u> 01/14/2019 \$42.51 Payee: Dakota Children'S Advocacy <u>Date(s) of Service (If Applicable)</u> 8/24/2018-8/24/2018	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2018-a5fc <u>Approval Date</u> <u>AmountPaid</u> 10/04/2018 \$288.00 Payee: Dakota Children'S Advocacy <u>Date(s) of Service (If Applicable)</u> 8/14/2018-8/14/2018	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
Case ID Number: CS2018-409f	Victim In	iitials: D.L.	
Case Payment Totals: \$4,475.04 Claim Payments: CL2018-b93c <u>Approval Date</u> <u>AmountPaid</u> 11/09/2018 \$4,247.84 Payee: Tioga Medical Center <u>Date(s) of Service (If Applicable)</u> 11/19/2017-11/19/2017	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2018-dd9a <u>Approval Date</u> <u>AmountPaid</u> 11/09/2018 \$227.20 Payee: Tioga Clinic Non Rhc <u>Date(s) of Service (If Applicable)</u> 11/19/2017-11/19/2017	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2018-40ca	Victim In	itials: L.F.	
Case Payment Totals: \$2,221.92 Claim Payments: CL2020-F5B6 <u>Approval Date</u> <u>AmountPaid</u> 04/15/2020 \$109.90 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 2/20/2020-2/20/2020	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
ND Crime Victims Compensation, DOCR PO Box 1898 Bismarck, ND 58502-1898		8-6195; 1-800-445-2322 npensation@nd.gov	Page 8 of 725

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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.

L2020-754B			
	<u>mountPaid</u> 109.90	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids Therap			
Date(s) of Service (If Appli	-		
1/14/2020-1/14/2020	<u>oubio;</u>		
L2020-3BD2			
	<u>mountPaid</u> 139.58	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids Therap			
Date(s) of Service (If Appli	-		
11/26/2019-11/26/2019	<i>i</i>		
11/13/2019-11/13/2019			
11/7/2019-11/7/2019			
10/23/2019-10/23/2019			
L2019-F818			
	mountPaid	Claim Category	Medical Category (if applicable)
11/13/2019 \$2	219.79	Mental Health	
Payee: The Kids Therap	y Center, Llc		
Date(s) of Service (If Appli	<u>cable)</u>		
9/17/2019-9/17/2019			
9/4/2019-9/4/2019			
L2019-5C67			
Approval Date Ar	<u>mountPaid</u>	Claim Category	Medical Category (if applicable)
	65.93	Mental Health	
Payee: The Kids Therap	y Center, Llc		
Date(s) of Service (If Appli	<u>cable)</u>		
8/21/2019-8/21/2019			
7/29/2019-7/29/2019 7/18/2019-7/18/2019			
//10/2019-7/10/2019			
L2019-1416			
	mountPaid	Claim Category	Medical Category (if applicable)
•••••••	41.81 O	Mental Health	
Payee: The Kids Therap	-		
Date(s) of Service (If Applied 6/26/2019-6/26/2019	<u>cable)</u>		
6/12/2019-6/12/2019			
L2019-803B			
	mountPaid	Claim Category	Medical Category (if applicable)
	424.50	Mental Health	

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

Date(s) of Service (If Applicable) 6/5/2019-6/5/2019 5/29/2019-5/29/2019 5/21/2019-5/21/2019 5/14/2019-5/14/2019 4/30/2019-4/30/2019

CI 2018-5669

CL2010-5009				
<u>Approval Date</u> 11/21/2018	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 11/5/2018-11/5/201				
CL2018-d464				
<u>Approval Date</u> 11/21/2018	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 10/25/2018-10/25/2				
CL2018-6220				
<u>Approval Date</u> 10/31/2018	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 9/28/2018-9/28/201				
CL2018-3914				
<u>Approval Date</u> 10/05/2018	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C	hildren'S Advocacy	Center		
Date(s) of Service 8/6/2018-8/6/2018	(If Applicable)			
Case ID Number: CS2	2018-40f6	Victim In	nitials: K.S.	
Case Payment Totals:	\$5,401.60			
Claim Payments:				
CL2018-0773				
<u>Approval Date</u> 11/08/2018	<u>AmountPaid</u> \$5,401.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H	lealth			
<u>Date(s) of Service</u> 8/21/2018-8/24/201				
Case ID Number: CS2	2018-4100	Victim In	iitials: D.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		()	npensation@nd.gov	Page 10 of

Bismarck, ND 58502-1898

Clain			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea	-	-	or processing and check issuance. ring text to search.	1.00.00710
CL2018-ec0b				
Approval Date 10/04/2018	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child Date(s) of Service (If A 8/3/2018-8/3/2018	-	Center		
Case ID Number: CS201	8-412c	Victim Ir	nitials: R.T.	
Case Payment Totals: \$2 ,	933.20			
Claim Payments:				
CL2018-0610				
<u>Approval Date</u> 12/17/2018	<u>AmountPaid</u> \$2,223.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Jamestown		I Center		
<u>Date(s) of Service (If A</u> 10/3/2018-10/3/2018	Applicable)			
CL2018-6a5b				
<u>Approval Date</u> 12/17/2018	<u>AmountPaid</u> \$710.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Jamestown A Date(s) of Service (If A				
10/3/2018-10/3/2018				
Case ID Number: CS201	18-415e	Victim Ir	nitials: M.A.	
Case Payment Totals: \$4 ,	800.00			
Claim Payments:				
CL2020-D07F				
<u>Approval Date</u> 02/20/2020	<u>AmountPaid</u> \$980.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit Cou	-			
Date(s) of Service (If A 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	9 9 9			
CL2019-3AC4				
Approval Date 11/25/2019 Payee: Summit Cou	<u>AmountPaid</u> \$1,820.00 nseling	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

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

Date(s) of Service (If Applicable) 9/26/2019-9/26/2019 9/25/2019-9/25/2019 9/18/2019-9/18/2019 9/11/2019-9/11/2019 9/4/2019-9/4/2019 8/1/2019-8/1/2019 5/28/2019-5/28/2019 5/22/2019-5/22/2019 5/17/2019-5/17/2019 5/15/2019-5/15/2019 5/13/2019-5/13/2019 4/26/2019-4/26/2019

CL2019-C198

<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$960.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Summit Co	unseling		
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> 04/11/2019	<u>AmountPaid</u> \$1,040.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit C	ounseling			
Date(s) of Service (If Applicable)			
2/18/2019-2/18/201	9			
1/21/2019-1/21/201	9			
1/16/2019-1/16/201	9			
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> 11/28/2018	<u>AmountPaid</u> \$87.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Ch	ildren'S Advocacy	Center	
<u>Date(s) of Service (1</u> 10/1/2018-10/1/2018			
CL2018-975a Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
	neation DOCP	Phone: (701)-32	8 6105 1 800 445 2322

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 11/28/2018 \$81.18 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/18/2018-9/18/2018 Victim Initials: J.T. Case ID Number: CS2018-41c6 Case Payment Totals: \$470.00 Claim Payments: CL2018-838f Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/15/2018 Medical Dental \$470.00 Payee: J.T. Date(s) of Service (If Applicable) 5/18/2018-5/18/2018 Case ID Number: CS2018-4289 Victim Initials: L.F. Case Payment Totals: \$288.00 Claim Payments: CL2019-a363 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 01/16/2019 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date Medical Hospital or Clinic 08/31/2018 \$496.63 Payee: Altru Health System Date(s) of Service (If Applicable) 10/18/2017-10/18/2017 CL2018-3168 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) 11/29/2017-11/29/2017 CL2018-35ed Approval Date **AmountPaid** Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 08/31/2018 \$2,627.83 Payee: Altru Health System Date(s) of Service (If Applicable) 10/17/2017-10/17/2017 CL2018-5def AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 Medical Category (if applicable) Approval Date AmountPaid Claim Category 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/28/2018 \$105.35 Medical Hospital or Clinic Payee: Chi St. Alexius Health - (Bismarck Date(s) of Address)(If Applicable) 1/30/2018-1/30/2018 CL2018-c633 AmountPaid Approval Date 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)

Bismarck, ND 58502-1898

1/30/2018-1/30/2018

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2018-43c9		Victim Initials: M.J.		
Case Payment Totals:	\$232.00			
Claim Payments:				
CL2018-ba4b				
<u>Approval Date</u> 10/31/2018	<u>AmountPaid</u> \$232.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford I				
Date(s) of Service 6/16/2018-6/16/207				
Case ID Number: CS	2018-43f3	Victim Ir	iitials: C.S.	
Case Payment Totals:	\$1,500.00			
Claim Payments:				
CL2018-83c7				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/17/2018 Payee: C.S.	\$1,500.00	Wage Loss		
Case ID Number: CS	2018-4434	Victim Ir	nitials: K.M.	
Case Payment Totals:	\$158 12			
Claim Payments:	¢100.12			
CL2019-890d				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/30/2019	\$79.06	Mental Health		
,	hildren'S Advocacy	Center		
<u>Date(s) of Service</u> 11/29/2018-11/29/2				
CL2019-adda Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/30/2019	\$79.06	Mental Health		
=	hildren'S Advocacy	Center		
<u>Date(s) of Service</u> 11/6/2018-11/6/201				
Case ID Number: CS	2018-446b	Victim Ir	itials: L.E.	
Case Payment Totals:	\$1,632.00			
Claim Payments:				
CL2020-218D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898			npensation@nd.gov	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/04/2020 \$160.00 Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 1/22/2020-1/22/2020 CL2020-810B AmountPaid Claim Category Medical Category (if applicable) Approval Date 01/08/2020 \$320.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 12/23/2019-12/23/2019 12/10/2019-12/10/2019 CL2019-A84B AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/23/2019 \$480.00 Mental Health Pavee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 11/27/2019-11/27/2019 11/12/2019-11/12/2019 11/1/2019-11/1/2019 CL2019-FD8C Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 12/16/2019 \$672.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 10/25/2019-10/25/2019 10/11/2019-10/11/2019 10/1/2019-10/1/2019 9/20/2019-9/20/2019 Case ID Number: CS2018-447d Victim Initials: J.M. Case Payment Totals: \$434.85 Claim Payments: CL2021-6BCB Claim Category Approval Date AmountPaid Medical Category (if applicable) 02/04/2021 \$92.83 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/15/2019-11/15/2019 CL2020-46D2 Claim Category Approval Date AmountPaid Medical Category (if applicable) 05/06/2020 \$342.02 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/22/2019-11/22/2019 11/7/2019-11/7/2019 2/21/2019-2/21/2019

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.

Bismarck, ND 58502-1898

Case ID Number: CS201	18-4485	Victim Ir	nitials: C.B.	
Case Payment Totals: \$4	,100.00			
Claim Payments: CL2018-665b <u>Approval Date</u> 09/13/2018 Payee: C.B.	<u>AmountPaid</u> \$4,100.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS201	18-448d	Victim Ir	nitials: C.J.	
Case Payment Totals: \$9 3	22 00			
Case Payment Totals: \$9. Claim Payments: CL2020-CD4D <u>Approval Date</u> 01/16/2020 Payee: C.J. <u>Date(s) of Service (If /</u> 1/7/2019-10/28/2019	<u>AmountPaid</u> \$922.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription	
Case ID Number: CS201 Case Payment Totals: \$5 Claim Payments:		Victim Ir	nitials: E.T.	
CL2020-410F				
Approval Date 10/13/2020 Payee: Northern Pla Date(s) o Csetteice (If A 10/2/2020-10/2/2020 9/25/2020-9/25/2020 9/18/2020-9/18/2020 9/4/2020-9/4/2020		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2020-B8A0				
Approval Date 09/10/2020 Payee: Northern Pla Date(s) oCentrice (If A 8/21/2020-8/21/2020		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
CL2020-11DA Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898	ation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 08/19/2020 \$432.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 07/27/2020 \$312.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 6/25/2020-6/25/2020 6/11/2020-6/11/2020 6/4/2020-6/4/2020 CL2020-D70F Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/04/2020 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 5/28/2020-5/28/2020 5/21/2020-5/21/2020 5/1/2020-5/1/2020 CL2020-4358 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/14/2020 \$112.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 4/23/2020-4/23/2020 CL2020-4D04 Claim Category AmountPaid Medical Category (if applicable) Approval Date 04/16/2020 \$112.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 4/7/2020-4/7/2020 CL2020-128C AmountPaid Medical Category (if applicable) Approval Date Claim Category \$168.00 Mental Health 04/14/2020 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 3/31/2020-3/31/2020 CL2020-DB9B Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/02/2020 \$88.00 Mental Health

North Dakota Crime Victims Compensation

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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 Containe (If Applicable) 3/23/2020-3/23/2020 CL2020-10A5 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$112.00 01/14/2020 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 1/6/2020-1/6/2020 CL2019-66C6 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/23/2019 \$112.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 12/18/2019-12/18/2019 CL2019-7874 AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 12/13/2019 \$112.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 11/26/2019-11/26/2019 CL2019-4CFC Medical Category (if applicable) Approval Date AmountPaid Claim Category 11/25/2019 \$112.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 11/12/2019-11/12/2019 CL2019-15B2 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/13/2019 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 10/30/2019-10/30/2019 CL2019-6C6B Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/28/2019 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/15/2019-10/15/2019 CL2019-2CE0 <u>Approval Date</u> AmountPaid Claim Category Medical Category (if applicable) 08/22/2019 \$112.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 8/14/2019-8/14/2019

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Bismarck, ND 58502-1898

CL2019-4C31 Approval Date 08/08/2019	AmountPaid \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCsetrace (</u> 7/31/2019-7/31/201		Advocacy		
CL2019-E249				
Approval Date 07/24/2019 Payee: Northern Date(s) of Server (2019) 7/15/2019-7/15/201		<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
CL2019-27A8 Approval Date 07/19/2019 Payee: Northern	<u>AmountPaid</u> \$104.00 Plains Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s)</u> o Centric () 7/2/2019-7/2/2019		uvocacy		
CL2019-19B5				
<u>Approval Date</u> 06/21/2019	<u>AmountPaid</u> \$104.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Date(s) o Centeic e (6/5/2019-6/5/2019	Plains Children'S A (If Applicable)	Advocacy		
CL2019-3C55				
<u>Approval Date</u> 06/21/2019	<u>AmountPaid</u> \$104.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCSenteice (</u> 6/17/2019-6/17/201		Advocacy		
CL2019-07B8				
<u>Approval Date</u> 05/30/2019	<u>AmountPaid</u> \$104.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCSetreice (</u> 5/15/2019-5/15/201		Advocacy		
CL2019-5996				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$104.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Plains Children'S A	Advocacy		
CL2019-B6EE				
<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
D Crime Victims Compe	ensation, DOCR	· · ·	8-6195; 1-800-445-2322	
O Box 1898	20	Email: DOCRco	mpensation@nd.gov	Page 20

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM					
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03/01/2019 \$104.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Control of Contro of Control of Control of Control of Control of Control of					
CL2019-F6D2 <u>Approval Date</u> 03/01/2019 Payee: Northern P <u>Date(s)</u> o Center 2/25/2019-2/25/2019	<u>f Applicable)</u>	<u>Claim Category</u> Mental Health I dvocacy	Medical Category (if applicable)		
CL2019-639a					
<u>Approval Date</u> 01/30/2019 Payee: Northern P	AmountPaid \$104.00 Plains Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
<u>Date(s)</u> o Coeteic e (lf 1/24/2019-1/24/2019	f Applicable)	avocacy			
CL2019-0504					
<u>Approval Date</u> 01/14/2019 Payee: Northern P <u>Date(s)</u> o Centraic e (If 1/7/2019-1/7/2019		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)		
CL2018-5ab3					
Approval Date 12/07/2018 Payee: Northern P	f Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)		
11/13/2018-11/13/20					
11/13/2018-11/13/20 CL2018-db4e					
11/13/2018-11/13/20 CL2018-db4e <u>Approval Date</u> 12/07/2018	AmountPaid \$104.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
11/13/2018-11/13/20 CL2018-db4e Approval Date	\$104.00 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)		
11/13/2018-11/13/20 CL2018-db4e <u>Approval Date</u> 12/07/2018 Payee: Northern P <u>Date(s) o</u>	\$104.00 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)		
11/13/2018-11/13/20 CL2018-db4e <u>Approval Date</u> 12/07/2018 Payee: Northern P <u>Date(s) oCenteice (Iff</u> 11/27/2018-11/27/20 CL2018-705f <u>Approval Date</u> 11/09/2018	\$104.00 Plains Children'S A <u>f Applicable)</u> 18 <u>AmountPaid</u> \$104.00	Mental Health dvocacy <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> <u>Medical Category (if applicable)</u>		
11/13/2018-11/13/20 CL2018-db4e <u>Approval Date</u> 12/07/2018 Payee: Northern P <u>Date(s) oCSetteice (If</u> 11/27/2018-11/27/20 CL2018-705f <u>Approval Date</u>	\$104.00 Plains Children'S A <u>f Applicable)</u> 118 <u>AmountPaid</u> \$104.00 Plains Children'S A <u>f Applicable)</u>	Mental Health dvocacy <u>Claim Category</u> Mental Health			
11/13/2018-11/13/20 CL2018-db4e <u>Approval Date</u> 12/07/2018 Payee: Northern P <u>Date(s) of Serverce (In</u> 11/27/2018-11/27/20 CL2018-705f <u>Approval Date</u> 11/09/2018 Payee: Northern P <u>Date(s) of Serverce (In</u>	\$104.00 Plains Children'S A <u>f Applicable)</u> 118 <u>AmountPaid</u> \$104.00 Plains Children'S A <u>f Applicable)</u>	Mental Health dvocacy <u>Claim Category</u> Mental Health			

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Containe (If Applicable) 10/2/2018-10/2/2018 CL2018-df63 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/01/2018 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Contained (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/31/2018 \$28.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflApplicable) 10/1/2018-10/1/2018 CL2018-6585 AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 10/04/2018 \$28.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlApplicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 05/09/2022 \$1,483.28 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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2022-760F Claim Category <u>AmountPaid</u> Medical Category (if applicable) Approval Date Mental Health 04/27/2022 \$333.10 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$936.51 Mental Health 12/17/2021 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 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:

Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. 07/03/2025 Document can be searched by clicking CTRL+F, then entering text to search. 07/03/2025					
<u>Approval Date</u> 12/10/2018 Payee: A.S.	<u>AmountPaid</u> \$600.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)		
ase ID Number: CS201	18-453a	Victim Ir	nitials: C.W.		
Case Payment Totals: \$2 ,	,169.96				
Claim Payments:					
CL2018-1919					
<u>Approval Date</u> 11/09/2018 Payee: Chi St. Alexi <u>Date(s) of Service (If A</u> 1/15/2018-1/15/2018		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
CL2018-8125					
Approval Date 11/09/2018	AmountPaid \$1,605.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Chi St. Alexi <u>Date(s) of Service (If /</u> 1/15/2018-1/15/2018					
ase ID Number: CS201	18-4566	Victim Ir	nitials: B.S.		
Case Payment Totals: \$5 '	7.60				
Claim Payments:					
CL2018-6b7c Approval Date 08/31/2018	<u>AmountPaid</u> \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Dakota Child Date(s) of Service (If A 6/6/2018-6/6/2018	-	Center			
ase ID Number: CS201	18-45bd	Victim Ir	nitials: M.F.		
Case Payment Totals: \$1 ,	,012.17				
Claim Payments:					
CL2021-7B57 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
11/19/2021	\$330.10	Mental Health			
Payee: Dakota Child	dren'S Advocacy Applicable)	Center			

	North D	akota Crime V	/ictims Compensation	
Cla	im Payments: Se	ervice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2018-062a				
<u>Approval Date</u> 11/13/2018	<u>AmountPaid</u> \$161.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch Date(s) of Service (I 7/25/2018-7/25/2018	f Applicable)	Center		
CL2018-79e4				
<u>Approval Date</u> 11/13/2018	<u>AmountPaid</u> \$173.69	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (I</u> 9/5/2018-9/5/2018	-	Center		
CL2018-d5fb				
<u>Approval Date</u> 11/13/2018	<u>AmountPaid</u> \$173.69	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch	-	Center		
Date(s) of Service (I 8/2/2018-8/2/2018	<u>f Applicable)</u>			
CL2018-f837				
<u>Approval Date</u> 11/13/2018	<u>AmountPaid</u> \$173.69	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch Date(s) of Service (I 8/16/2018-8/16/2018	f Applicable)	Center		
Case ID Number: CS2	018-4627	Victim In	itials: A.C.	
Case Payment Totals: \$	2,353.43			
Claim Payments:				
CL2019-0345				
<u>Approval Date</u> 01/30/2019	<u>AmountPaid</u> \$78.26	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (I</u> 11/27/2018-11/27/20	f Applicable)	Center		
CL2019-31d3				
<u>Approval Date</u> 01/30/2019	<u>AmountPaid</u> \$78.26	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (I</u> 11/2/2018-11/2/2018	f Applicable)	Center		
CL2019-48f6				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	nsation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Clair			/ictims Compensation & Personal Reimbursements, by Case	07/03/202 1:05:50AN	
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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 <u>Approval Date</u> 01/30/2019 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 11/9/2018-11/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2019-99df <u>Approval Date</u> 01/30/2019 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 12/14/2018-12/14/201	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2019-b98d <u>Approval Date</u> 01/30/2019 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 12/20/2018-12/20/201	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2019-bf8d Approval Date 01/30/2019 Payee: Dakota Chile Date(s) of Service (If A 1/9/2019-1/9/2019		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2019-ed0d <u>Approval Date</u> 01/30/2019 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 11/14/2018-11/14/201	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2018-1fbe <u>Approval Date</u> 11/27/2018 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 9/7/2018-9/7/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
CL2018-28ec Approval Date 11/27/2018	AmountPaid \$87.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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) 9/21/2018-9/21/2018 CL2018-2f89 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health \$87.74 11/27/2018 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/9/2018-8/9/2018 CL2018-345c Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 11/27/2018 \$8.11 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/5/2018-7/5/2018 CL2018-3b73 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/1/2018-8/1/2018 CL2018-41c6 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) 9/14/2018-9/14/2018 CL2018-48d0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/28/2018-9/28/2018 CL2018-5579 Claim Category Medical Category (if applicable) Approval Date **AmountPaid** Mental Health 11/27/2018 \$87.74 Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/24/2018-8/24/2018 CL2018-7b73 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 11/27/2018 \$87.74 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/11/2018-7/11/2018

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2018-7c2a <u>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) \$87.74 Mental Health 11/27/2018 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/9/2018-10/9/2018 CL2018-ded2 <u>AmountPai</u>d Claim Category Approval Date Medical Category (if applicable) 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/24/2018-10/24/2018 CL2018-e282 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/25/2018-7/25/2018 CL2018-e35f Claim Category Medical Category (if applicable) Approval Date AmountPaid 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/31/2018-8/31/2018 CL2018-fa13 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 11/27/2018 \$87.74 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/20/2018-7/20/2018 CL2018-fe15 AmountPaid Approval Date Claim Category Medical Category (if applicable) 11/27/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/17/2018-8/17/2018 CL2018-277d Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 10/04/2018 \$79.63 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/4/2018-6/4/2018 CL2018-345c Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

	North D	Dakota Crime V	Victims Compensation	
CI	aim Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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10/04/2018 Payee: Dakota C	Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable)			
CL2018-4e68				
Approval Date 10/04/2018	<u>AmountPaid</u> \$74.08	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C <u>Date(s) of Service (</u> 5/2/2018-5/2/2018	hildren'S Advocacy (If Applicable)	Center		
CL2018-8795 <u>Approval Date</u> 10/04/2018 Payee: Dakota C <u>Date(s) of Service (</u> 5/15/2018-5/15/201		<u>Claim Category</u> Mental Health 7 Center	<u>Medical Category (if applicable)</u>	
CL2018-8f34				
<u>Approval Date</u> 10/04/2018 Payee: Dakota C <u>Date(s) of Service (</u> 6/26/2018-6/26/201		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-ba71 <u>Approval Date</u> 10/04/2018 Payee: Dakota C <u>Date(s) of Service (</u> 6/13/2018-6/13/201		<u>Claim Category</u> Mental Health 7 Center	Medical Category (if applicable)	
CL2018-5193				
<u>Approval Date</u> 07/17/2018 Payee: Dakota C <u>Date(s) of Service (</u> 5/30/2018-5/30/201		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS2	2018-4695	Victim Ir	nitials: O.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2018-4395 <u>Approval Date</u> 10/04/2018 Payee: Northern <u>Date(s) oC901900 (</u> 6/11/2018-6/11/201		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ND Crime Victims Compe PO Box 1898	ensation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	Dogo 20 o

Email: DOCRcompensation@nd.gov

Bismarck, ND 58502-1898

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

se ID Number: CS20	10-4045	Victim Ir		
ase Payment Totals: \$4	4,171.87			
laim Payments:				
CL2019-6873				
Approval Date 05/30/2019	<u>AmountPaid</u> \$97.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Voyageur R	•		•	
Date(s) of Service (If 8/10/2018-8/10/2018				
CL2019-594E				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$526.61	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Cavalier Co	-	ospital &		
Date(s) o C\$eiv &e (lf 8/10/2018-8/10/2018 9/26/2018-9/26/2018				
CL2019-DD90				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$391.68	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: M.B.	\$391.00	Medical	hospital of Clinic	
Date(s) of Service (If	Applicable)			
8/10/2018-8/10/2018 9/14/2018-9/14/2018				
CL2018-5ada				
<u>Approval Date</u> 05/09/2019	<u>AmountPaid</u> \$1,424.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Payee: M.B.	¢1,727.00	Hage Looo		
CL2019-11D5				
<u>Approval Date</u> 05/09/2019	<u>AmountPaid</u> \$22.92	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: M.B.	\$22.92	Medical	hospital of Clinic	
Date(s) of Service (If 8/2/2018-8/2/2018	Applicable)			
CL2019-2739				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/09/2019 Payee: M.B.	\$143.60	Medical	Hospital or Clinic	
<u>Date(s) of Service (If</u> 8/2/2018-8/2/2018	Applicable)			
CL2019-84E2				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Compen D Box 1898	sation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Hospital or Clinic \$1,323.01 Payee: M.B. Date(s) of Service (If Applicable) 8/2/2018-8/2/2018 CL2019-B5FC AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date Medical Prescription 10/29/2018 \$64.23 Payee: L.G. Date(s) of Service (If Applicable) 5/14/2018-5/15/2018 CL2018-8506 Medical Category (if applicable) Approval Date AmountPaid Claim Category 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 03/01/2019 \$188.10 Mental Health Payee: Summit Counseling

NOTE: Upon payment approval, 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) 12/24/2018-12/24/2018 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 10/23/2018-10/23/2018 10/16/2018-10/16/2018

CL2019-5185

 Approval Date
 AmountPaid
 Claim Category
 Medical Category (if applicable)

 01/02/2019
 \$128.80
 Medical
 Hospital or Clinic

 Payee:
 Sanford Health
 Hospital or Clinic
 Hospital or Clinic

 Date(s) of Service (If Applicable)
 11/5/2018
 Hospital or Clinic

CL2018-b020

Approval Date
12/17/2018AmountPaid
\$176.58Claim Category
MedicalMedical Category (if applicable)
Hospital or ClinicPayee:Chi St. Alexius Health WillistonHospital or ClinicDate(s) of Service (If Applicable)
9/30/20189/30/2018Hospital or Clinic

Case ID Number: CS2018-46cd

Victim Initials: J.P.

Case Payment Totals: \$288.00

Claim Payments:

CL2018-cd8e

 Approval Date
 AmountPaid
 Claim Category

 07/17/2018
 \$288.00
 Medical

 Payee:
 Dakota Children'S Advocacy Center

Medical Category (if applicable) Hospital or Clinic

Payee: Dakota Children'S Advocacy Center <u>Date(s) of Service (If Applicable)</u> 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> 03/06/2020	<u>AmountPaid</u> \$648.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Deves Empowered	Thoropy Dy Toro	l oronz	
Payee: Empowered	Therapy By Tara	Lorenz	
Date(s) of Service (If A	pplicable)		
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			

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

CL2020-4498			
<u>Approval Date</u> 02/05/2020	<u>AmountPaid</u> \$712.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered 1	,	Lorenz	
Date(s) of Service (If Ap			
1/23/2020-1/23/2020	<u>phoabloj</u>		
1/7/2020-1/7/2020			
12/31/2019-12/31/2019			
12/26/2019-12/26/2019			
CL2020-A6A8 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
01/14/2020	\$1,800.00	Mental Health	Medical Category (II applicable)
Payee: Summit Coun		Montal Hoalth	
Date(s) of Service (If Ap	-		
11/27/2019-11/27/2019	<u>phoabloj</u>		
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			
110/2013-110/2013			
CL2019-29E3			
<u>Approval Date</u> 10/28/2019	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Volk Human S	Services, Pc		
Date(s) of Service (If Ap	oplicable)		
9/12/2019-9/12/2019			
CL2019-A38D			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/05/2019	\$1,160.00	Mental Health	
Payee: Summit Coun	-		
Date(s) of Service (If Ap 6/26/2019-6/26/2019	oplicable)		
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			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/01/2018	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plai		avocacy	
Date(s) o Centeic e (If Ap	phicable)		

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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	8-474f	Victim In	itials: A.S.
Case Payment Totals: \$75	9.94		
Claim Payments:			
CL2018-d5dd			
<u>Approval Date</u> 10/29/2018	<u>AmountPaid</u> \$759.94	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Altru Health S	-		
Date(s) of Service (If Ag 7/20/2018-7/20/2018	<u>opiicable)</u>		
Case ID Number: CS2018	8-476d	Victim In	itials: A.F.
Case Payment Totals: \$96	0.00		
Claim Payments:			
CL2020-B8BE			
<u>Approval Date</u> 05/12/2020 Payee: Nuvation Hea	AmountPaid \$480.00	Claim Category Mental Health	Medical Category (if applicable)
Date(s) of Service (If Ap 1/15/2020-1/15/2020 10/21/2019-10/21/2019 9/23/2019-9/23/2019 8/27/2019-8/27/2019	oplicable)	-	
CL2019-8ADC <u>Approval Date</u> 11/06/2019	AmountPaid \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Nuvation Hea <u>Date(s) of Service (If Ap</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		5.	
Case ID Number: CS2018	8-4779	Victim In	itials: D.W.
Case Payment Totals: \$5,1	03.41		
Claim Payments:			
CL2019-00EA			
<u>Approval Date</u> 08/22/2019	<u>AmountPaid</u> \$2,952.96	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Hospit			
Date(s) of Service (If Ap 4/17/2019-4/20/2019	oplicable)		
ND Crime Victims Compensa	Han D000		3-6195- 1-800-445-2322

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2019-2C38 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 08/22/2019 Medical Hospital or Clinic \$60.00 Pavee: K.P. Date(s) of Service (If Applicable) 4/17/2019-4/17/2019 CL2019-80C8 AmountPaid Claim Category Medical Category (if applicable) Approval Date 06/26/2019 \$689.65 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 4/20/2019-4/23/2019 CL2019-0102 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 02/28/2019 \$528.00 Payee: Summit Counseling Date(s) of Service (If Applicable) 2/5/2019-2/5/2019 1/24/2019-1/24/2019 1/10/2019-1/10/2019 CL2018-21ce AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/04/2018 \$392.80 Mental Health Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 8/24/2018-8/24/2018 CL2018-84d7 AmountPaid Claim Category Approval Date Medical Category (if applicable) \$160.00 Mental Health 10/04/2018 Payee: Summit Counseling Date(s) of Service (If Applicable) 8/20/2018-8/20/2018 CL2018-a9a7 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 10/04/2018 \$160.00 Payee: Summit Counseling Date(s) of Service (If Applicable) 9/11/2018-9/11/2018 CL2018-a9eb <u>AmountPaid</u> Medical Category (if applicable) Approval Date Claim Category Mental Health 10/04/2018 \$160.00 Payee: Summit Counseling Date(s) of Service (If Applicable) 8/27/2018-8/27/2018

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payment Totals: \$288.00 Claim Payments: C12019-534 Approval Date AnountPaid Claim Category Payee: Datota Chifterer's Advocacy Center Date(s) of Service (If Applicable) 8/13/2018-8/13/2018 Case Payment Totals: \$985.30 Claim Payments: C12018-8/13/2018 Claim Category (If applicable) 10/23/2018 Payee: J.L. Case Payment Totals: \$985.30 Claim Category (If applicable) 10/23/2018 Payee: J.L. Case Payment Totals: \$985.30 Claim Category (If applicable) 10/23/2018 Payee: J.L. Case Payment Totals: \$985.30 Claim Category (If applicable) 10/23/2018 Payee: J.L. Case Payment Totals: \$951.95 Claim Category 10/23/2018 Payee: J.L. Case D Number: CS2018-482a Victim Initials: T.S. Case Payment: CL2018-1456 Claim Category 10/23/2018 Payee: J.L. Medical Category (If applicable) 11/28/2018-11/28/2018 Claim Category 11/128/2018-11/28/2018 Claim Category 11/128/2018 Payee: J.L. Medical Category (If applicable) 11/128/2018-11/28/2018 Claim Category 11/128/2018-11/28/2018 Claim Category 11/128/2018 Payee: J.L. Medical Category (If applicable) 11/128/2018-11/28/2018 Claim Category 11/128/2018-11/28/2018 Claim Category 11/128/2018-11/28/2018 Claim Category 11/128/2018 Payee: J.L. Medical Category 11/128/2018-11/28/2018 Claim Category 11/128/2018-11/28/2018 Claim Category 11/128/2018 Payee: J.L. Medical Category 11/128/2018 Payee: J.L. Medical Category 11/128/2018 Payee: J.L. Medical Category 11/128/2018 Payee: J.L. Payee:	Case ID Number: CS201	8-47f1	Victim Ir	nitials: E.P.
Cl2019-534f AmountPaid Claim Category Medical Category (f applicable) Pares: Dato Childron's Advocacy Contor Date Status (ff Applicable) Pares: Dato Savies (ff Applicable) Pares: Visition of Savies (ff Applicable) Visition Initials: J.L. Case ID Number: CS2018-4819 Victim Initials: J.L. Case Payment Totals: \$985.30 Medical Category (ff applicable) Cl2018-0477 AnnountPaid Claim Category Medical Category (ff applicable) 7/22/2018 Sa00.00 Medical Hospital or Clinic Pares: Trinity Hospital Date So 0 Service (ff Applicable) Medical Category (if applicable) 7/22/2018 Sa00.00 Weige Loss Medical Category (if applicable) Payee: J.L. SamountPaid Claim Category Cl2018-209b AnnountPaid Claim Category Medical Category (if applicable) Payee: J.L. SamountPaid Claim Category Medical Category (if applicable) 10/29/2018 SamountPaid Claim Category Medical Category (if applicable) Medical Category (if applicable) 10/29/2018	Case Payment Totals: \$28	8.00		
Approval Date AmountPaid Claim Category Medical Medical Category (if applicable) Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) Hospital or Clinic Case ID Number: CS2018-4819 Victim Initials: J.L. Case Payment Totals: \$995.30 Claim Payments: Claim Category Medical Approval Date AmountPaid Claim Category Medical Date AmountPaid Medical Payee: Trinity Hospital Date(s) Gervice (If Applicable) 7/22/2018-7/22/2018 S865.30 Medical Claim Category Medical Category (if applicable) Hospital or Clinic Payee: Trinity Hospital Date(s) Gervice (If Applicable) 7/22/2018-7/22/2018 S300.00 Wage Loss Payee: J.L. Medical Category (if applicable) Claim Category Medical Category (if applicable) 7/22/2018 S300.00 Wage Loss Payee: J.L. Medical Category (if applicable) 7/207018 S70.33 Claim Category 7/20702018 S70.33 Mential Health <td< th=""><th>Claim Payments:</th><th></th><th></th><th></th></td<>	Claim Payments:			
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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2018-14d4 <u>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) 10/31/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/4/2018-10/4/2018 CL2018-2486 <u>AmountPai</u>d Claim Category Approval Date Medical Category (if applicable) 10/31/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/4/2018-9/4/2018 CL2018-19ad 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) 6/21/2018-6/21/2018 CL2018-1bdd Claim Category Medical Category (if applicable) Approval Date AmountPaid 10/04/2018 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/19/2018-7/19/2018 CL2018-4de8 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 10/04/2018 \$87.74 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/30/2018-8/30/2018 CL2018-76f6 AmountPaid Approval Date 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) 8/16/2018-8/16/2018 CL2018-7dcd Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 10/04/2018 \$89.97 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/27/2018-6/27/2018 CL2018-a77a Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 10/04/2018 \$87.79 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/2/2018-8/2/2018 CL2018-cf28 AmountPaid Medical Category (if applicable) Approval Date Claim Category 10/04/2018 \$87.79 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/11/2019 \$760.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 2/27/2019-2/27/2019 1/31/2019-1/31/2019 1/17/2019-1/17/2019 1/10/2019-1/10/2019 1/3/2019-1/3/2019 CL2019-B261 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/11/2019 \$456.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 1/24/2019-1/24/2019 12/27/2018-12/27/2018 10/12/2018-10/12/2018 CL2018-2524 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/26/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 12/6/2018-12/6/2018 CL2018-4f77 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/26/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 11/14/2018-11/14/2018

North Dakota Crime Victims Compensation

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 **AmountPaid** Claim Category Approval Date Medical Category (if applicable) 12/26/2018 Mental Health \$152.00 Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 11/29/2018-11/29/2018 CL2018-a622 AmountPaid Claim Category Approval Date Medical Category (if applicable) 12/26/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 11/20/2018-11/20/2018 CL2018-b2d6 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/26/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 12/20/2018-12/20/2018 CL2018-d9b6 Claim Category Medical Category (if applicable) Approval Date AmountPaid 12/26/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 11/28/2018-11/28/2018 CL2018-242b Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 11/28/2018 \$152.00 Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 10/12/2018-10/12/2018 CL2018-99c1 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 11/28/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 10/23/2018-10/23/2018 CL2018-d347 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health \$152.00 11/28/2018 Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 10/16/2018-10/16/2018 CL2018-e787 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$152.00 Mental Health 11/28/2018 Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 10/12/2018-10/12/2018 CL2018-ec68 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/28/2018 \$152.00 Mental Health Payee: Kaleidoscope Behavioral Health Date(s) of Service (If Applicable) 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 06/21/2019 \$104.50 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/10/2019-6/10/2019 CL2019-D187 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$156.75 Mental Health 06/21/2019 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/6/2019-5/6/2019 CL2019-FEAD Claim Category Approval Date AmountPaid Medical Category (if applicable) 05/30/2019 \$156.75 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/13/2019-5/13/2019 CL2019-2E0B AmountPaid Claim Category Medical Category (if applicable) Approval Date 05/10/2019 \$156.75 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/15/2019-4/15/2019 CL2019-3708 AmountPaid Approval Date Claim Category Medical Category (if applicable) 05/10/2019 \$104.50 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/1/2019-5/1/2019

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03/01/2019 Payee: Dakota Chi <u>Date(s) of Service (If</u> 1/17/2019-1/17/2019	Applicable)	Mental Health Center		
CL2019-02b7				
Approval Date 01/30/2019 Payee: Dakota Chi Date(s) of Service (If 12/28/2018-12/28/20	Applicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2019-0abc				
<u>Approval Date</u> 01/30/2019 Payee: Dakota Chi <u>Date(s) of Service (If</u> 11/16/2018-11/16/20	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-1463				
<u>Approval Date</u> 01/30/2019 Payee: Dakota Chi <u>Date(s) of Service (If</u> 10/31/2018-10/31/20	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-1593				
Approval Date 01/30/2019 Payee: Dakota Chi Date(s) of Service (If 11/29/2018-11/29/20	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-2a7e				
<u>Approval Date</u> 01/30/2019 Payee: Dakota Chi <u>Date(s) of Service (If</u> 12/20/2018-12/20/20	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-56bb				
<u>Approval Date</u> 01/30/2019 Payee: Dakota Chi	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
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Date(s) of Service 1/3/2019-1/3/2019	(If Applicable)			
CL2019-b4d1 <u>Approval Date</u> 01/30/2019	AmountPaid \$43.62	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy			
Date(s) of Service 11/5/2018-11/5/201	(If Applicable)			
CL2019-d648				
<u>Approval Date</u> 01/30/2019	<u>AmountPaid</u> \$43.62	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy (If Applicable)			
CL2019-d95c				
<u>Approval Date</u> 01/30/2019 Payee: Dakota C <u>Date(s) of Service</u> 12/12/2018-12/12/2		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-87b3				
<u>Approval Date</u> 01/14/2019		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS	2018-485e	Victim Ir	nitials: K.L.	
Case Payment Totals:	\$660.64			
Claim Payments:				
CL2019-10ed				
<u>Approval Date</u> 01/30/2019 Payee: Dakota C Date(s) of Service	AmountPaid \$87.74 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Mental Health v Center	Medical Category (if applicable)	
9/4/2018-9/4/2018				
CL2019-43d8				
<u>Approval Date</u> 01/30/2019 Pavee: Dakota C	<u>AmountPaid</u> \$87.74 hildren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Date(s) of Service	-			
10/24/2018-10/24/2				

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 01/30/2019 Mental Health \$79.06 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/7/2018-11/7/2018 CL2019-6981 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date Mental Health 01/30/2019 \$79.06 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/1/2018-11/1/2018 CL2019-6da9 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) 12/3/2018-12/3/2018 CL2019-c2c7 Claim Category Medical Category (if applicable) Approval Date AmountPaid 01/30/2019 \$87.74 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/18/2018-10/18/2018 CL2019-d124 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 01/30/2019 \$81.18 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/30/2018-8/30/2018 CL2019-d175 AmountPaid Approval Date 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) 11/29/2018-11/29/2018 Case ID Number: CS2018-4958 Victim Initials: I.S. Case Payment Totals: \$418.56 Claim Payments: CL2018-5d80 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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.

08/15/2018 \$418.56 Travel

Payee: T.S.

ase ID Number: CS201	8-49ad	Victim Ir	nitials: A.P.
Case Payment Totals: \$47	7.20		
Claim Payments:			
CL2018-5234			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/17/2018	\$477.20	Medical	Hospital or Clinic
Payee: Chi St. Alexiu Date(s) of Service (If A			
9/17/2018-9/17/2018	pplicable)		
ase ID Number: CS201	8-49ee	Victim Ir	nitials: J.P.
Case Payment Totals: \$4, 0	020.15		
Claim Payments:			
CL2020-3C25			
<u>Approval Date</u> 12/03/2020	<u>AmountPaid</u> \$962.10	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: J.P.	\$502.10	Medical	
Date(s) of Service (If A	pplicable)		
3/17/2020-3/17/2020			
CL2020-6294			
<u>Approval Date</u> 12/03/2020	<u>AmountPaid</u> \$643.85	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexiu			
<u>Date(s) of Service (If A</u> 3/17/2020-3/17/2020			
CL2020-2683			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
07/13/2020 Payee: Williston Aml	\$876.44 bulance Service	Medical	Hospital or Clinic
Date(s) of Service (If A			
8/18/2018-8/18/2018			
CL2019-A7C9			
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
07/03/2019 Payee: Chi Mercy Me	\$118.05 Indical Center Cli		
Date(s) of Service (If A			
4/10/2019-4/10/2019			

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) **AmountPaid** Claim Category Approval Date 06/24/2019 \$438.04 Medical Hospital or Clinic Payee: Sidney Health Center Date(s) of Service (If Applicable) 1/28/2019-1/28/2019 CL2019-DA72 <u>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date 05/30/2019 \$118.05 Medical Hospital or Clinic Payee: Chi Mercy Medical Center Clinic Date(s) of Service (If Applicable) 2/19/2019-2/19/2019 2/15/2019-2/15/2019 CL2018-695d AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/17/2018 \$606.36 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 8/19/2018-8/20/2018 CL2018-d0db AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/17/2018 \$183.52 Medical Hospital or Clinic Pavee: Chi St. Alexius Health Williston Date(s) of Service (If Applicable) 8/19/2018-8/19/2018 CL2018-d9b9 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 12/17/2018 \$73.74 Medical Payee: Trinity Hospital Date(s) of Service (If Applicable) 8/19/2018-8/19/2018 Case ID Number: CS2018-4a5b Victim Initials: Z.B. Case Payment Totals: \$1,031.85 Claim Payments: CL2019-14c4 Claim Category Approval Date AmountPaid Medical Category (if applicable) 01/14/2019 \$174.17 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/3/2019-1/3/2019 CL2019-f973 Medical Category (if applicable) Approval Date AmountPaid Claim Category ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Nc	orth Dakota Crime	Victims Compensation	
Claim Payme	nts: Service Providers	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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01/14/2019 \$174.17	7 Mental Health	-	
Payee: Dakota Children'S Ad <u>Date(s) of Service (If Applicable</u> 12/14/2018-12/14/2018			
CL2019-304a			
<u>Approval Date</u> <u>Amount</u> 01/02/2019 \$174.17		Medical Category (if applicable)	
Payee: Dakota Children'S Ad	vocacy Center		
Date(s) of Service (If Applicable 11/7/2018-11/7/2018)		
CL2019-998d			
Approval Date Amount 01/02/2019 \$174.17		Medical Category (if applicable)	
Payee: Dakota Children'S Ad Date(s) of Service (If Applicable) 12/6/2018-12/6/2018	vocacy Center		
CL2019-a251			
Approval Date Amount 01/02/2019 \$161.00 Payee: Dakota Children'S Ad Date(s) of Service (If Applicable 10/25/2018-10/25/2018	0 Mental Health vocacy Center	Medical Category (if applicable)	
CL2019-d0ca Approval Date Amount		Medical Category (if applicable)	
01/02/2019 \$174.17 Payee: Dakota Children'S Ad Date(s) of Service (If Applicable 10/30/2018-10/30/2018	vocacy Center		
ase ID Number: CS2018-4a97	Victim I	nitials: D.I.	
Case Payment Totals: \$329.03			
Claim Payments:			
CL2018-53e7			
Approval Date <u>Amount</u> 10/04/2018 \$30.45	tPaid <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Children'S Adv Date(s) of Service (If Applicable 4/10/2018-4/10/2018	vocacy Center		
CL2018-adf1			
<u>Approval Date</u> <u>Amount</u> 10/04/2018 \$141.22		Medical Category (if applicable)	
Payee: Dakota Children'S Ad <u>Date(s) of Service (If Applicable</u> 3/29/2018-3/29/2018	vocacy Center		
ND Crime Victims Compensation, DO PO Box 1898		28-6195; 1-800-445-2322 pmpensation@nd.gov	Page 47 of 7

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	North D	akota Crime V	Victims Compensation	
Clai			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se		-	or processing and check issuance. ring text to search.	
CL2018-d81a				
Approval Date 10/04/2018	<u>AmountPaid</u> \$29.54	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi <u>Date(s) of Service (If</u> 4/26/2018-4/26/2018	Applicable)	Center		
CI 2049 255				
CL2018-2ffc Approval Date 08/31/2018	<u>AmountPaid</u> \$29.54	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi <u>Date(s) of Service (If</u> 5/29/2018-5/29/2018	Idren'S Advocacy Applicable)			
CL2018-4120				
<u>Approval Date</u> 08/31/2018	<u>AmountPaid</u> \$32.76	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	-	Center		
<u>Date(s) of Service (If</u> 6/6/2018-6/6/2018	<u>Applicable</u>)			
CL2018-d77c				
<u>Approval Date</u> 08/31/2018	<u>AmountPaid</u> \$32.76	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi <u>Date(s) of Service (If</u> 5/9/2018-5/9/2018	Idren'S Advocacy			
CL2018-eb43				
<u>Approval Date</u> 08/31/2018 Payee: Dakota Chi <u>Date(s) of Service (If</u> 5/23/2018-5/23/2018	\$32.76 Idren'S Advocacy Applicable)	Mental Health	Medical Category (if applicable)	
Case ID Number: CS20)18-4ac6	Victim In	nitials: E.W.	
Case Payment Totals: \$	296.00			
Claim Payments:				
CL2018-bc6b				
Approval Date 12/07/2018	AmountPaid \$88.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Playfully Ye Date(s) of Service (If 12/1/2018-12/1/2018	Applicable)			
CL2018-86bd Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comper	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 11/21/2018 \$120.00 Payee: Playfully You Date(s) of Service (If Applicable) 11/17/2018-11/17/2018 CL2018-ec4f Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/21/2018 \$88.00 Mental Health Payee: Playfully You Date(s) of Service (If Applicable) 11/3/2018-11/3/2018 Case ID Number: CS2018-4ace Victim Initials: S.S. Case Payment Totals: \$118.34 Claim Payments: CL2018-ab2f Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 10/31/2018 \$118.34 Medical Hospital or Clinic Payee: Mckenzie County Ambulance Services Date(s) of Service (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/08/2020 \$203.38 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 8/25/2020-8/25/2020 8/21/2020-8/21/2020 CL2019-0A87 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 08/22/2019 \$161.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/1/2018-8/1/2018 CL2019-34FF Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 08/07/2019 \$75.62 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 6/13/2019-6/13/2019

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

	North Da	akota Crime '	Victims Compensation	
CI	aim Payments: Se	rvice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AN
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CL2019-4A84				
<u>Approval Date</u> 08/05/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	hildren'S Advocacy	Center		
Date(s) of Service (10/19/2018-10/19/2				
CL2019-D30B				
<u>Approval Date</u> 08/05/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 10/27/2018-10/27/2				
10/27/2018-10/27/2	2018			
CL2019-E039				
<u>Approval Date</u> 08/05/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	ہ hildren'S Advocacy			
Date(s) of Service	(If Applicable)			
8/30/2018-8/30/201	18			
CL2019-908E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/21/2019	\$213.77 Therapy Center, Llc	Mental Health		
Date(s) of Service (
5/22/2019-5/22/201	-			
5/13/2019-5/13/201	19			
CL2019-1E1F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/30/2019 Bayaa: The Kide	\$151.23 Therapy Center, Llc	Mental Health		
Date(s) of Service (
4/15/2019-4/15/201				
4/9/2019-4/9/2019				
CL2019-38f0				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/30/2019	\$174.17	Mental Health		
Date(s) of Service (hildren'S Advocacy ((If Applicable)	Center		
12/6/2018-12/6/201				
CL2019-f51d				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/30/2019	\$174.17	Mental Health		
Payee: Dakota C Date(s) of Service (hildren'S Advocacy ((If Applicable)	Center		
10/3/2018-10/3/201				

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CL2019-05a0				
Approval Date 01/14/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (</u> 11/21/2018-11/21/20	If Applicable)	Center		
CL2018-c314				
<u>Approval Date</u> 11/27/2018 Payee: Dakota Ch <u>Date(s) of Service (1</u> 10/16/2018-10/16/20	f Applicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2018-6d03 <u>Approval Date</u> 10/31/2018 Payee: Dakota Ch <u>Date(s) of Service (</u> 8/14/2018-8/14/201	If Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2 Case Payment Totals: \$ Claim Payments:		Victim Ir	nitials: M.H.	
CL2019-0141 <u>Approval Date</u> 08/15/2019 Payee: Dakota Ch <u>Date(s) of Service (1</u> 7/12/2019-7/12/2019	If Applicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2019-3F31 <u>Approval Date</u> 06/21/2019 Payee: J.H.	<u>AmountPaid</u> \$226.70	<u>Claim Category</u> Travel	Medical Category (if applicable)	
CL2019-79BE Approval Date 05/30/2019 Payee: Dakota Ch Date(s) of Service (1 5/1/2019-5/1/2019	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-0269 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	Page 51 of 72

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Cla			/ictims Compensation	
	aim Payments: Se	ervice Providers &	Personal Reimbursements, by Case	07/03/20 1:05:50
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05/10/2019 Payee: Dakota Cl <u>Date(s) of Service (</u> 3/25/2019-3/25/201		Mental Health Center		
CL2019-3088				
<u>Approval Date</u> 04/11/2019 Payee: Dakota Cl <u>Date(s) of Service (</u> 2/26/2019-2/26/201		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
	5			
CL2019-3BD6 <u>Approval Date</u> 04/11/2019 Payee: Dakota Cl <u>Date(s) of Service (</u> 1/16/2019-1/16/201	· · · · · · · · · · · · · · · · · · ·	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-7029				
<u>Approval Date</u> 04/11/2019 Payee: Dakota Cl <u>Date(s) of Service (</u> 2/6/2019-2/6/2019	AmountPaid \$3.62 hildren'S Advocacy If Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-095d				
Approval Date 01/30/2019	AmountPaid \$87.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Approval Date 01/30/2019	\$87.74 hildren'S Advocacy If Applicable)	Mental Health	Medical Category (if applicable)	
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201	\$87.74 hildren'S Advocacy If Applicable)	Mental Health	Medical Category (if applicable)	
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl	\$87.74 hildren'S Advocacy If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (9/5/2018-9/5/2018 CL2019-2b32 Approval Date 01/30/2019	\$87.74 hildren'S Advocacy (If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy (If Applicable) <u>AmountPaid</u> \$79.06	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health		
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (9/5/2018-9/5/2018 CL2019-2b32 Approval Date 01/30/2019	\$87.74 hildren'S Advocacy If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy If Applicable) <u>AmountPaid</u> \$79.06 hildren'S Advocacy If Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (9/5/2018-9/5/2018 CL2019-2b32 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (11/14/2018-11/14/2	\$87.74 hildren'S Advocacy If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy If Applicable) <u>AmountPaid</u> \$79.06 hildren'S Advocacy If Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
01/30/2019 Payee: Dakota Cl Date(s) of Service (10/4/2018-10/4/201 CL2019-18f1 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (9/5/2018-9/5/2018 CL2019-2b32 Approval Date 01/30/2019 Payee: Dakota Cl Date(s) of Service (\$87.74 hildren'S Advocacy If Applicable) 8 <u>AmountPaid</u> \$87.74 hildren'S Advocacy If Applicable) <u>AmountPaid</u> \$79.06 hildren'S Advocacy If Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	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.

Date(s) of Service (If Applicable) 11/8/2018-11/8/2018 CL2019-69b2 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 01/30/2019 \$515.53 Travel Payee: J.H. CL2019-7c02 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) 11/2/2018-11/2/2018 CL2019-be23 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) 9/26/2018-9/26/2018 CL2019-ec4c 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) 8/27/2018-8/27/2018 CL2019-7fa2 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date \$257.77 Travel 10/04/2018 Payee: J.H. Case ID Number: CS2018-4c56 Victim Initials: B.B. Case Payment Totals: \$832.87 Claim Payments:

Clair	n Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2020-E931				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/27/2020	\$88.54	Mental Health		
Payee: Assessmen		ociates		
Date(s) of Service (If	Applicable)			
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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/11/2019	\$104.46	Mental Health	<u></u>	
Payee: Assessmen	t & Therapy Asso	ociates		
Date(s) of Service (If	Applicable)			
6/24/2019-6/24/2019				
6/18/2019-6/18/2019				
6/13/2019-6/13/2019				
CL2019-7594				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/03/2019	\$204.69	Medical	Hospital or Clinic	
Payee: S.B.	·			
Date(s) of Service (If	Applicable)			
3/19/2018-3/19/2018	<u> </u>			
CL2019-B435				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
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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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

Case

4/26/2018-4/26/2018				
Case ID Number: CS20	18-4c6a	Victim In	nitials: B.L.	
Case Payment Totals: \$1	,320.67			
Claim Payments:				
CL2018-50e6				
<u>Approval Date</u> 11/16/2018	<u>AmountPaid</u> \$87.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil <u>Date(s) of Service (If /</u> 10/3/2018-10/3/2018	-	Center		
CL2018-8276 <u>Approval Date</u> 11/16/2018 Payee: Dakota Chile <u>Date(s) of Service (If /</u> 8/9/2018-8/9/2018		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-aa8e	American		Madical October (if anylicable)	
Approval Date 11/16/2018 Payee: Dakota Chile Date(s) of Service (If / 9/19/2018-9/19/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-1979 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898 Bismarck, ND 58502-1898	sation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	Page 55 of 725

Clair			/ictims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AN
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11/15/2018 Payee: Dakota Child Date(s) of Service (If A 8/9/2018-8/9/2018	-	Mental Health Center		
CL2018-3086 <u>Approval Date</u> 11/15/2018 Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/9/2018-8/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-55f1 Approval Date 11/15/2018 Payee: Dakota Child Date(s) of Service (If A 8/9/2018-8/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-871e <u>Approval Date</u> 11/15/2018 Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/9/2018-8/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-a38b <u>Approval Date</u> 11/15/2018 Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/10/2018-8/10/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-a655 <u>Approval Date</u> 11/15/2018 Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/9/2018-8/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-b815 Approval Date 11/15/2018 Payee: Dakota Child Date(s) of Service (If A 8/9/2018-8/9/2018	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2018-bc20 Approval Date 11/15/2018 Payee: Dakota Chilo	<u>AmountPaid</u> \$147.70 dren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	

Clai		akota Crime V ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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<u>Date(s) of Service (If</u> 8/10/2018-8/10/2018				
CL2018-e90c				
Approval Date 11/13/2018 Payee: Dakota Chi Date(s) of Service (If	Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
10/17/2018-10/17/20				
ase ID Number: CS20)18-4cbf	Victim Ir	nitials: K.N.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2018-89ba <u>Approval Date</u> 11/28/2018	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P		dvocacy		
Date(s) o Coeffice (If 10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$6)18-4cd4	Victim Ir	nitials: E.B.	
10/1/2018-10/1/2018 ase ID Number: CS20	018-4cd4 608.00 <u>AmountPaid</u> \$48.00 vor Counseling Se <u>Applicable</u>)	<u>Claim Category</u> Mental Health	nitials: E.B.	
10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2019-255A Approval Date 12/13/2019 Payee: Soul Surviv Date(s) of Service (Iff 9/23/2019-9/23/2019	018-4cd4 608.00 <u>AmountPaid</u> \$48.00 vor Counseling Se <u>Applicable</u>)	<u>Claim Category</u> Mental Health		
10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2019-255A Approval Date 12/13/2019 Payee: Soul Surviv Date(s) of Service (Iff 9/23/2019-9/23/2019 7/22/2019-7/22/2019 CL2019-34E4 Approval Date 08/07/2019	018-4cd4 608.00 <u>AmountPaid</u> \$48.00 vor Counseling Se <u>Applicable</u>) <u>AmountPaid</u> \$72.00	<u>Claim Category</u> Mental Health ervices, Pc <u>Claim Category</u> Mental Health		
10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$6 Claim Payments: CL2019-255A Approval Date 12/13/2019 Payee: Soul Surviv Date(s) of Service (If 9/23/2019-9/23/2019 7/22/2019-7/22/2019 CL2019-34E4 Approval Date	018-4cd4 608.00 AmountPaid \$48.00 vor Counseling Se Applicable) Mor Counseling Se Applicable)	<u>Claim Category</u> Mental Health ervices, Pc <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$ CL2019-255A Approval Date 12/13/2019 Payee: Soul Surviv Date(s) of Service (If 9/23/2019-9/23/2019 7/22/2019-7/22/2019 CL2019-34E4 Approval Date 08/07/2019 Payee: Soul Surviv Date(s) of Service (If 6/19/2019-6/19/2019 6/6/2019-6/6/2019 5/20/2019-5/20/2019 CL2019-D603	018-4cd4 608.00 AmountPaid \$48.00 vor Counseling Se Applicable) Mor Counseling Se Applicable)	<u>Claim Category</u> Mental Health Prvices, Pc <u>Claim Category</u> Mental Health Prvices, Pc	Medical Category (if applicable)	
10/1/2018-10/1/2018 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2019-255A <u>Approval Date</u> 12/13/2019 Payee: Soul Surviv Date(s) of Service (If 9/23/2019-9/23/2019 7/22/2019-7/22/2019 CL2019-34E4 <u>Approval Date</u> 08/07/2019 Payee: Soul Surviv Date(s) of Service (If 6/19/2019-6/19/2019 6/6/2019-6/6/2019 5/20/2019-5/20/2019	AmountPaid \$48.00 vor Counseling Se Applicable) AmountPaid \$72.00 vor Counseling Se Applicable)	<u>Claim Category</u> Mental Health Prvices, Pc <u>Claim Category</u> Mental Health Prvices, Pc <u>Claim Category</u> Mental Health	Medical Category (if applicable)	

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Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2023 1:05:50AN
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CL2019-C12C				
<u>Approval Date</u> 06/21/2019 Payee: Soul Surviv <u>Date(s) of Service (If</u> 5/14/2019-5/14/2019	Applicable)	<u>Claim Category</u> Mental Health ervices, Pc	<u>Medical Category (if applicable)</u>	
CL2019-810B				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv Date(s) of Service (If 4/3/2019-4/3/2019	-	ervices, Pc		
CL2019-B3E8				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$48.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv <u>Date(s) of Service (If</u> 3/7/2019-3/7/2019 2/5/2019-2/5/2019	-	ervices, Pc		
CL2019-91AD				
<u>Approval Date</u> 02/28/2019	<u>AmountPaid</u> \$48.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv	-	ervices, Pc		
<u>Date(s) of Service (If</u> 1/16/2019-1/16/2019 1/7/2019-1/7/2019				
CL2019-040b				
Approval Date 01/15/2019 Payee: Soul Surviv Date(s) of Service (If	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
12/17/2018-12/17/20				
CL2019-56a6				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv	-	ervices, Pc		
Date(s) of Service (If 10/11/2018-10/11/201				
CL2019-866c				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv Date(s) of Service (If 10/23/2018-10/23/20	Applicable)	ervices, Pc		

Clain			/ictims Compensation A Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2019-a1de				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 10/30/2018-10/30/2018	pplicable)	ervices, Pc		
CL2019-b355				
Approval Date 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 11/20/2018-11/20/2018	pplicable)	ervices, Pc		
CL2019-b391				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo Date(s) of Service (If A 10/4/2018-10/4/2018	-	ervices, Pc		
CL2019-bbd9				
Approval Date 01/15/2019	AmountPaid \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 9/17/2018-9/17/2018	-	i vices, PC		
CL2019-d135				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 11/12/2018-11/12/2018	pplicable)	ervices, Pc		
CL2019-da35				
<u>Approval Date</u> 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 12/5/2018-12/5/2018		ervices, Pc		
CL2019-e2b6				
Approval Date 01/15/2019	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo <u>Date(s) of Service (If A</u> 12/31/2018-12/31/2018	pplicable)	ervices, Pc		

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: CS201	8-4cef	Victim In	itials: J.D.	
Case Payment Totals: \$1,8	369.88			
Claim Payments:				
CL2021-F2F0				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/29/2021	\$250.99	Mental Health		
Payee: Dakota Child <u>Date(s) of Service (If A</u> 5/5/2020-5/5/2020 4/6/2020-4/6/2020		Center		
CL2021-1BE3				
Approval Date 01/29/2021	AmountPaid \$531.84	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child				
Date(s) of Service (If A) 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	<u>oplicable)</u>			
CL2020-991C				
Approval Date 08/31/2020	<u>AmountPaid</u> \$1,087.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	ren'S Advocacy	Center		
Date(s) of Service (If A	oplicable)			
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				
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: CS201	8-4d14	Victim In	itials: A.S.	
Case Payment Totals: \$1,	323.40			
Claim Payments:				
CL2020-F562				
<u>Approval Date</u> 03/19/2020 Payee: Heather Kipp	AmountPaid \$304.00 en, Licsw, Just	<u>Claim Category</u> Mental Health Breathe	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898	tion, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	

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

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Date(s) of Service (If Applicable) 2/10/2020-2/10/2020 1/23/2020-1/23/2020

CL2019-E202

CL2019-E202			
<u>Approval Date</u> 09/18/2019	<u>AmountPaid</u> \$182.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Heather Kip	• • •	Breathe	
Date(s) of Service (If A 8/14/2019-8/14/2019 7/31/2019-7/31/2019 7/17/2019-7/17/2019 7/2/2019-7/2/2019	Applicable)		
CL2019-1E29			
Approval Date 07/25/2019 Payee: Heather Kipp Date(s) of Service (If A 6/24/2019-6/24/2019 5/23/2019-5/23/2019 5/15/2019-5/15/2019 5/9/2019-5/9/2019 5/2/2019-5/9/2019 4/16/2019-4/16/2019 4/4/2019-4/16/2019 3/28/2019-3/28/2019 3/21/2019-3/21/2019		<u>Claim Category</u> Mental Health Breathe	<u>Medical Category (if applicable)</u>
CL2019-36C2			
<u>Approval Date</u> 07/19/2019	<u>AmountPaid</u> \$75.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: A.S . <u>Date(s) of Service (If A</u> 3/21/2019-3/21/2019	,		
Case ID Number: CS201	18-4d1e	Victim Ir	nitials: J.P.
Case Payment Totals: \$2	,050.00		
Claim Payments:			
CL2018-4e22			
<u>Approval Date</u> 08/20/2018 Payee: M.P.	<u>AmountPaid</u> \$2,050.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)

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	3-4d3f	Victim In	itials: G.P.
Case Payment Totals: \$1,8	73.72		
Claim Payments:			
CL2020-4579			
	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plain Date(s) o Ceate ice (If Ap 5/28/2020-5/28/2020		dvocacy	
CL2020-473B			
	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plain <u>Date(s)</u> o Csetteic e (If Ap 5/18/2020-5/18/2020		dvocacy	
CL2019-53F7			
	AmountPaid \$216.08	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plain <u>Date(s) oCserteice (If Ap</u> 9/9/2019-9/9/2019 8/20/2019-8/20/2019 4/30/2019-4/30/2019		dvocacy	
CL2019-30A5			
	<u>AmountPaid</u> \$1,301.64	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plain Date(s) o Coeffice (If Ap 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 10/23/2018-10/23/2018 10/16/2018-10/16/2018 9/21/2018-9/21/2018		dvocacy	
CL2018-6a53 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)

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.

12/26/2018 \$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

Approval Date 05/30/2019	AmountPaid \$475.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: K.K.	÷		
Date(s) of Service (If A)	nnlicable)		
5/14/2019-5/14/2019	<u>oplicable j</u>		
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> 04/12/2019	<u>AmountPaid</u> \$20.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Mid Dakota C	•	Medical	Tospital of Clinic
-			
<u>Date(s) of Service (If A</u> 1/25/2019-1/25/2019	pplicable)		
CL2018-f225			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/07/2018	\$895.39	Medical	Hospital or Clinic
Payee: Mid Dakota C	linic		
Date(s) of Service (If A	<u>pplicable)</u>		
11/2/2018-11/2/2018			
10/26/2018-10/26/2018	}		
CL2018-3b12			
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compensa	ation, DOCR	Phone: (701)-328	3-6195; 1-800-445-2322

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$42.50 Medical 11/28/2018 Chiropractic or Massage Payee: Peters Chiropractic Date(s) of Service (If Applicable) 9/19/2018-9/19/2018 CL2018-53f6 AmountPaid Medical Category (if applicable) Approval Date Claim Category 11/28/2018 \$139.20 Medical Hospital or Clinic Payee: Community Action Partnership-Family Date(s) oPsemice (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) \$402.08 Medical Hospital or Clinic 11/28/2018 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 <u>AmountPaid</u> 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:

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

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Bismarck, ND 58502-1898

CL2019-8141 Approval Date 05/30/2019	<u>AmountPaid</u> \$1,440.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit C		Meritar realtr		
Date(s) of Service	-			
5/14/2019-5/14/201				
5/10/2019-5/10/201	19			
5/1/2019-5/1/2019	10			
2/21/2019-2/21/201	-			
2/14/2019-2/14/201	19			
2/5/2019-2/5/2019 1/11/2019-1/11/201	0			
1/4/2019-1/4/2019	9			
12/20/2018-12/20/2	2018			
CL2018-29b4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/10/2018	\$160.00	Mental Health		
Payee: Summit C	-			
<u>Date(s) of Service</u> 11/15/2018-11/15/2	· · · · · · · · · · · · · · · · · · ·			
CL2018-5ae6				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/10/2018	\$160.00	Mental Health		
Payee: Summit C	-			
Date(s) of Service (11/27/2018-11/27/2				
11/27/2010-11/27/2	018			
CL2018-d016				
<u>Approval Date</u> 12/10/2018	<u>AmountPaid</u> \$160.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit C		Montal Hould		
Date(s) of Service	-			
11/9/2018-11/9/201				
CL2018-7aee				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/31/2018	\$240.00	Mental Health		
Payee: Summit C	-			
<u>Date(s) of Service</u> 10/12/2018-10/12/2				
CL2018-bf06				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/31/2018	\$160.00	Mental Health		
Payee: Summit C	Counseling			
Date(s) of Service 9/25/2018-9/25/201				
CL2018-c231				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
O Box 1898			mpensation@nd.gov	Page 6
smarck ND 58502-180	0			Fage 0

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.

Bismarck, ND 58502-1898

Payee: Summit Co <u>Date(s) of Service (If</u> 10/8/2018-10/8/2018 -2018-e93c <u>Approval Date</u> 10/31/2018 Payee: Summit Co <u>Date(s) of Service (If</u> 9/17/2018-9/17/2018 -2018-b813 <u>Approval Date</u> 10/04/2018	AmountPaid \$160.00 ounseling Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
10/8/2018-10/8/2018 2018-e93c Approval Date 10/31/2018 Payee: Summit Co Date(s) of Service (If 9/17/2018-9/17/2018 2018-b813 Approval Date	AmountPaid \$160.00 unseling Applicable)		Medical Category (if applicable)	
Approval Date 10/31/2018 Payee: Summit Co Date(s) of Service (If 9/17/2018-9/17/2018 -2018-b813 Approval Date	\$160.00 sunseling Applicable)		Medical Category (if applicable)	
10/31/2018 Payee: Summit Co <u>Date(s) of Service (If</u> 9/17/2018-9/17/2018 	\$160.00 sunseling Applicable)		<u>Medical Category (if applicable)</u>	
Payee: Summit Co Date(s) of Service (If 9/17/2018-9/17/2018 2018-b813 Approval Date	unseling Applicable)	Mental Health		
Date(s) of Service (If 9/17/2018-9/17/2018 2018-b813 Approval Date	Applicable)			
9/17/2018-9/17/2018 2018-b813 Approval Date				
Approval Date				
10/04/2019	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
	\$160.00 	Mental Health		
Payee: Summit Co	-			
Date(s) of Service (If 9/6/2018-9/6/2018	Applicable)			
_2018-5ca8				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/31/2018	\$160.00	Mental Health		
Payee: Summit Co	-			
Date(s) of Service (If 8/1/2018-8/1/2018	<u>Applicable)</u>			
_2018-b4b7				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/31/2018	\$160.00	Mental Health		
Payee: Summit Co	-			
Date(s) of Service (If 8/16/2018-8/16/2018				
_2018-bac1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/31/2018	\$160.00	Mental Health		
Payee: Summit Co	-			
Date(s) of Service (If 8/8/2018-8/8/2018				
ID Number: CS20)18-4d9d	Victim In	iitials: A.M.	
e Payment Totals: \$	6,891.37			
m Payments:				
_2018-9e63				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/16/2018	\$6,891.37	Medical	Hospital or Clinic	
Payee: Sanford He				
Date(s) of Service (If 6/6/2018-6/6/2018	Applicable)			
Crime Victims Compen	sation. DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
Box 1898		. ,	npensation@nd.gov	Page

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: CS20	18-4eda	Victim Ir	nitials: T.S.
Case Payment Totals: \$6	680.00		
Claim Payments:			
CL2019-EEBA			
Approval Date 05/10/2019 Payee: Summit Con Date(s) of Service (If. 11/1/2018-11/1/2018 8/2/2018-8/2/2018	-	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
CL2018-254d			
Approval Date 12/10/2018 Payee: Summit Con Date(s) of Service (If. 8/2/2018-8/2/2018	-	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
CL2018-ce2c			
Approval Date 12/10/2018 Payee: Summit Con Date(s) of Service (If, 11/1/2018-11/1/2018	-	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Case ID Number: CS20	18-4ee7	Victim Ir	nitials: K.C.
Case Payment Totals: \$4	138.86		
Claim Payments:			
CL2019-1881			
Approval Date 04/12/2019	<u>AmountPaid</u> \$438.86	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Creative Th	erapy		
Date(s) of Service (If. 11/7/2018-11/7/2018 10/11/2018-10/11/201 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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS2018-4f1e		Victim Ir	nitials: D.M.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2018-5ddb				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/09/2018 Payee: Nero Fund	\$5,000.00 eral Home	Funeral		
Case ID Number: CS2	2018-4f39	Victim Ir	nitials: A.L.	
Case Payment Totals:	\$12,686.80			
Claim Payments:				
CL2018-cc30				
<u>Approval Date</u> 10/31/2018	<u>AmountPaid</u> \$705.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Mid Dako	• • • • •	mourou		
<u>Date(s) of Service (</u> 9/7/2018-9/7/2018	(If Applicable)			
CL2018-0af8				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/29/2018 Payee: Chi St. Al	\$11,981.20 exius Health	Medical	Hospital or Clinic	
Date(s) of Service (
9/7/2018-9/8/2018				
Case ID Number: CS2	2018-4f70	Victim Ir	nitials: K.V.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2018-a70c				
<u>Approval Date</u> 06/11/2018	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
Date(s) o Centeic e ((If Applicable)	-		
4/10/2018-4/10/201	18			
Case ID Number: CS2	2018-4f7b	Victim Ir	nitials: A.N.	
Case Payment Totals:	\$1,597.97			
Claim Payments:				
CL2019-6582				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	mpensation@nd.gov	Daga 69 of 72

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 12/23/2019 \$26 40 Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlAcplicable) 12/5/2019-12/5/2019 CL2019-069D AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/03/2019 \$40.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflAc plicable) 11/14/2019-11/14/2019 CL2019-C33A Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/25/2019 \$40.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlApplicable) 10/31/2019-10/31/2019 CL2019-55BB Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/07/2019 \$266.40 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/02/2019 \$60.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflAcplicable) 9/16/2019-9/16/2019 CL2019-143C Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/27/2019 \$60.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 8/19/2019-8/19/2019 CL2019-2F5E <u>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date 08/07/2019 \$60.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PlAc plicable) 7/22/2019-7/22/2019

North Dakota Crime Victims Compensation				
Claim	Payments: Se	ervice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear	•		or processing and check issuance. ring text to search.	
CL2019-E6D9				
<u>Approval Date</u> 07/08/2019	<u>AmountPaid</u> \$307.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o P3actice, (PIAc 6/3/2019-6/3/2019 5/6/2019-5/6/2019 3/25/2019-3/25/2019 3/11/2019-3/11/2019		Care &		
CL2019-68E9 Approval Date 05/10/2019	AmountPaid \$63.27	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra Date(s) o PSactice,(RIAc 4/15/2019-4/15/2019		Care &		
CL2018-859c				
<u>Approval Date</u> 11/28/2018	<u>AmountPaid</u> \$224.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o Psertice,(fflag 11/19/2018-11/19/2018		Care &		
CL2018-0cb1				
Approval Date 08/31/2018	<u>AmountPaid</u> \$224.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		Care &		
<u>Date(s)</u> o PSectice,(MAQ 8/27/2018-8/27/2018	<u>plicable)</u>			
CL2018-4a07				
<u>Approval Date</u> 08/31/2018	<u>AmountPaid</u> \$224.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra Date(s) o Psectice,(Plag 8/6/2018-8/6/2018		Care &		
Case ID Number: CS201	8- 4f9 e	Victim In	itials: L.B.	
Case Payment Totals: \$5,2				
Claim Payments:				
CL2019-622A				
<u>Approval Date</u> 05/10/2019 Payee: Bradford Fish	AmountPaid \$4,182.00 her Dentistry	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	

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

NOTE: Upon payment approval, 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

GE2010-1347			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/10/2018	\$818.00	Medical	Dental
Payee: L.B.			
<u>Date(s) of Service (</u> 4/26/2018-6/25/201			
CL2018-6a57			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
10/31/2018	\$201.60	Medical	Hospital or Clinic

Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 4/26/2018-4/26/2018

Case ID Number: CS2018-4fc7

Victim Initials: G.K.

Case Payment Totals: \$253.29

Claim Payments:

GE2010-1000			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/07/2018	\$219.00	Medical	Hospital or Clinic
Payee: G.K.			
Date(s) of Service (If	<u>Applicable)</u>		
7/20/2018-7/20/2018			
CL2018-7e1b			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/09/2018	\$34.29	Medical	Hospital or Clinic
Payee: Altru Health	n System		
Payee: Altru Health Date(s) of Service (If	,		

Case ID Number: CS2019-000E

Victim Initials: I.J.

Case Payment Totals: \$288.00

Claim Payments:

CL2019-6653

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

08/27/2019

2019

\$288.00 Medical

Hospital or Clinic

Payee: Northern Plains Children'S Advocacy

Date(s) o**Costra**ce (If Applicable)

7/18/2019-7/18/2019

1/10/2019-1/10/2019

Case ID Number: CS2019-002E

Victim Initials: S.I.

Case Payment Totals: **\$900.00**

Claim Payments:

CL2019-7EB0

<u>Approval Date</u> 07/25/2019	<u>AmountPaid</u> \$900.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.I.			
Date(s) of Service (If A	<u>pplicable)</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

Bismarck, ND 58502-1898

Victim Initials: L.P.

Claim Payments:				
CL2019-3AFE				
<u>Approval Date</u> 08/07/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
<u>Date(s)</u> o C9ettei ce 1/9/2019-1/9/2019	(If Applicable)			
Case ID Number: CS	2019-038B	Victim Ir	nitials: B.P.	
Case Payment Totals:	\$288.00			
Case Payment Totals: Claim Payments:	\$288.00			
-	\$288.00 <u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	

Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Payee: Northern Plains Children'S Advocacy

Date(s) o**C99frei**ce (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

SL2019-9019			
<u>Approval Date</u> 11/27/2019	AmountPaid \$87.18	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: M.B.			
Data(a) of Comises (If Applicable)		

Date(s) of Service (If Applicable) 6/9/2018-6/9/2018

CL2019-8A1E

CL2019-8A1E			
<u>Approval Date</u> 09/23/2019	<u>AmountPaid</u> \$229.13	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: M.B.			
Date(s) of Service (I	lf Applicable)		
12/17/2018-12/17/20			
11/21/2018-11/21/20)18		
11/7/2018-11/7/2018	3		
10/17/2018-10/17/20	018		
10/3/2018-10/3/2018	-		
9/19/2018-9/19/2018	8		
9/5/2018-9/5/2018			
CL2019-2302			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/25/2019	\$400.00	Mental Health	
Payee: M.B.			
Date(s) of Service (I			
Date(s) of Service (I 12/17/2018-12/17/20	018		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20	018)18		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018	018 018 3		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20	018 018 3 018		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20 10/3/2018-10/3/2018	018 018 3 018 8		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20	018 018 3 018 8		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20 10/3/2018-10/3/2018	018 018 3 018 8		
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20 10/3/2018-10/3/2018 9/19/2018-9/19/2018 CL2019-44F2 Approval Date	018 018 3 018 8 8 8 8 <u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20 10/3/2018-10/3/2018 9/19/2018-9/19/2018 CL2019-44F2 <u>Approval Date</u> 07/25/2019	018 018 3 018 8 8 8 8 <u>AmountPaid</u> \$0.00	Mental Health	Medical Category (if applicable)
Date(s) of Service (I 12/17/2018-12/17/20 11/21/2018-11/21/20 11/7/2018-11/7/2018 10/17/2018-10/17/20 10/3/2018-10/3/2018 9/19/2018-9/19/2018 CL2019-44F2 Approval Date	018 018 3 018 8 8 8 8 <u>AmountPaid</u> \$0.00	Mental Health	Medical Category (if applicable)

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

Email: DOCRcompensation@nd.gov

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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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/21/2019 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/18/2019-3/18/2019 Case ID Number: CS2019-04B1 Victim Initials: T.R. Case Payment Totals: \$288.00 Claim Payments: CL2019-F044 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 05/30/2019 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Setence (If Applicable) 4/15/2019-4/15/2019 Case ID Number: CS2019-066E Victim Initials: K.W. Case Payment Totals: \$4,513.73 Claim Payments: CL2021-48E6 AmountPaid Claim Category Approval Date Medical Category (if applicable) Mental Health 12/16/2021 \$504.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coentreice (If Applicable) 11/18/2021-11/18/2021 11/12/2021-11/12/2021 11/5/2021-11/5/2021 CL2021-77BB Approval Date **AmountPaid** Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 11/29/2021 \$504.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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) Mental Health 10/11/2021 \$336.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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) Mental Health 09/29/2021 \$672.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coentraice (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 Contract (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 Coentraice (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 Medical Category (if applicable) AmountPaid Claim Category Approval Date \$616.00 Mental Health 06/08/2021 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 5/28/2021-5/28/2021 5/21/2021-5/21/2021 5/13/2021-5/13/2021 5/7/2021-5/7/2021

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Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/23/2021	\$224.00	Mental Health		
Payee: Northern P Date(s) o Csenteic e (If		dvocacy		
11/12/2020-11/12/20				
10/22/2020-10/22/20				
CL2020-87EA				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/24/2020	\$39.20	Mental Health		
Payee: Northern P		dvocacy		
<u>Date(s) oCenteice (If</u> 10/7/2020-10/7/2020				
10/1/2020-10/1/2020	1			
CL2020-7DF3				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/27/2020	\$10.31	Mental Health		
Payee: Northern P		dvocacy		
Date(s) of Centerce (If				
5/20/2020-5/20/2020)			
CL2020-753A				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/04/2020	\$21.51	Mental Health		
Payee: Northern P	lains Children'S A	dvocacy		
Date(s) o Ceenteic e (If	f Applicable)			
5/6/2020-5/6/2020				
3/25/2020-3/25/2020)			
CL2020-163C				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/13/2020	\$38.31	Mental Health		
Payee: Northern P		dvocacy		
Date(s) of Centraice (If	<u>f Applicable)</u>			
· · · · · ·				
4/8/2020-4/8/2020				
4/8/2020-4/8/2020				
4/8/2020-4/8/2020	AmountPaid	Claim Category	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020	\$20.62	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020 Payee: Northern P	\$20.62 Plains Children'S A	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) of Sertence (If</u>	\$20.62 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) oCenterce (II</u> 3/11/2020-3/11/2020	\$20.62 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) of Sertence (If</u>	\$20.62 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) of Setterce (If</u> 3/11/2020-3/11/2020 2/26/2020-2/26/2020	\$20.62 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) of Setteice (If</u> 3/11/2020-3/11/2020 2/26/2020-2/26/2020	\$20.62 Plains Children'S A f Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) oCenteice (II</u> 3/11/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3	\$20.62 Plains Children'S A <u>f Applicable)</u>)	Mental Health dvocacy		
4/8/2020-4/8/2020 CL2020-67D3 <u>Approval Date</u> 04/14/2020 Payee: Northern P <u>Date(s) oCenterce (II</u> 3/11/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3 <u>Approval Date</u>	\$20.62 Plains Children'S A <u>f Applicable)</u>) <u>AmountPaid</u> \$10.31	Mental Health dvocacy <u>Claim Category</u> Mental Health		
4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020 Payee: Northern P Date(s) of Sector (If 3/11/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3 Approval Date 03/06/2020 Payee: Northern P Date(s) of Sector (If	\$20.62 Plains Children'S A f Applicable)) AmountPaid \$10.31 Plains Children'S A f Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health		
4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020 Payee: Northern P Date(s) of Sector (If 3/11/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3 Approval Date 03/06/2020 Payee: Northern P	\$20.62 Plains Children'S A f Applicable)) AmountPaid \$10.31 Plains Children'S A f Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health		
4/8/2020-4/8/2020 4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020 Payee: Northern P Date(s) of Sector (sector) 2/26/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3 Approval Date 03/06/2020 Payee: Northern P Date(s) of Sector (sector) Payee: Northern P Date(s) of Sector (sector) Payee: Northern P Date(s) of Sector (sector) 1/15/2020-1/15/2020	\$20.62 Plains Children'S A f Applicable)) AmountPaid \$10.31 Plains Children'S A f Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
4/8/2020-4/8/2020 CL2020-67D3 Approval Date 04/14/2020 Payee: Northern P Date(s) of Sector (If 3/11/2020-3/11/2020 2/26/2020-2/26/2020 CL2020-01E3 Approval Date 03/06/2020 Payee: Northern P Date(s) of Sector (If	\$20.62 Plains Children'S A f Applicable)) AmountPaid \$10.31 Plains Children'S A f Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy Phone: (701)-32		Page 7

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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.

Approval Date 03/06/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai	•	dvocacy		
Date(s) o C901(% Ce (If Ap 11/14/2019-11/14/2019	oplicable)	-		
CL2020-CBE4				
<u>Approval Date</u> 02/05/2020	<u>AmountPaid</u> \$53.47	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai	****	dvocacy		
Date(s) o Csetteic e (If Ap 1/2/2020-1/2/2020 12/18/2019-12/18/2019 12/4/2019-12/4/2019		·		
11/22/2019-11/22/2019				
ase ID Number: CS2019	9-09C7	Victim Ir	nitials: A.M.	
Case Payment Totals: \$2,8	312.38			
Claim Payments:				
CL2021-910F				
-	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u>	\$109.89 ren'S Advocacy	Mental Health	<u>Medical Category (if applicable)</u>	
CL2021-910F Approval Date 11/02/2021 Payee: Dakota Childr Date(s) of Service (If Ap 8/1/2019-8/1/2019 CL2020-AD67 Approval Date 03/19/2020	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64	Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> <u>Medical Category (if applicable)</u>	
CL2021-910F Approval Date 11/02/2021 Payee: Dakota Childe Date(s) of Service (If Ap 8/1/2019-8/1/2019 CL2020-AD67 Approval Date 03/19/2020 Payee: Dakota Childe	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F Approval Date 11/02/2021 Payee: Dakota Childn Date(s) of Service (If Appendix 1/2019-8/1/2019 CL2020-AD67 Approval Date 03/19/2020 Payee: Dakota Childn Date(s) of Service (If Appendix 1/2019)	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F Approval Date 11/02/2021 Payee: Dakota Childr Date(s) of Service (If Apple 1/2019-8/1/2019) CL2020-AD67 Approval Date 03/19/2020 Payee: Dakota Childr Date(s) of Service (If Apple 1/6/2020-1/6/2020)	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F Approval Date 11/02/2021 Payee: Dakota Childn Date(s) of Service (If Appendix 1/2019-8/1/2019 CL2020-AD67 Approval Date 03/19/2020 Payee: Dakota Childn Date(s) of Service (If Appendix 1/2019)	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childr <u>Date(s) of Service (If Ap</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	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childr <u>Date(s) of Service (If Ap</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	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childa <u>Date(s) of Service (If Ap</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childa <u>Date(s) of Service (If Ap</u> 1/6/2020-1/6/2020 12/19/2019-12/19/2019 12/12/2019-12/12/2019 11/27/2019-11/27/2019 11/27/2019-11/21/2019	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childn <u>Date(s) of Service (If Ar</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childn <u>Date(s) of Service (If Ar</u> 1/6/2020-1/6/2020 12/19/2019-12/19/2019 12/12/2019-12/19/2019 12/4/2019-12/4/2019 11/27/2019-11/27/2019 11/21/2019-11/21/2019 11/14/2019-11/14/2019	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childa <u>Date(s) of Service (If Ap</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childa <u>Date(s) of Service (If Ap</u> 1/6/2020-1/6/2020 12/19/2019-12/19/2019 12/12/2019-12/12/2019 11/27/2019-11/27/2019 11/27/2019-11/21/2019	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childn <u>Date(s) of Service (If Ar</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childn <u>Date(s) of Service (If Ar</u> 1/6/2020-1/6/2020 12/19/2019-12/19/2019 12/12/2019-12/19/2019 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	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childre <u>Date(s) of Service (If Appendic Service)</u> CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childre <u>Date(s) of Service (If Appendic Service)</u> 12/19/2019-12/19/2019 12/12/2019-12/19/2019 12/4/2019-12/4/2019 11/27/2019-11/27/2019 11/27/2019-11/27/2019 11/21/2019-11/27/2019 11/21/2019-11/7/2019 11/7/2019-11/7/2019 10/30/2019-10/30/2019 9/12/2019-9/12/2019	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-910F <u>Approval Date</u> 11/02/2021 Payee: Dakota Childn <u>Date(s) of Service (If Ap</u> 8/1/2019-8/1/2019 CL2020-AD67 <u>Approval Date</u> 03/19/2020 Payee: Dakota Childn <u>Date(s) of Service (If Ap</u> 1/6/2020-1/6/2020 12/19/2019-12/19/2019 12/12/2019-12/19/2019 12/4/2019-12/4/2019 11/27/2019-11/27/2019 11/27/2019-11/27/2019 11/21/2019-11/7/2019 11/7/2019-11/7/2019 10/30/2019-10/30/2019 9/12/2019-9/12/2019	\$109.89 ren'S Advocacy oplicable) <u>AmountPaid</u> \$1,457.64 ren'S Advocacy oplicable)	Mental Health Center <u>Claim Category</u> Mental Health		

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10/3/2019-10/3/20 9/26/2019-9/26/20				
CL2019-24AA				
<u>Approval Date</u> 09/24/2019	<u>AmountPaid</u> \$183.29	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C	hildren'S Advocacy	Center		
Date(s) of Service 9/9/2019-9/9/2019	· · · · · · · · · · · · · · · · · · ·			
CL2019-DA51				
<u>Approval Date</u> 09/24/2019	<u>AmountPaid</u> \$183.29	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy	Center		
<u>Date(s) of Service</u> 9/5/2019-9/5/2019				
CL2019-A17B				
<u>Approval Date</u> 09/11/2019	<u>AmountPaid</u> \$165.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	thildren'S Advocacy			
Date(s) of Service	(If Applicable)			
8/26/2019-8/26/20 CL2019-1D1D	19		Madical Catagory (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C	19 <u>AmountPaid</u> \$168.96 children'S Advocacy	<u>Claim Category</u> Mental Health 7 Center	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D Approval Date 08/15/2019	19 <u>AmountPaid</u> \$168.96 Children'S Advocacy (If Applicable)	Mental Health	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service	19 <u>AmountPaid</u> \$168.96 Children'S Advocacy (If Applicable)	Mental Health	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u>	19 <u>AmountPaid</u> \$168.96 children'S Advocacy (<u>If Applicable</u>) 19 <u>AmountPaid</u>	Mental Health Center	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019	19 <u>AmountPaid</u> \$168.96 Children'S Advocacy (<u>If Applicable)</u> 19 <u>AmountPaid</u> \$288.00	Mental Health Center		
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019	19 <u>AmountPaid</u> \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable)	Mental Health Center	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C Date(s) of Service	AmountPaid \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable)	Mental Health Center <u>Claim Category</u> Medical Center	Medical Category (if applicable)	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019	19 <u>AmountPaid</u> \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable) 2019-0A3F	Mental Health Center <u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019 se ID Number: CS	19 <u>AmountPaid</u> \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable) 2019-0A3F	Mental Health Center <u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019 se ID Number: CS ase Payment Totals:	19 <u>AmountPaid</u> \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable) 2019-0A3F	Mental Health Center <u>Claim Category</u> Medical Center	Medical Category (if applicable) Hospital or Clinic	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C Date(s) of Service 7/3/2019-7/3/2019 Se ID Number: CS ase Payment Totals: laim Payments: CL2019-4790 <u>Approval Date</u>	AmountPaid \$168.96 children'S Advocacy (If Applicable) 19 AmountPaid \$288.00 children'S Advocacy (If Applicable) 2019-0A3F \$288.00 AmountPaid	Mental Health Center <u>Claim Category</u> Medical Center	Medical Category (if applicable) Hospital or Clinic	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019 se ID Number: CS ase Payment Totals: laim Payments: CL2019-4790 <u>Approval Date</u> 08/07/2019	AmountPaid \$168.96 children'S Advocacy (If Applicable) 19 AmountPaid \$288.00 children'S Advocacy (If Applicable) 2019-0A3F \$288.00	Mental Health Center <u>Claim Category</u> Medical Center Victim Ir <u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
8/26/2019-8/26/20 CL2019-1D1D <u>Approval Date</u> 08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/20 CL2019-1ADD <u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019 se ID Number: CS ase Payment Totals: laim Payments: CL2019-4790 <u>Approval Date</u> 08/07/2019	AmountPaid \$168.96 children'S Advocacy (If Applicable) 19 <u>AmountPaid</u> \$288.00 children'S Advocacy (If Applicable) 2019-0A3F \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	Mental Health Center <u>Claim Category</u> Medical Center Victim Ir <u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	

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Case ID Number: CS20 ⁴	19-0B30	Victim Ir	nitials: J.M.
Case Payment Totals: \$8	3.70		
Claim Payments:			
CL2020-7B93			
Approval Date 08/31/2020 Payee: Dakota Chile Date(s) of Service (If A 4/15/2020-4/15/2020	-	<u>Claim Category</u> Mental Health 7 Center	Medical Category (if applicable)
Case ID Number: CS20 ⁷	19-0D62	Victim Ir	nitials: L.M.
Case Payment Totals: \$2	,072.00		
Claim Payments:			
CL2021-A795			
Approval Date 09/27/2021 Payee: Staci Ekblac Date(s) o Coenter 3/4/2021-3/4/2021 10/29/2020-10/29/202 10/2/2020-10/2/2020	4ExcolibatoTetherapy	<u>Claim Category</u> Mental Health Wellness	<u>Medical Category (if applicable)</u>
CL2020-C897			
<u>Approval Date</u> 11/23/2020	<u>AmountPaid</u> \$528.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Katie Shann <u>Date(s) of Service (If /</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 Approval Date 07/21/2020	AmountPaid \$1,180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

Payee: Katie Shannon Licsw, Llc

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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.

Claim Category

Claim Category

Medical

Medical

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

Approval Date 08/07/2019

Payee: Northern Plains Children'S Advocacy <u>Date(s)</u> of Seterice (If Applicable) 6/11/2019-6/11/2019

<u>AmountPaid</u>

\$288.00

Case ID Number: CS2019-0D84

Victim Initials: E.H.

Case Payment To	tals: \$288.00
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Claim Payments:

CL2020-613B

 Approval Date
 AmountPaid

 03/19/2020
 \$288.00

Medical Category (if applicable) Hospital or Clinic

Medical Category (if applicable)

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.

	0 0200			
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2021-2B39				
<u>Approval Date</u> 11/01/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child				
<u>Date(s) of Service (If A</u> 10/21/2019-10/21/2019	· · · · · · · · · · · · · · · · · · ·			
Case ID Number: CS201	9-1287	Victim In	iitials: J.S.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2019-0C41 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898 Bismarck, ND 58502-1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Page 80 of 725

Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 06/21/2019 \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/6/2019-5/6/2019 Victim Initials: K.W. Case ID Number: CS2019-12F4 Case Payment Totals: \$11,103.44 Claim Payments: CL2020-9345 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/18/2020 \$6,663.08 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 11/12/2019-11/14/2019 CL2020-CF68 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 02/20/2020 \$1,275.00 Wage Loss Payee: K.W. CL2020-E737 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$3,165.36 Medical Hospital or Clinic 02/05/2020 Payee: Barnes County Ambulance, Inc Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/25/2019 \$890.60 Medical Hospital or Clinic Payee: Chi St. Alexius Health Williston Date(s) of Service (If Applicable) 3/17/2019-3/17/2019 3/22/2019-3/22/2019 CL2019-8E8C AmountPaid Claim Category Medical Category (if applicable) Approval Date \$292.29 Medical Hospital or Clinic 07/25/2019 Payee: Trinity Hospital Date(s) of Service (If Applicable) 3/29/2019-3/29/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

07/03/2025

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Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS20	19-179E	Victim Ir	nitials: K.W.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-75BD				
<u>Approval Date</u> 07/03/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl	• • • • • •			
Date(s) o C9eteic e (lf. 5/22/2019-5/22/2019	Applicable)			
Case ID Number: CS20	19-1AB3	Victim Ir	nitials: E.C.	
Case Payment Totals: \$9	080.00			
Claim Payments:				
CL2019-085E				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$128.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl				
<u>Date(s)</u> o Centeic e (If 3/31/2019-3/31/2019	<u>Applicable)</u>			
3/31/2019-3/31/2019				
CL2019-E1DA				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl	• • • • • •			
Date(s) o C9eteic e (If 1/7/2019-1/7/2019	Applicable)			
CL2019-182D				
<u>Approval Date</u> 03/13/2019	<u>AmountPaid</u> \$564.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl				
Date(s) o Centraice (If	Applicable)			
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: CS20	19-1BCC	Victim Ir	nitials: W.C.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2019-E89D				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
08/07/2019 Payee: Dakota Chil	\$288.00 dren'S Advocacy	Medical Center	Hospital or Clinic	
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcor	mpensation@nd.gov	Daga 92 of 726

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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) 7/11/2019-7/11/2019

Case ID Number: CS2	2019-1C11	Victim Ir	nitials: A.B.
Case Payment Totals:	\$936.85		
Claim Payments:			
CL2019-E45D			
<u>Approval Date</u> 08/23/2019 Payee: A.B.	<u>AmountPaid</u> \$866.00	<u>Claim Category</u> Wage Loss	<u>Medical Category (if applicable)</u>
CL2019-21D1			
<u>Approval Date</u> 07/25/2019 Payee: A.B.	AmountPaid \$21.11	<u>Claim Category</u> Medical	Medical Category (if applicable) Prescription
Date(s) of Service (4/8/2019-4/8/2019	(If Applicable)		
CL2019-2A46			
<u>Approval Date</u> 07/25/2019 Payee: A.B.	<u>AmountPaid</u> \$49.74	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
<u>Date(s) of Service (</u> 5/8/2019-5/8/2019	(If Applicable)		
ase ID Number: CS2	2019-1CD1	Victim Ir	nitials: A.M.
Case Payment Totals:	\$840.00		
Claim Payments:			
CL2019-17BA			
Approval Date 07/03/2019 Payee: Summit C		<u>Claim Category</u> Mental Health	Medical Category (if applicable)
<u>Date(s) of Service (</u> 5/28/2019-5/28/201 5/16/2019-5/16/201	19		
5/7/2019-5/7/2019 5/1/2019-5/1/2019			
4/26/2019-4/26/201	19		
ase ID Number: CS2	2019-1D50	Victim Ir	nitials: H.N.
Case Payment Totals:	\$288.00		
Claim Payments:			
Claim Payments:			

Clair			/ictims Compensation	07/03/2025
Clair	n Payments: Se	ervice Providers a	Personal Reimbursements, by Case	1:05:50AM
NOTE: Upon payment approv Document can be sea		•	or processing and check issuance. ring text to search.	
CL2021-BD77				
<u>Approval Date</u> 11/01/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 11/18/2019-11/18/201	Applicable)	Center		
Case ID Number: CS20	19-241B	Victim Ir	iitials: T.S.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-3A9E				
<u>Approval Date</u> 07/19/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o f@efei ce (If / 6/17/2019-6/17/2019	<u>Applicable)</u>			
Case ID Number: CS20	19-24BC	Victim Ir	iitials: T.B.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-0F47				
<u>Approval Date</u> 07/03/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chil	-	Center		
Date(s) of Service (If 1/7/2019-1/7/2019	<u>Applicable)</u>			
Case ID Number: CS20	19-2575	Victim Ir	iitials: M.E.	
Case Payment Totals: \$5	46.37			
Claim Payments:				
CL2020-12E0				
<u>Approval Date</u> 05/05/2020	<u>AmountPaid</u> \$92.83	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil	-	Center		
Date(s) of Service (If / 9/13/2019-9/13/2019	<u>Applicable)</u>			
CL2020-F5D7				
<u>Approval Date</u> 03/19/2020	<u>AmountPaid</u> \$165.54	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil		Center		
<u>Date(s) of Service (If</u> 11/21/2019-11/21/201				
11/4/2019-11/4/2019				

	aim Payments: So			07/03/2025 1:05:50AM
	-	7-10 business days f CTRL+F, then ente	for processing and check issuance. ring text to search.	
CL2019-6412				
<u>Approval Date</u> 07/19/2019 Pavee: Dakota Cl	<u>AmountPaid</u> \$288.00 hildren'S Advocacy	<u>Claim Category</u> Medical 7 Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (6/24/2019-6/24/201	If Applicable)			
ase ID Number: CS2	2019-2580	Victim Ir	nitials: S.N.	
Case Payment Totals: \$	\$288.00			
Claim Payments:				
CL2021-8F55				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/12/2021 Pavee [:] Northern	\$288.00 Plains Children'S A	Medical	Hospital or Clinic	
Date(s) of Selfeice (
8/6/2019-8/6/2019				
ase ID Number: CS2	2019-2741	Victim Ir	nitials: A S	
ase ID Number: CS2	2019-2741	Victim Ir	nitials: A.S.	
		Victim Ir	nitials: A.S.	
ase ID Number: CS2 Case Payment Totals: S Claim Payments:		Victim Ir	nitials: A.S.	
Case Payment Totals:		Victim Ir	nitials: A.S.	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date	\$392.00 <u>AmountPaid</u>	Claim Category	nitials: A.S. Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019	\$392.00 <u>AmountPaid</u> \$196.00			
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me	\$392.00 <u>AmountPaid</u> \$196.00 edical Group	Claim Category		
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019	\$392.00 <u>AmountPaid</u> \$196.00 edical Group	Claim Category		
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019	\$392.00 <u>AmountPaid</u> \$196.00 edical Group	Claim Category		
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (\$392.00 <u>AmountPaid</u> \$196.00 edical Group	Claim Category		
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 6/3/2019-6/3/2019 CL2019-A8F9 <u>Approval Date</u> 08/07/2019	\$392.00 AmountPaid \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me	\$392.00 AmountPaid \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 6/3/2019-6/3/2019 CL2019-A8F9 <u>Approval Date</u> 08/07/2019	\$392.00 AmountPaid \$196.00 edical Group If Applicable) AmountPaid \$196.00 edical Group If Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 6/3/2019-6/3/2019 CL2019-A8F9 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 5/28/2019-5/28/201	\$392.00 <u>AmountPaid</u> \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (\$392.00 <u>AmountPaid</u> \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 6/3/2019-6/3/2019 CL2019-A8F9 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 5/28/2019-5/28/201	\$392.00 <u>AmountPaid</u> \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9 2019-2AC3	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (5/28/2019-5/28/201	\$392.00 <u>AmountPaid</u> \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9 2019-2AC3	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 6/3/2019-6/3/2019 CL2019-A8F9 <u>Approval Date</u> 08/07/2019 Payee: Trinity Me <u>Date(s) of Service (</u> 5/28/2019-5/28/201 ase ID Number: CS2 Case Payment Totals: S	\$392.00 <u>AmountPaid</u> \$196.00 edical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9 2019-2AC3	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (5/28/2019-5/28/201 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2020-6F70 Approval Date	\$392.00 <u>AmountPaid</u> \$196.00 dical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9 2019-2AC3 \$1,725.20 <u>AmountPaid</u>	Claim Category Mental Health Claim Category Mental Health Victim In Claim Category	Medical Category (if applicable) Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (5/28/2019-5/28/201 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2020-6F70 Approval Date 01/22/2020	\$392.00 <u>AmountPaid</u> \$196.00 dical Group If Applicable) <u>AmountPaid</u> \$196.00 edical Group If Applicable) 9 2019-2AC3 \$1,725.20	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health Victim Ir	Medical Category (if applicable) Medical Category (if applicable)	
Case Payment Totals: S Claim Payments: CL2019-2276 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (6/3/2019-6/3/2019 CL2019-A8F9 Approval Date 08/07/2019 Payee: Trinity Me Date(s) of Service (5/28/2019-5/28/201 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2020-6F70 Approval Date	\$392.00 <u>AmountPaid</u> \$196.00 edical Group <u>If Applicable</u>) <u>AmountPaid</u> \$196.00 edical Group <u>If Applicable</u>) 9 2019-2AC3 \$1,725.20 <u>AmountPaid</u> \$451.65	Claim Category Mental Health Claim Category Mental Health Victim In Claim Category	Medical Category (if applicable) Medical Category (if applicable)	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2019-37AE Claim Category Approval Date <u>AmountPaid</u> Medical Category (if applicable) 05/10/2019 Medical Hospital or Clinic \$842.30 Payee: J.E. Date(s) of Service (If Applicable) 12/20/2018-12/20/2018 12/12/2018-12/12/2018 CL2019-561B <u>AmountPai</u>d Approval Date Claim Category Medical Category (if applicable) 05/10/2019 Medical Hospital or Clinic \$90.25 Payee: J.E. Date(s) of Service (If Applicable) 10/5/2018-10/5/2018 11/2/2018-11/2/2018 CL2019-F1C9 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 05/10/2019 \$341.00 Medical Hospital or Clinic Payee: J.E. Date(s) of Service (If Applicable) 1/14/2019-1/14/2019 10/5/2018-10/5/2018 11/2/2018-11/2/2018 Victim Initials: C.S. Case ID Number: CS2019-319D Case Payment Totals: \$288.00 Claim Payments: CL2019-D8F6 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 Medical Hospital or Clinic 05/10/2019 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/18/2019-3/18/2019 Victim Initials: A.S. Case ID Number: CS2019-32BF Case Payment Totals: \$370.04 Claim Payments: CL2021-0D02 Approval Date Claim Category Medical Category (if applicable) AmountPaid Mental Health 04/22/2021 \$11.72 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/27/2020-4/27/2020 CL2021-234E AmountPaid Medical Category (if applicable) Approval Date Claim Category

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

01/29/2021 \$23.44 Mental Health

Payee: Dakota Children'S Advocacy Center

Date(s) of Service (If Applicable) 5/18/2020-5/18/2020 5/6/2020-5/6/2020

CI 2020-176C

CL2020-176C				
<u>Approval Date</u> 08/31/2020	<u>AmountPaid</u> \$46.88	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil	dren'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> 08/07/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chil	dren'S Advocacy	Center		
<u>Date(s) of Service (If</u> 7/22/2019-7/22/2019	Applicable)			
Case ID Number: CS20	19-36C7	Victim Ir	iitials: A.M.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-A38A				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/01/2019	\$288.00	Mental Health		
Payee: Dakota Chil		Center		
<u>Date(s) of Service (If</u> 12/18/2018-12/18/201				
Case ID Number: CS20	19-380C	Victim Ir	iitials: A.M.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-C2AD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/07/2019	\$288.00	Medical	Hospital or Clinic	
Payee: Northern Pl <u>Date(s)</u> o C90frei ce (If		dvocacy		
6/24/2019-6/24/2019	<u>Applicable)</u>			
Case ID Number: CS20	19-3A45	Victim Ir	iitials: L.V.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRcor</u>	<u>mpensation@nd.gov</u>	Dogo 97 of 72

Clair			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment appro Document can be sea	-	•	for processing and check issuance. ring text to search.	1:05:50AM
CL2019-DA13				
Approval Date 08/27/2019 Payee: Dakota Chil Date(s) of Service (If. 7/15/2019-7/15/2019	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	19-3B7B	Victim Ir	nitials: K.L.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-319C				
<u>Approval Date</u> 09/13/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern PI <u>Date(s)</u> o f Seterce (If 8/27/2019-8/27/2019		dvocacy		
Case ID Number: CS20	19-3B90	Victim Ir	nitials: M.M.	
Case Payment Totals: \$8 Claim Payments: CL2019-2936 <u>Approval Date</u> 12/23/2019 Payee: Jamestown <u>Date(s) of Service (If</u> 4/5/2019-4/5/2019	<u>AmountPaid</u> \$888.00 Regional Medica	<u>Claim Category</u> Medical I I Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	19-3DA4	Victim Ir	nitials: T.R.	
Case Payment Totals: \$2 Claim Payments: CL2019-13CF <u>Approval Date</u> 05/30/2019 Payee: Northern PI <u>Date(s) of Setrice (If</u> 4/15/2019-4/15/2019	<u>AmountPaid</u> \$288.00 ains Children'S A	<u>Claim Category</u> Medical Idvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	19-4193	Victim Ir	nitials: S.B.	
Case Payment Totals: \$2	251 63			
Claim Payments:				
-				
CL2019-03c8 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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:

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CL2020-7288				
<u>Approval Date</u> 04/30/2020	<u>AmountPaid</u> \$205.43	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Rural Mental	Health Consort	ium		
Date(s) of Service (If Ap 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> 03/18/2020	<u>AmountPaid</u> \$284.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Laura Howery	/ Siercks			
Date(s) of Service (If Ap 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				
Approval Date 11/25/2019 Payee: Laura Howery Date(s) of Service (If Ap 9/17/2019-9/17/2019 9/10/2019-9/10/2019 8/26/2019-8/26/2019 8/13/2019-8/13/2019		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-2888				
<u>Approval Date</u> 09/11/2019 Payee: Laura Howery <u>Date(s) of Service (If Ap</u> 7/29/2019-7/29/2019 7/18/2019-7/18/2019		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-09CF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ID Crime Victims Compensa 20 Box 1898 3ismarck, ND 58502-1898	tion, DOCR	, ,	8-6195; 1-800-445-2322 npensation@nd.gov	Page 89 o

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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: Laura Hower Date(s) of Service (If A 7/9/2019-7/9/2019 6/25/2019-6/25/2019 6/18/2019-6/18/2019	-	Mental Health		
L2019-E6CE <u>Approval Date</u> 08/07/2019 Payee: Northern Pla <u>Date(s) oCenteice (If A</u> 4/11/2019-4/11/2019		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
L2019-D98C Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/25/2019	\$451.26	Mental Health		
Payee: Laura Hower Date(s) of Service (If A 5/28/2019-5/28/2019 5/14/2019-5/14/2019 5/6/2019-5/6/2019	-			
e ID Number: CS201	9-41FD	Victim Ir		
		Victimi	nitials: E.L.	
	-	Victimi	nitials: E.L.	
se Payment Totals: \$1 ,	-	Victimi	nitials: E.L.	
se Payment Totals: \$1, im Payments:	-	Victim	nitials: E.L.	
se Payment Totals: \$1 ,	647.02 <u>AmountPaid</u> \$599.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 5/16/2019-5/16/2019 5/2/2019-5/2/2019 4/18/2019-4/18/2019	647.02 <u>AmountPaid</u> \$599.02 nseling	Claim Category		
se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 5/16/2019-5/16/2019 5/2/2019-5/2/2019	647.02 <u>AmountPaid</u> \$599.02 nseling	Claim Category		
Se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 5/16/2019-5/16/2019 5/2/2019-5/2/2019 4/18/2019-4/18/2019 4/4/2019-4/18/2019 3/21/2019-3/21/2019 2/28/2019-2/28/2019 2/14/2019-2/14/2019	647.02 <u>AmountPaid</u> \$599.02 nseling	Claim Category		
se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 5/16/2019-5/16/2019 5/2/2019-5/2/2019 4/18/2019-4/18/2019 4/4/2019-4/18/2019 3/21/2019-3/21/2019 2/28/2019-2/28/2019	647.02 <u>AmountPaid</u> \$599.02 nseling <u>pplicable</u>) <u>AmountPaid</u> \$760.00 nseling	Claim Category		
se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 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 L2019-914E <u>Approval Date</u> 05/10/2019 Payee: Summit Cou	647.02 <u>AmountPaid</u> \$599.02 nseling <u>pplicable</u>) <u>AmountPaid</u> \$760.00 nseling	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Se Payment Totals: \$1, im Payments: L2019-9E63 <u>Approval Date</u> 07/24/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 5/16/2019-5/16/2019 5/2/2019-5/2/2019 4/18/2019-4/18/2019 4/4/2019-4/18/2019 3/21/2019-3/21/2019 2/28/2019-2/28/2019 2/14/2019-2/14/2019 2/28/2019-2/28/2019 2/14/2019-2/14/2019 2/28/2019-2/28/2019 2/14/2019-2/14/2019 Payee: Summit Cou <u>Date(s) of Service (If A</u> 1/31/2019-1/31/2019 1/24/2019-1/24/2019 1/16/2019-1/16/2019	647.02 <u>AmountPaid</u> \$599.02 nseling <u>pplicable</u>) <u>AmountPaid</u> \$760.00 nseling	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2019-6044 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 03/01/2019 \$288.00 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/8/2019-1/8/2019 Case ID Number: CS2019-429D Victim Initials: K.D. Case Payment Totals: \$720.00 Claim Payments: CL2020-B15E Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 05/14/2020 \$408.00 Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 12/16/2019-12/16/2019 12/12/2019-12/12/2019 12/2/2019-12/2/2019 11/13/2019-11/13/2019 11/6/2019-11/6/2019 11/4/2019-11/4/2019 10/31/2019-10/31/2019 10/30/2019-10/30/2019 10/28/2019-10/28/2019 10/25/2019-10/25/2019 10/21/2019-10/21/2019 10/17/2019-10/17/2019 10/14/2019-10/14/2019 10/7/2019-10/7/2019 10/4/2019-10/4/2019 9/30/2019-9/30/2019 9/27/2019-9/27/2019 CL2019-097F Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/06/2019 \$312.00 Mental Health Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 8/14/2019-8/14/2019 7/29/2019-7/29/2019 7/26/2019-7/26/2019 7/24/2019-7/24/2019 7/11/2019-7/11/2019 7/8/2019-7/8/2019 7/3/2019-7/3/2019 7/1/2019-7/1/2019 6/20/2019-6/20/2019 6/17/2019-6/17/2019 6/4/2019-6/4/2019 5/29/2019-5/29/2019 5/24/2019-5/24/2019

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: CS201	9-4412	Victim Initials: A.M.		
Case Payment Totals: \$3 ,	429.84			
Claim Payments:				
CL2019-0A4E				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$292.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: St. Joseph H	-			
Date(s) of Service (If A 8/31/2018-8/31/2018	<u>(pplicable)</u>			
CL2019-0AA9				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/10/2019 Payee: Dickinson A	\$890.64 rea Ambulance	Medical	Hospital or Clinic	
Date(s) of Service (If A 8/31/2018-8/31/2018				
CL2019-D93E				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
05/10/2019 Payee: St. Joseph H	\$1,356.00 lospital & Health	Medical		
Date(s) of Service (If A 8/31/2018-8/31/2018	-			
CL2019-C6D9				
<u>Approval Date</u> 04/12/2019	<u>AmountPaid</u> \$890.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dickinson An Date(s) of Service (If A 8/31/2018-8/31/2018				
Case ID Number: CS201	9-446B	Victim In	itials: S.H.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2020-9C3F				
<u>Approval Date</u> 05/05/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 11/22/2019-11/22/2019				
Case ID Number: CS201	9-44E6	Victim In	itials: R.B.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
ND Crime Victims Compens PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	

DTE: Upon payment app	roval. please allow 7	7-10 business davs f	or processing and check issuance.	1:05:50AM
		CTRL+F, then enter		
CL2019-588C				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Date(s) o Centerc e (2/21/2019-2/21/201		dvocacy		
ase ID Number: CS2	2019-4540	Victim In	itials: M.S.	
Case Payment Totals:	\$25,000.00			
Claim Payments:				
CL2019-3C1B				
Approval Date 11/13/2019	<u>AmountPaid</u> \$4,000.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: P.S.	+ .,		F	
Date(s) of Service (11/3/2018-11/5/201 9/12/2018-9/12/201	8			
CL2019-666A				
<u>Approval Date</u> 11/13/2019	<u>AmountPaid</u> \$992.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: P.S.				
<u>Date(s) of Service (</u> 11/28/2018-11/28/2				
CL2019-8223				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/13/2019 Payee: P.S .	\$508.00	Medical	Hospital or Clinic	
<u>Date(s) of Service (</u> 11/3/2018-11/5/201				
CL2019-94D9				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/13/2019 Pavee: P.S.	\$8,000.00	Medical	Hospital or Clinic	
Date(s) of Service ((If Applicable)			
9/14/2018-9/15/201	8			
9/22/2018-9/22/201 11/26/2018-11/26/2				
9/12/2018-9/12/201				
11/3/2018-11/5/201				
8/6/2018-8/8/2018 9/17/2018-9/17/201	8			
10/15/2018-10/15/2	2018			
8/13/2018-8/13/201	0			
CL2019-AE99				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking **CTRL+F**, then entering text to search. \$1,500.00 Medical Hospital or Clinic 11/13/2019 Payee: P.S. Date(s) of Service (If Applicable) 11/3/2018-11/5/2018 CL2019-C11C Medical Category (if applicable) Approval Date AmountPaid Claim Category 11/13/2019 Hospital or Clinic \$10,000.00 Medical 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 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: CS2	2019-4641	Victim Ir	nitials: L.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-53E1				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	Plains Children'S A	Advocacy		
<u>Date(s)</u> o C99teic e (1/14/2019-1/14/201				
Case ID Number: CS2		Victim Ir	nitials: A.L.	
Claim Payments:				
CL2019-F2C9 <u>Approval Date</u> 08/07/2019 Payee: Northern <u>Date(s)</u> o C9eteice (3/26/2019-3/26/201		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2019-C4EC Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
	<u>/ incontra did</u>			
ND Crime Victims Compe PO Box 1898 Bismarck, ND 58502-189			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 94 of 72

Claim Payments: Service Providers & Personal Reimbursements, by Case				07/03/2025 1:05:50AM
		7-10 business days f g CTRL+F , then ente	for processing and check issuance. ring text to search.	
07/03/2019	\$19.00	Mental Health	5	
Payee: Northern	Plains Children'S A	Advocacy		
<u>Date(s) oCeetreice (</u> 4/25/2019-4/25/201				
Case ID Number: CS2	2019-472b	Victim Ir	nitials: S.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-0a9e				
<u>Approval Date</u> 01/30/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Cl Date(s) of Service (12/17/2018-12/17/2	If Applicable)	/ Center		
Case ID Number: CS2	2019-477F	Victim Ir	nitials: C.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-F0EA				
<u>Approval Date</u> 07/19/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Cl <u>Date(s) of Service (</u> 6/24/2019-6/24/201	If Applicable)	/ Center		
Case ID Number: CS2	2019-47A6	Victim Ir	nitials: H.S.	
Case Payment Totals:	\$1,681.21			
Claim Payments:				
CL2021-4083				
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$110.32	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Cl <u>Date(s) of Service (</u> 1/23/2020-1/23/202		/ Center		
CL2021-2C7C				
<u>Approval Date</u> 01/29/2021	<u>AmountPaid</u> \$135.57	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Cl <u>Date(s) of Service (</u> 9/9/2020-9/9/2020 9/2/2020-9/2/2020	hildren'S Advocacy If Applicable)	/ Center		
CL2020-3D5E				
		Claim Category	Medical Category (if applicable)	

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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

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> 10/28/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
·	Children'S Advocacy	Center		
Date(s) of Service	· · · ·			
9/24/2019-9/24/20)19			

Case ID Number: CS2019-4998

Victim Initials: T.M.

Case Payment Totals: \$2,821.60

Claim Payments:

CL2019-3160

<u>Approval Date</u> 01/22/2019	<u>AmountPaid</u> \$232.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Mercy Rad	liology Services		
<u>Date(s) of Service (I</u> 12/1/2018-12/1/2018			
CL2019-617b			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/22/2019	\$364.80	Medical	Hospital or Clinic
Payee: Mercy Hos	pital Physicians		
Date(s) of Service (I 12/1/2018-12/1/2018			
CL2019-c78e			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/22/2019	\$2,224.00	Medical	Hospital or Clinic
Payee: Chi St. Ale	xius Health Willist	on (Mercy	

Date(s) of Meeticiate) (If Applicable)

12/1/2018-12/1/2018

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: CS	2019-4B6A	Victim Ir	nitials: K.W.	
Case Payment Totals:	\$345.60			
Claim Payments:				
CL2021-A9D4				
<u>Approval Date</u> 02/04/2021	<u>AmountPaid</u> \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	hildren'S Advocacy	/ Center		
Date(s) of Service 8/5/2020-8/5/2020	(If Applicable)			
CL2019-3EDE				
<u>Approval Date</u> 09/30/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
-	hildren'S Advocacy	/ Center		
Date(s) of Service 9/12/2019-9/12/20				
Case ID Number: CS	2019-4B93	Victim Ir	nitials: D.H.	
Case Payment Totals:	\$1,400.00			
Claim Payments:				
CL2019-2D38				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/26/2019 Payee: J.K.	\$1,400.00	Funeral		
Case ID Number: CS	2019-4C4C	Victim Ir	nitials: A.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-CE7C				
<u>Approval Date</u> 08/07/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
<u>Date(s)</u> o £90t¢i ce 3/11/2019-3/11/201				
Case ID Number: CS	2019-4C87	Victim Ir	nitials: A.Z.	
Case Payment Totals:	\$2,552.00			
Claim Payments:				
CL2020-E0EF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	<u>mpensation@nd.gov</u>	Dage 07 of 72

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.

	\$156.00	Mental Health		
Payee: Timothy Ea				
Date(s) of Service (If				
10/29/2020-10/29/202	20			
L2020-C1EC				
Approval Date 09/10/2020	<u>AmountPaid</u> \$468.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Timothy Ea	• • • • •	Meritar Fleattr		
Date(s) of Service (If				
8/17/2020-8/17/2020				
8/3/2020-8/3/2020				
7/13/2020-7/13/2020				
L2020-FEEF				
<u>Approval Date</u> 06/29/2020	<u>AmountPaid</u> \$296.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Timothy Ea				
Date(s) of Service (If	<u>Applicable)</u>			
6/8/2020-6/8/2020				
4/27/2020-4/27/2020				
L2020-8BD1				
Approval Date 06/22/2020	<u>AmountPaid</u> \$148.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Timothy Ea				
Date(s) of Service (If	Applicable)			
Date(s) of Service (If 4/27/2020-4/27/2020	Applicable)			
4/27/2020-4/27/2020	<u>Applicable)</u>			
	Applicable) AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020	<u>AmountPaid</u> \$148.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 <u>Approval Date</u> 04/16/2020 Payee: Timothy Ea	AmountPaid \$148.00 ton, Phd		Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020	AmountPaid \$148.00 ton, Phd Applicable)		Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 <u>Approval Date</u> 04/16/2020 Payee: Timothy Ea <u>Date(s) of Service (If</u> 3/30/2020-3/30/2020	AmountPaid \$148.00 ton, Phd Applicable)		<u>Medical Category (if applicable)</u>	
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020	AmountPaid \$148.00 ton, Phd Applicable)	Mental Health		
4/27/2020-4/27/2020 L2020-10D0 <u>Approval Date</u> 04/16/2020 Payee: Timothy Ea <u>Date(s) of Service (If</u> 3/30/2020-3/30/2020	AmountPaid \$148.00 ton, Phd Applicable)		Medical Category (if applicable)	
4/27/2020-4/27/2020 4/27/2020-4/27/2020 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea	<u>AmountPaid</u> \$148.00 ton, Phd Applicable) <u>AmountPaid</u> \$148.00 ton, Phd	Mental Health		
4/27/2020-4/27/2020 4/27/2020-4/27/2020 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If: 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If:	<u>AmountPaid</u> \$148.00 ton, Phd Applicable) <u>AmountPaid</u> \$148.00 ton, Phd	Mental Health		
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea	<u>AmountPaid</u> \$148.00 ton, Phd Applicable) <u>AmountPaid</u> \$148.00 ton, Phd	Mental Health		
4/27/2020-4/27/2020 4/27/2020-4/27/2020 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If: 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If: 3/2020-3/30/2020	<u>AmountPaid</u> \$148.00 ton, Phd Applicable) <u>AmountPaid</u> \$148.00 ton, Phd	Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
4/27/2020-4/27/2020 4/27/2020-4/27/2020 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If 3/2/2020-3/2/2020	AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$148.00 ton, Phd Applicable)	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>		
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If 3/2/2020-3/2/2020 L2020-AC4D Approval Date 01/14/2020	AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$148.00 ton, Phd Applicable) <u>AmountPaid</u> \$296.00	Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If 3/2/2020-3/2/2020 L2020-AC4D Approval Date 01/14/2020 Payee: Timothy Ea	AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$296.00 ton, Phd	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable)	
4/27/2020-4/27/2020 L2020-10D0 Approval Date 04/16/2020 Payee: Timothy Ea Date(s) of Service (If 3/30/2020-3/30/2020 L2020-7254 Approval Date 03/19/2020 Payee: Timothy Ea Date(s) of Service (If 3/2/2020-3/2/2020 L2020-AC4D Approval Date 01/14/2020	AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$148.00 ton, Phd Applicable) AmountPaid \$296.00 ton, Phd Applicable)	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable)	

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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.

L2019-CE50 Approval Date				
Annroval Date				
<u>11/25/2019</u>	<u>AmountPaid</u> \$80.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Timothy Eat	1			
Date(s) of Service (If A				
10/30/2019-10/30/201				
L2019-01F6				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/13/2019 Payee: Timothy Eat	\$524.00	Mental Health		
Date(s) of Service (If A				
10/16/2019-10/16/201				
9/24/2019-9/24/2019				
7/8/2019-7/8/2019				
CL2019-DC46				
<u>Approval Date</u> 08/27/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla	+			
Date(s) o Centeic e (If A		,		
7/16/2019-7/16/2019				
se Payment Totals: \$3	,988.00			
aim Payments:				
L2020-7D6E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/05/2020				
	\$168.00	Mental Health		
Payee: Northern Pla	ains Children'S A			
Payee: Northern Pla Date(s) o Centerc e (If A 1/2/2020-1/2/2020	ains Children'S A			
Date(s) o Csetteic e (If A 1/2/2020-1/2/2020	ains Children'S A			
Date(s) of Seatorce (If A 1/2/2020-1/2/2020 CL2019-84E7 Approval Date	Applicable) AmountPaid	dvocacy <u>Claim Category</u>	Medical Category (if applicable)	
Date(s) of Serifice (If A 1/2/2020-1/2/2020 CL2019-84E7 Approval Date 11/13/2019	Applicable) AmountPaid \$448.00	dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) o Coettaice (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla	Applicable) Applicable) AmountPaid \$448.00 ains Children'S A	dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) o Coetteic e (If A 1/2/2020-1/2/2020 CL2019-84E7 Approval Date 11/13/2019 Payee: Northern Pla Date(s) o Coetteic e (If A	Applicable) AmountPaid \$448.00 ains Children'S A Applicable)	dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) o Coettaice (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9	dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) o Centrace (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) o Centrace (If A</u> 10/26/2019-10/26/201	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9 9	dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) o Sentraice (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) o Sentraice (If A</u> 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy		
<u>Date(s) o Sentrace (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) o Sentrace (If A</u> 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201	AmountPaid AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>	Medical Category (if applicable) Medical Category (if applicable)	
<u>Date(s) o Ceetaice (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) o Ceetaice (If A</u> 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy		
<u>Date(s) of Serifice (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) of Serifice (If A</u> 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201 CL2019-3F49 <u>Approval Date</u> 10/03/2019	AmountPaid AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9 9 9 9 9 9 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>		
<u>Date(s) of Service (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) of Service (If A</u> 10/26/2019-10/26/201 10/19/2019-10/12/201 10/12/2019-10/12/201 CL2019-3F49 <u>Approval Date</u> 10/03/2019 Payee: D.D. <u>Date(s) of Service (If A</u> 9/28/2019-9/28/2019	AmountPaid AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9 9 9 9 9 9 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>		
<u>Date(s) of Service (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) of Service (If A</u> 10/26/2019-10/26/201 10/19/2019-10/12/201 10/12/2019-10/12/201 CL2019-3F49 <u>Approval Date</u> 10/03/2019 Payee: D.D. <u>Date(s) of Service (If A</u> 9/28/2019-9/28/2019 9/15/2019-9/15/2019	AmountPaid AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9 9 9 9 9 9 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>		
<u>Date(s) of Service (If A</u> 1/2/2020-1/2/2020 CL2019-84E7 <u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) of Service (If A</u> 10/26/2019-10/26/201 10/19/2019-10/12/201 10/12/2019-10/12/201 CL2019-3F49 <u>Approval Date</u> 10/03/2019 Payee: D.D. <u>Date(s) of Service (If A</u> 9/28/2019-9/28/2019	AmountPaid AmountPaid \$448.00 ains Children'S A Applicable) 9 9 9 9 9 9 9 9 9 9 9	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>		
<u>Date(s) of Service (If A</u> 1/2/2020-1/2/2020 2.1/2/2020-1/2/2020 2.1/1/13/2019 Payee: Northern Pla <u>Date(s) of Service (If A</u> 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201 2.1/2019-3F49 <u>Approval Date</u> 10/03/2019 Payee: D.D. <u>Date(s) of Service (If A</u> 9/28/2019-9/28/2019 9/15/2019-9/15/2019 9/7/2019-9/7/2019	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9 9 <u>AmountPaid</u> \$336.00 Applicable)	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health		
Date(s) o Coetience (If A 1/2/2020-1/2/2020 CL2019-84E7 Approval Date 11/13/2019 Payee: Northern Pla Date(s) o Coetience (If A 10/26/2019-10/26/201 10/19/2019-10/19/201 10/12/2019-10/12/201 CL2019-3F49 Approval Date 10/03/2019 Payee: D.D. Date(s) of Service (If A 9/28/2019-9/28/2019 9/15/2019-9/15/2019	Applicable) AmountPaid \$448.00 ains Children'S A Applicable) 9 9 <u>AmountPaid</u> \$336.00 Applicable)	dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health Phone: (701)-32	Medical Category (if applicable)	Page 99 d

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<u>Approval Date</u> 09/09/2019	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ains Children'S A	dvocacy		
Date(s) of Coentraice (If A	<u>Applicable)</u>			
8/27/2019-8/27/2019 8/16/2019-8/16/2019				
8/10/2019-8/10/2019				
CL2019-97BC				
<u>Approval Date</u> 08/07/2019	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ains Children'S A	dvocacy		
Date(s) o Ceenteic e (If A	<u>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> 07/05/2019	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	+			
Date(s) of Coentraice (If A		,		
6/24/2019-6/24/2019				
6/17/2019-6/17/2019				
6/3/2019-6/3/2019				
01 0040 0007				
CL2019-36C7 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/21/2019	\$464.00	Mental Health		
Payee: Northern Pla	ains Children'S A	dvocacy		
Date(s) o Ceenteic e (If A	Applicable)			
5/25/2019-5/25/2019				
5/18/2019-5/18/2019				
5/11/2019-5/11/2019				
5/4/2019-5/4/2019				
CL2019-AD63				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$232.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
Date(s) of Coentraince (If A	<u>Applicable)</u>			
4/25/2019-4/25/2019 4/4/2019-4/4/2019				
CL2019-C570				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/11/2019	\$256.00	Mental Health		
Payee: Northern Pla Date(s) o Ceeteic e (If A		uvocacy		
3/26/2019-3/26/2019				
3/11/2019-3/11/2019				
Crime Victims Compens	ation, DOCR		8-6195; 1-800-445-2322	
) Box 1898		Email: <u>DOCRco</u>	mpensation@nd.gov	Page 10
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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) oDBattac (II Applicable) 34/2019-32/25/2019- 225/2019-225/2019- CL2019-OF13 Approval Date AmountPaid Claim Category Medical Category (if applicable) 36/07/2019 S128.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oDBattace (if Applicable) 21/7/2019-21/17/2019 CL2019-CC9D Approval Date AmountPaid Claim Category Date(s) oDBattace (if Applicable) 21/02/019-21/01/2019 1/18/2019-1/28/2019 1/28/2021-1/28/2021 2/29/2021-2/10/2021 2/29/2021-2/10/2021 2/29/2021-2/10/2021 2/29/2021-2/10/2021 2/29/2021-2/10/2021 2/29/2021-2/10/2021 2/29/2021-2/20/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 1/28/2021-1/28/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/29/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021	<u>Approval Date</u> 03/13/2019	<u>AmountPaid</u> \$256.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
34/2019-34/2019 22/2019-2/25/2019 22/2019-2/25/2019 22/2019-2/25/2019 22/2019-2/25/2019 22/2019-2/17/2019 21/20201-2/2018 22/20201-1/29/2018 22/20201-1/29/2018 22/20201-1/29/2018 22/20201-1/29/2018 22/20201-1/20/2018 22/20201-1/20/2018 22/20201-1/20/2018 22/20201-2/20/2018 22/20201-2/20/2018 22/20201-2/20/2014 22/20201-2/20201 2/202021-2/10/2021 2/20/2021-2/20/2011 2/20/2021-2/20/202		+			
2/25/2019-2/25/2019 CL2019-0F13 Approval Date 03/01/2019 S128.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Determent (if Applicable) 2/17/2019-2/17/2019 Medical Category (if applicable) 2/17/2019-2/17/2019 CL2019-CC9D Approval Date 03/01/2019 S264.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Determent (if Applicable) 2/10/2019-2/10/2019 1/26/2019-1/19/2019 1/26/2019-1/19/2019 1/26/2019-1/19/2019 1/26/2019-1/19/2019 1/26/2019-1/19/2019 1/26/2019-1/19/2019 1/26/2018-1/2/26/2018 Medical Category (if applicable) Medical Category (if applicable) 2/20/2019-2/10/2019 1/26/2018-1/2/26/2018 CL2019-Obs Approval Date 01/30/2019 2/26/2018-1/2/26/2018 Medical Category (if applicable) Merial Health 1/2/26/2018-1/2/26/2018 CL2019-Obs CL2021-7OCA Approval Date 03/23/2021 2/22/2021 2/22/2021 Merial Health Merial Health Merial Health Merial Health 2/20/201-2/10/2021 2/20/2012 See ID Number: CS2019-4d8b Victim Initials: K.P. See ID Number: CS2019-4d8b Victim Initials: K.P. Approval Date 03/23/2021 AmountPaid S264.00 Merial Health 2/20/201-2/10/2021 2/20/201-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 Payee: Northern Plains Children'S Advocacy Date(s) of Determent (if Applicable) 2/10/2021-2/10/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021-2/20/2021 2/20/2021	Date(s) o Coenteice (If A	<u>Applicable</u>)			
CL2019-0F-13 Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Date(s) OCBMetee (if Applicable) 2/17/2019-2/17/2019 CL2019-CC9D Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Date(s) OCBMetee (if Applicable) 2/10/2019 \$564.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) OCBMetee (if Applicable) 1/19/2019-1/19/2019 1/19/2019-1/19/2019 1/19/2019-1/19/2019 1/19/2019-1/19/2019 1/11/2019-1/11/2019 CL2019-058 Approval Date AmountPaid Claim Category 0/130/2019 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBMetee (if Applicable) 1/2/26/2018-12/26/2018 See ID Number: CS2019-4d8b Victim Initials: K.P. ase Payment Totals: \$2,169.70 laim Payments: CL2021-70CA Approval Date AmountPaid Claim Category Medical Category (if applicable) 92/00/2019 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBMetee (if Applicable) 1/2/26/2018-12/26/2018 Medical Category (if applicable) 1/2/26/2018-12/26/2018 See ID Number: CS2019-4d8b Victim Initials: K.P. ase Payment Totals: \$2,169.70 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBMetee (if Applicable) 2/10/201-2/10/2021 2/10/2021-2/10/2021 2/10/2021-2/10/2021 2/10/2021-2/10/2021 2/10/2021-2/10/2021 2/10/2021-1/28/2021 2/10/2021-1/28/2021 2/10/2021-1/28/2021 2/10/2021-2/10/2021	3/4/2019-3/4/2019				
Approval Date AmountPaid Claim Category Medical Category (if applicable) 30/01/2019 \$128.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCentrice (if Applicable) 2/17/2019-2/17/2019 CL2019-CC9D Approval Date AmountPaid Claim Category Ø3001/2019 \$564.00 Mental Health Medical Category (if applicable) 2/10/2019-2/10/2019 Mental Health Medical Category (if applicable) 2/10/2019-2/10/2019 Mental Health Medical Category (if applicable) 1/26/2019-1/26/2019 Medical Category (if applicable) Medical Category (if applicable) 1/12/2019-1/19/2019 Medical Category (if applicable) Medical Category (if applicable) 1/26/2019 \$288.00 Mental Health Medical Category (if applicable) 1/26/2019 \$288.00 Mental Health Medical Category (if applicable) 1/26/2019 \$288.00 Mental Health Medical Category (if applicable) 1/26/2018-12/26/2018 Victim Initials: K.P. See ID Number: CS2019-4d8b Victim Initials: K.P. ase Payment Totals: \$246.00 Mental Health Medical Category (if applicable)	2/25/2019-2/25/2019				
03/01/2019 \$128.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBettree ((I Applicable) 2/17/2019-2/17/2019 St64.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBettree ((I Applicable) Medical Category (if applicable) 2/10/2019-2/2019 St64.00 Mental Health Medical Category (if applicable) 2/10/2019-1/26/2019 Mental Health Medical Category (if applicable) 2/10/2019-1/26/2019 Medical Category (if applicable) 1/26/2019-1/26/2019 Medical Category (if applicable) 0/130/2019 S288.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/130/2019 S288.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 1/26/2018-12/26/2018 Victim Initials: K.P. see ID Number: CS2019-4d8b Victim Initials: K.P. ase Payment Totals: \$2,169.70 Medical Category (if applicable) 03/23/2021 See4.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 03/23/2021 See4.00 Mental He	CL2019-0F13				
Paye: Northern Plains Children'S Advocacy Date(s) of Determined (If Applicable) 2/17/2019-2/17/2019 CL2019-CC9D Approval Date AmountPaid Claim Category Medical Category (if applicable) 9/00/12/019-2/10/2019 1/26/2019-2/10/2019 1/26/2019-1/26/2019 1/19/2019-1/19/2019 1/19/2019-1/19/2019 1/19/2019-1/19/2019 CL2019-db5a Approval Date AmountPaid Claim Category Medical Category (if applicable) 0/130/2019 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Determined (Intern's Advocacy) Date(s) of Dete	Approval Date	AmountPaid		Medical Category (if applicable)	
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<u>Date(s) of Service (If Applicable)</u> 2/10/2021-2/10/2021 2/3/2021-2/3/2021 1/28/2021-1/28/2021				<u>·</u>	
2/10/2021-2/10/2021 2/3/2021-2/3/2021 1/28/2021-1/28/2021 CL2021-5509	Payee: Northern Pla	ains Children'S A	Advocacy		
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1/28/2021-1/28/2021 CL2021-5509	2/10/2021-2/10/2021				
CL2021-5509	2/3/2021-2/3/2021				
	1/28/2021-1/28/2021				
Approval Date <u>AmountPaid</u> Claim Category <u>Medical Category (if applicable)</u>	CL2021-5509				
	Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322) Crime Victims Compens	ation DOCR	Phone: (701)-32	8-6195: 1-800-445-2322	

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) o**Cset/eic**e (If Applicable) 11/17/2020-11/17/2020 11/3/2020-11/3/2020 10/20/2020-10/20/2020

CL2019-DD1A

CL2019-DD1A			
<u>Approval Date</u> 10/02/2019	<u>AmountPaid</u> \$1,324.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Gorder Con	sulting Pllc, Core	ey Gorder	
Date(s) of Service (If			
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 H	lealth 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 H			
Date(s) of Service (If	<u>Applicable)</u>		
3/6/2019-3/6/2019			
se ID Number: CS20	19-4E91	Victim Ir	nitials: M.D.
ase Payment Totals: \$4	73.66		
aim Payments:			
CL2020-744B			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/24/2020	\$185.66	Mental Health	
Payee: Dakota Chil	-	Center	
Date(s) of Service (If	<u>Applicable)</u>		

9/3/2019-9/3/2019 7/16/2019-7/16/2019

ND Crime Victims Compensation, DOCR

PO Box 1898

Bismarck, ND 58502-1898

Clair			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea			for processing and check issuance. ring text to search.	1.00.00 10
CL2019-D600 <u>Approval Date</u> 04/11/2019 Payee: Dakota Chile <u>Date(s) of Service (If</u> 2/19/2019-2/19/2019	-	<u>Claim Category</u> Medical 7 Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	19-4e9e	Victim Ir	nitials: S.N.	
Case Payment Totals: \$8	16.08			
Claim Payments:				
CL2021-DE08				
<u>Approval Date</u> 04/22/2021	<u>AmountPaid</u> \$659.33	Claim Category Mental Health	Medical Category (if applicable)	
Payee: Dakota Chilu <u>Date(s) of Service (If /</u> 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 12/19/2019-12/19/201	Applicable)			
CL2019-60B1				
<u>Approval Date</u> 03/01/2019	<u>AmountPaid</u> \$156.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil	-			
<u>Date(s) of Service (If /</u> 1/23/2019-1/23/2019	Applicable)			
Case ID Number: CS20	19-4f18	Victim Ir	nitials: G.L.	
Case Payment Totals: \$5	,448.00			
Claim Payments:				
CL2019-3411				
<u>Approval Date</u> 04/15/2019 Payee: M.L.	<u>AmountPaid</u> \$4,555.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

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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) 12/20/2018-12/20/2018 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

Approval Date	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)
04/15/2019 Payee: M.L.	\$405.00	Medical	Hospital or Clinic
-	If Applicable)		
<u>Date(s) of Service (</u> 2/22/2018-2/22/201			
CL2019-C59F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/15/2019	\$488.00	Medical	Hospital or Clinic
Payee: M.L.			
Date(s) of Service (3/8/2018-3/8/2018		Victim Ir	nitials: T.F.
<u>Date(s) of Service (</u> 3/8/2018-3/8/2018	019-5022	Victim Ir	nitials: T.F.
Date(s) of Service (3/8/2018-3/8/2018	019-5022	Victim Ir	nitials: T.F.
Date(s) of Service (3/8/2018-3/8/2018	019-5022	Victim Ir	nitials: T.F.
Date(s) of Service (3/8/2018-3/8/2018 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2019-9D47 Approval Date	2019-5022 \$288.00 <u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
Date(s) of Service (3/8/2018-3/8/2018 ase ID Number: CS2 case Payment Totals: \$ claim Payments: CL2019-9D47 <u>Approval Date</u> 09/20/2019	2019-5022 \$288.00 <u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	
Date(s) of Service (3/8/2018-3/8/2018 see ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2019-9D47 Approval Date 09/20/2019 Payee: Northern I	2019-5022 \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable)
Date(s) of Service (3/8/2018-3/8/2018 ase ID Number: CS2 case Payment Totals: \$ claim Payments: CL2019-9D47 <u>Approval Date</u> 09/20/2019	2019-5022 \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable)

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS201	9-53A5	Victim Ir	nitials: P.G.	
Case Payment Totals: \$5 7	76.00			
Claim Payments:				
CL2020-3542				
<u>Approval Date</u> 01/23/2020	<u>AmountPaid</u> \$287.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health	-			
Date(s) of Service (If A 7/30/2019-7/30/2019	(pplicable)			
CL2020-7D39				
<u>Approval Date</u> 01/23/2020	<u>AmountPaid</u> \$280.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health	-			
<u>Date(s) of Service (If A</u> 7/30/2019-7/30/2019	<u>applicable)</u>			
CL2020-9A46				
<u>Approval Date</u> 01/23/2020	AmountPaid \$1.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health	-			
Date(s) of Service (If A 9/23/2019-9/23/2019	<u>applicable)</u>			
CL2020-A678				
<u>Approval Date</u> 01/23/2020	<u>AmountPaid</u> \$4.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health	-			
Date(s) of Service (If A 9/20/2019-9/20/2019	<u>(pplicable)</u>			
9/17/2019-9/17/2019 9/13/2019-9/13/2019				
CL2020-FDC4				
Approval Date 01/23/2020	<u>AmountPaid</u> \$1.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health				
Date(s) of Service (If A 8/30/2019-8/30/2019	<u>applicable)</u>			
ase ID Number: CS201	9-53CC	Victim Ir	nitials: J.J.	
Case Payment Totals: \$1 ,				
Claim Payments:	· · · ·			
CL2019-C0AF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compense	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRcor</u>	mpensation@nd.gov	Page 105 of 7

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.

04/12/2019	\$929.89	Medical	Hospital or Clinic	
Payee: Chi St. Ale	exius Health			
<u>Date(s) of Service (I</u> 6/6/2018-6/6/2018	<u>f Applicable)</u>			
CL2019-DF60				
<u>Approval Date</u> 04/12/2019	<u>AmountPaid</u> \$75.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Barnes Co	ounty Ambulance, I	Inc		
Date(s) of Service (I 6/6/2018-6/6/2018	f Applicable)			
se ID Number: CS2	019-542C	Victim Ir	iitials: L.M.	
ase Payment Totals: \$	52,320.80			
laim Payments:				
CL2022-6072				
<u>Approval Date</u> 05/09/2022	<u>AmountPaid</u> \$8.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekbla		Meritarricatin		
Date(s) of Coenversion		Wellness		
12/16/2021-12/16/20				
10/13/2021-10/13/20	021			
10/10/2021 10/10/20				
CL2021-0BFF				
CL2021-0BFF Approval Date	AmountPaid \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2021-0BFF Approval Date 10/07/2021	\$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2021-0BFF Approval Date	\$24.00 ad Professional g/Epoliticational	Mental Health	Medical Category (if applicable)	
CL2021-0BFF Approval Date 10/07/2021 Payee: Staci Ekbla Date(s) oCeensed(t)	\$24.00 ad Professional g/Epoliticational	Mental Health	Medical Category (if applicable)	
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSemstedi(1)</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u>	\$24.00 ad Professional g/Explored Ten 020	Mental Health Wellness Claim Category	Medical Category (if applicable) Medical Category (if applicable)	
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemtedint</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021	\$24.00ad Professionalg/Epx/blockoTetherapy20AmountPaid\$292.00	Mental Health Wellness		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemsoli(11</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla	\$24.00ad Professionalg/EpolloabTeherapy20AmountPaid\$292.00ad Professional	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemtedint</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021	\$24.00 ad Professional g/ [p/pikab][h] erapy D20 <u>AmountPaid</u> \$292.00 ad Professional g/ [p/p/pikab][h] erapy	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(ty</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(ty</u>	\$24.00 ad Professional g/ [p/pikab][h] erapy D20 <u>AmountPaid</u> \$292.00 ad Professional g/ [p/p/pikab][h] erapy	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenvseli(h</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenvseli(h</u> 7/27/2021-7/27/2021	\$24.00 ad Professional g/Explored Ten 020 AmountPaid \$292.00 ad Professional g/Explored Ten 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenviseli(ti</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenviseli(ti</u> 7/27/2021-7/27/2021 6/1/2021-6/1/2021	\$24.00 ad Professional g/Explored Ten 020 AmountPaid \$292.00 ad Professional g/Explored Ten 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemsteli(ti</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCsemsteli(ti</u> 7/27/2021-7/27/2021 6/1/2021-6/1/2021 4/28/2021-4/28/2021	\$24.00 ad Professional g/Explored Ten 020 AmountPaid \$292.00 ad Professional g/Explored Ten 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(n</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(n</u> 7/27/2021-7/27/2021 6/1/2021-6/1/2021 4/28/2021-4/28/2021 3/31/2021-3/4/2021 2/4/2021-2/4/2021	\$24.00 ad Professional g/EpolocabTeherapy D20 AmountPaid \$292.00 ad Professional g/EpolocabTeherapy 1 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(ti</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCsemsedi(ti</u> 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	\$24.00 ad Professional g/EpxploxebTeherapy D20 AmountPaid \$292.00 ad Professional g/EpxploxebTeherapy 1 1 1 1 1 1 1 1 1 1 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla Date(s) oCSenviseli(14 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla Date(s) oCSenviseli(14 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 1/14/2020-12/16/20	\$24.00 ad Professional <u>g/Explored Eth</u> erapy 220 <u>AmountPaid</u> \$292.00 ad Professional <u>g/Explored Eth</u> erapy 1 1	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenvise(i(t)</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenvise(i(t)</u> 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 1/12/2020-11/12/20	\$24.00 ad Professional g/ [z]/[z]/[z]/[z]/[z]/[z]/[z]/[z]/[z]/[z]/	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenvitedif(t)</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenvitedif(t)</u> 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 1/14/2020-12/16/20 11/12/2020-10/15/202	\$24.00 ad Professional g/ [5](0)(xd)[d] erapy 220 <u>AmountPaid</u> \$292.00 ad Professional g/ [5](0)(xd)[d] erapy 1 1 1 1 1 1 2 20 220 220	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenvise(i(t)</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenvise(i(t)</u> 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 1/12/2020-11/12/20	\$24.00 ad Professional g/ [5](0)(xd)[d] erapy 220 <u>AmountPaid</u> \$292.00 ad Professional g/ [5](0)(xd)[d] erapy 1 1 1 1 1 1 2 20 220 220	Mental Health Wellness <u>Claim Category</u> Mental Health		
CL2021-0BFF <u>Approval Date</u> 10/07/2021 Payee: Staci Ekbla <u>Date(s) oCSenvitedif(t)</u> 10/29/2020-10/29/20 CL2021-17E1 <u>Approval Date</u> 09/27/2021 Payee: Staci Ekbla <u>Date(s) oCSenvitedif(t)</u> 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 1/14/2020-12/16/20 11/12/2020-10/15/202	\$24.00 ad Professional g/ [5](0)(xd)[d] erapy 220 <u>AmountPaid</u> \$292.00 ad Professional g/ [5](0)(xd)[d] erapy 1 1 1 1 1 1 2 20 220 220	Mental Health Wellness <u>Claim Category</u> Mental Health		

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11/23/2020 Payee: Katie Shann	\$528.00	Mental Health		
Date(s) of Service (If				
9/17/2020-9/17/2020	<u>Applicable)</u>			
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				
L2020-03EE				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/13/2020	\$600.00	Mental Health		
Payee: Katie Shann				
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				
L2020-AFC0				
<u>Approval Date</u> 05/04/2020	<u>AmountPaid</u> \$580.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Katie Shann	non 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				
L2019-06E6				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
08/07/2019	\$288.00	Medical	Hospital or Clinic	
Payee: Northern Pla	ains Children'S A	dvocacy		
Date(s) o Centeic e (If		-		
6/11/2019-6/11/2019	<u> </u>			
	/			
e ID Number: CS20	19-559D	Victim Ir	iitials: G.C.	
se Payment Totals: \$1	,277.60			
im Payments:				
L2020-51A0				
Approval Date 04/15/2020	<u>AmountPaid</u> \$116.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Village	Family Service C	enter		
Date(s) of Service (If	Applicable)			

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 04/09/2020 Mental Health \$116.00 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 2/28/2020-2/28/2020 CL2020-D93E AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 03/19/2020 \$116.00 Payee: Red Door Pediatric Therapy Date(s) of Service (If Applicable) 2/28/2020-2/28/2020 CL2020-9669 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/06/2020 \$116.00 Mental Health Payee: The Village Family Service Center Date(s) of Service (If Applicable) 2/17/2020-2/17/2020 CL2020-EAB6 Claim Category Medical Category (if applicable) Approval Date AmountPaid \$116.00 Mental Health 03/06/2020 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 2/7/2020-2/7/2020 CL2020-20D0 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 02/12/2020 \$232.00 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 1/20/2020-1/20/2020 1/13/2020-1/13/2020 CL2020-89DC **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 01/14/2020 \$177.60 Mental Health Payee: The Village Family Service Center Date(s) of Service (If Applicable) 12/30/2019-12/30/2019 CL2019-2DC5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/27/2019 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/31/2019-7/31/2019

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: CS201	9-5B0C	Victim Initials: M.B.		
Case Payment Totals: \$84	.13			
Claim Payments:				
CL2020-734D				
<u>Approval Date</u> 08/19/2020	AmountPaid \$84.13	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Valley Vision				
<u>Date(s) of Service (If A</u> 11/7/2019-11/7/2019	pplicable)			
Case ID Number: CS201	9-5BAD	Victim Ir	nitials: C.W.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2019-0EE6				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/30/2019 Device: Dekete Child	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Child Date(s) of Service (If A	-	Center		
5/1/2019-5/1/2019	<u>pphoable r</u>			
Case Payment Totals: \$1,4 Claim Payments: CL2022-138A <u>Approval Date</u> 01/21/2022 Payee: Northern Plai <u>Date(s) oCenterce (If Ap</u> 12/15/2021-12/15/2021 12/8/2021-12/8/2021 12/1/2021-12/1/2021	AmountPaid \$264.00 ins Children'S A pplicable)	<u>Claim Category</u> Mental Health Advocacy	<u>Medical Category (if applicable)</u>	
CL2021-8C11				
Approval Date 12/15/2021 Payee: Northern Plai Date(s) o Csetteic e (If A 11/24/2021-11/24/2021 11/10/2021-11/10/2021 11/3/2021-11/3/2021		<u>Claim Category</u> Mental Health Advocacy	<u>Medical Category (if applicable)</u>	
CL2021-BE25				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898	ation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	

	North D	akota Crime V	Victims Compensation	
Clain	n Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea		•	or processing and check issuance. ring text to search.	
11/29/2021 Payee: Northern Pla Date(s) o Centeice (If A 10/27/2021-10/27/202 10/20/2021-10/20/202 10/13/2021-10/13/202 10/6/2021-10/6/2021	Applicable) 1 1	Mental Health .dvocacy		
CL2021-425E				
Approval Date 10/14/2021 Payee: Northern Pla Date(s) o Coete (If A 9/29/2021-9/29/2021 9/17/2021-9/17/2021		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2019-F118				
<u>Approval Date</u> 11/13/2019 Payee: Northern Pla <u>Date(s) oC96/eice (If A</u> 8/26/2019-8/26/2019		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS201		Victim Ir	nitials: C.A.	
Case Payment Totals: \$2	88.00			
Claim Payments: CL2019-6104				
Approval Date 05/30/2019 Payee: Dakota Chilo Date(s) of Service (If A	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
4/24/2019-4/24/2019				
Case ID Number: CS201	19-603C	Victim Ir	nitials: J.S.	
Case Payment Totals: \$1 2	2.80			
Claim Payments:	-			
CL2019-AC7F				
<u>Approval Date</u> 12/13/2019	<u>AmountPaid</u> \$12.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Survivo	or counseling Se	a vices, PC		

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

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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.

Claim Payments:

CL2019-55DC

Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Hospital or Clinic 05/30/2019 \$288.00 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

Claim Category Approval Date AmountPaid Medical Category (if applicable) 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

Approval Date	<u>AmountPaid</u>	Claim C
01/08/2020	\$11.04	Mental
Payee: Northern I	Plains Children'S A	dvocacy
Date(s) o f Senteic e (lf Applicable)	

11/12/2019-11/12/2019

CL2019-96B1

<u>Approval Date</u> 11/13/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Payee: Northern Plains Children'S Advocacy						
<u>Date(s)</u> o C90frai ce (If A 10/16/2019-10/16/2019						
ND Crime Victims Compensation	ation, DOCR	Phone: (701)-328	3-6195; 1-800-445-2322			

Claim Category

Mental Health

Email: DOCRcompensation@nd.gov

Medical Category (if applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS20)19-6939	Victim Ir	nitials: A.B.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2020-EB17			
<u>Approval Date</u> 01/08/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern P		dvocacy	
<u>Date(s)</u> o C90f@c e (If 11/12/2019-11/12/20			
Case ID Number: CS20)19-6A78	Victim Ir	nitials: J.A.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2019-8668			
<u>Approval Date</u> 06/21/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Chi	-	Center	
<u>Date(s) of Service (If</u> 4/16/2019-4/16/2019			
Case Payment Totals: \$ Claim Payments: CL2019-DE8A <u>Approval Date</u> 07/03/2019 Payee: Dakota Chi <u>Date(s) of Service (II</u> 4/18/2019-4/18/2019	<u>AmountPaid</u> \$64.00 ildren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Categorγ (if applicable)</u> Hospital or Clinic
CL2019-272F Approval Date 05/30/2019	<u>AmountPaid</u> \$64.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Lindsey So			
Date(s) of Service (If 4/18/2019-4/18/2019			
Case ID Number: CS20)19-6AE2	Victim Ir	nitials: R.W.
Case Payment Totals: \$	288.00		
Claim Payments:			
ND Crime Victims Comper PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov

Cla			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2019-A355				
<u>Approval Date</u> 08/27/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Date(s) o Ceeteic e (7/15/2019-7/15/201		dvocacy		
ase ID Number: CS2	2019-6D53	Victim Ir	nitials: J.G.	
Case Payment Totals:	\$7,387.87			
Claim Payments:				
CL2020-120A				
Approval Date 06/18/2020	<u>AmountPaid</u> \$211.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H				
<u>Date(s) of Service (</u> 8/12/2019-8/12/201				
CL2020-4662				
<u>Approval Date</u> 06/18/2020	<u>AmountPaid</u> \$3,082.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H				
<u>Date(s) of Service (</u> 8/12/2019-8/12/201				
CL2020-A8DC				
<u>Approval Date</u> 06/18/2020	<u>AmountPaid</u> \$376.80	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Sanford H		Medical		
Date(s) of Service (7/30/2019-7/30/201	(<u>If Applicable)</u> 19			
CL2020-ADB7				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/06/2020 Payee: Sanford H	\$3,290.27 lealth	Medical	Hospital or Clinic	
<u>Date(s) of Service (</u> 2/18/2019-2/18/201	(If Applicable)			
CL2020-D94E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/06/2020 Pavee: The Phys	\$161.60 ical Therapy Cente	Medical r. Inc.	Hospital or Clinic	
<u>Date(s) of Service (</u> 12/19/2019-12/19/2	(If Applicable)	.,		
CL2019-9858				
<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Compe	ensation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		• •	mpensation@nd.gov	Page 113 of

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07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 12/26/2019 \$265.60 Payee: The Physical Therapy Center, Inc. Date(s) of Service (If Applicable) 12/9/2019-12/9/2019 Victim Initials: T.G. Case ID Number: CS2019-6D9D Case Payment Totals: \$1,557.48 Claim Payments: CL2020-0A1E Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/18/2020 Mental Health \$45.60 Payee: Laura Howery Siercks Date(s) of Service (If Applicable) 12/16/2019-12/16/2019 CL2019-739B Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 11/25/2019 \$337.70 Mental Health Payee: Laura Howery Siercks Date(s) of Service (If Applicable) 8/30/2019-8/30/2019 8/15/2019-8/15/2019 8/8/2019-8/8/2019 CL2019-2C78 Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/11/2019 \$590.78 Mental Health Payee: Laura Howery Siercks Date(s) of Service (If Applicable) 8/1/2019-8/1/2019 7/29/2019-7/29/2019 7/25/2019-7/25/2019 7/18/2019-7/18/2019 CL2019-B5A5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/09/2019 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 4/25/2019-4/25/2019 CL2019-D09D Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 08/22/2019 \$147.70 Payee: Laura Howery Siercks Date(s) of Service (If Applicable) 7/9/2019-7/9/2019 CL2019-26D1 Claim Category Approval Date AmountPaid Medical Category (if applicable)

North Dakota Crime Victims Compensation

ND Crime Victims Compensation, DOCR PO Box 1898 Bismarck, ND 58502-1898 Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$147.70 Mental Health 07/25/2019 Payee: Laura Howery Siercks Date(s) of Service (If Applicable) 5/14/2019-5/14/2019 Victim Initials: S.M. Case ID Number: CS2019-6E3B Case Payment Totals: \$307.00 Claim Payments: CL2019-E8BF Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/07/2019 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 1/16/2019-1/16/2019 CL2019-A60E Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 05/10/2019 \$19.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 3/11/2019-3/11/2019 Case ID Number: CS2019-6E96 Victim Initials: J.A. Case Payment Totals: \$288.00 Claim Payments: CL2019-87BB Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/21/2019 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/16/2019-4/16/2019 Case ID Number: CS2019-70FF Victim Initials: F.M. Case Payment Totals: \$288.00 Claim Payments: CL2019-2861 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) 2/5/2019-2/5/2019

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: CS2019-7179		Victim Ir		
Case Payment Totals: \$	5,000.00			
Claim Payments:				
CL2019-D1D2 Approval Date 07/08/2019 Payee: J.A.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS2	019-73EF	Victim Ir	nitials: B.W.	
Case Payment Totals: \$	51,319.85			
Claim Payments:				
CL2019-328E				
Approval Date 07/03/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (I</u> 6/10/2019-6/10/2019	f Applicable)	Center		
CL2019-AC01				
<u>Approval Date</u> 05/10/2019 Payee: Dakota Ch Date(s) of Service (I	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
4/3/2019-4/3/2019				
CL2019-9715				
Approval Date 04/11/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (1</u> 3/21/2019-3/21/2019	f Applicable)	Center		
CL2019-E85D				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$174.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch <u>Date(s) of Service (I</u> 3/7/2019-3/7/2019		Center		
CL2019-511A				
Approval Date 03/13/2019 Payee: Dakota Ch Date(s) of Service (I 2/6/2019-2/6/2019	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
ND Crime Victims Compe	nsation. DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
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Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)
Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)
)19-745D	Victim Ir	nitials: J.F.
<u>AmountPaid</u> \$288.00 Iains Children'S A	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
)19-75CD	Victim Ir	nitials: A.D.
288.00		
Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)
)19-77B1	Victim Ir	nitials: A.E.
333.50		
AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
	\$174.17 ildren'S Advocacy [Applicable) AmountPaid \$161.00 ildren'S Advocacy [Applicable) 0 019-745D 288.00 Plains Children'S A [Applicable] 0 19-75CD 288.00 AmountPaid \$288.00 AmountPaid \$288.00	\$174.17 Mental Health ildren'S Advocacy Center [Applicable) AmountPaid Claim Category \$161.00 Mental Health ildren'S Advocacy Center [Applicable) 019-745D Victim Ir 288.00 AmountPaid Claim Category \$288.00 Medical Plicable) 019-75CD Victim Ir 288.00 AmountPaid Claim Category \$288.00 Medical Plicable) O19-75CD Victim Ir 288.00 AmountPaid Claim Category \$288.00 Mental Health iddren'S Advocacy AmountPaid Claim Category \$288.00 Mental Health iddren'S Advocacy Center [Applicable) O19-77B1 Victim Ir

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NOTE: Upon payment appro Document can be sea				
CL2019-AD36				
<u>Approval Date</u> 08/08/2019	<u>AmountPaid</u> \$45.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern PI <u>Date(s)</u> o Centeice (If 7/10/2019-7/10/2019 6/27/2019-6/27/2019		lvocacy		
Case ID Number: CS20	19-7817	Victim In	nitials: J.L.	
Case Payment Totals: \$3	5,578.87			
Claim Payments:				
CL2020-DA13				
<u>Approval Date</u> 02/25/2020 Payee: Guardian Fl	AmountPaid \$1,563.36 ight Llc	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If, 5/4/2019-5/4/2019	-			
CL2019-140B				
Approval Date 09/27/2019	<u>AmountPaid</u> \$223.81	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Williston Ar <u>Date(s) of Service (If</u> 5/4/2019-5/4/2019				
CL2019-CDFE				
<u>Approval Date</u> 09/27/2019 Payee: Trinity Medi	AmountPaid \$1,791.70 cal Group	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 5/4/2019-5/7/2019	Applicable)			
Case ID Number: CS20	19-7B04	Victim In	nitials: M.W.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-4E9D				
Approval Date 05/30/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chil		Center		
<u>Date(s) of Service (If</u> 4/16/2019-4/16/2019	Applicable)			
Case ID Number: CS20	19-7BDB	Victim In	nitials: J.R.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
ND Crime Victims Compens PO Box 1898	sation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Daga 119 of 705

North Dakota Crime Victims Compensation					
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CL2019-6610					
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		
05/30/2019 Payee: Northern <u>Date(s)</u> o Ceeteic e 4/15/2019-4/15/20		Medical dvocacy	Hospital or Clinic		
Case ID Number: CS	2019-7E2B	Victim Ir	nitials: V.D.		
Case Payment Totals:	\$288.00				
Claim Payments:					
CL2020-128A					
<u>Approval Date</u> 05/04/2020 Payee: Dakota C <u>Date(s) of Service</u> 11/22/2019-11/22/2		<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Case ID Number: CS	2019-7F15	Victim Ir	nitials: J.D.		
Case Payment Totals:	\$82.00				
Claim Payments:					
CL2019-6427					
<u>Approval Date</u> 12/13/2019	<u>AmountPaid</u> \$12.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northland	d Health Center				
Date(s) of Service 11/1/2019-11/1/201					
CL2019-8F91					
<u>Approval Date</u> 12/13/2019	<u>AmountPaid</u> \$12.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northland Date(s) of Service 11/8/2019-11/8/201	d Health Center (If Applicable)	Mental realit			
CL2019-AB3E					
Date(s) of Contract		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic		
6/12/2019-6/12/20	I9				
Case ID Number: CS	2019-7FA1	Victim Ir	nitials: B.T.		
Case Payment Totals:	\$288.00				
Claim Payments:					
ND Crime Victims Comp PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	Page 110 of 725	

Cla			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM		
	NOTE: Upon payment approval, 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> 08/07/2019 Payee: Dakota Ch <u>Date(s) of Service (I</u> 7/22/2019-7/22/2019		<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Case ID Number: CS2	019-848B	Victim In	itials: J.M.			
Case Payment Totals: \$ Claim Payments: CL2020-46C4 <u>Approval Date</u> 05/05/2020 Payee: Dakota Ch <u>Date(s) of Service (I</u> 4/1/2020-4/1/2020	<u>AmountPaid</u> \$50.87 ildren'S Advocacy (<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>			
Case ID Number: CS2	019-84B2	Victim In	iitials: S.P.			
Case Payment Totals: \$ Claim Payments: CL2020-823E <u>Approval Date</u> 10/08/2020 Payee: The Kids 1 <u>Date(s) of Service (I</u> 7/23/2020-7/23/2020	AmountPaid \$120.00 Fherapy Center, LIc f Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>			
CL2020-AF9A <u>Approval Date</u> 02/25/2020 Payee: The Kids T <u>Date(s) of Service (I</u> 1/28/2020-1/28/2020 1/15/2020-1/15/2020	<u>f Applicable)</u>)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
CL2019-CD07 Approval Date 05/30/2019 Payee: A.P.	AmountPaid \$585.80	<u>Claim Category</u> Travel	Medical Category (if applicable)			
CL2019-59CE <u>Approval Date</u> 05/01/2019 Payee: The Kids 1	AmountPaid \$69.80 Гherapy Center, Llc	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
ND Crime Victims Compet PO Box 1898	nsation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Page 120 of 725		

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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

CL2019-59CE Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/15/2019	\$279.20	Mental Health	
Payee: The Kids 1	Therapy Center, Ll	C	
Date(s) of Service (I	lf Applicable)		
1/2/2019-1/2/2019			
11/29/2018-11/29/20)18		
11/21/2018-11/21/20)18		
11/15/2018-11/15/20)18		
11/7/2018-11/7/2018			
10/31/2018-10/31/20			
10/29/2018-10/29/20			
10/17/2018-10/17/20			
10/10/2018-10/10/20			
10/3/2018-10/3/2018			
9/25/2018-9/25/2018			
9/14/2018-9/14/2018	8		
9/7/2018-9/7/2018			
CL2019-A6A9			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/12/2019	\$288.00	Mental Health	
Payee: Dakota Ch	-	Center	
Date(s) of Service (I			
10/30/2018-10/30/20	018		
ase ID Number: CS2	019-853A	Victim Ir	nitials: S.W.
Case Payment Totals: \$	51,693.20		
Claim Payments:			
CL2019-0FEE			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/12/2019	\$1,693.20	Medical	Hospital or Clinic
Payee: Altru Healt	th System		
Date(s) of Service (I	lf Applicable)		
11/11/2018-11/11/20)18		
ND Crime Victims Compe	nsation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322
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Claim Payments: Service Providers & Personal Reimbursements, by Case

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se ID Number: CS20	19-8610	Victim Ir	nitials: K.S.	
ase Payment Totals: \$2	2,619.26			
aim Payments:				
CL2021-5C65				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/04/2021	\$56.58	Mental Health		
Payee: Sanford Hea				
Date(s) of Service (If 5/20/2021-5/20/2021	Applicable)			
CL2021-455A				
<u>Approval Date</u> 06/29/2021	<u>AmountPaid</u> \$172.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv				
<u>Date(s) of Service (If</u> 5/13/2021-5/13/2021	-			
CL2021-B375				
<u>Approval Date</u> 04/29/2021	<u>AmountPaid</u> \$254.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sanford Hea	• • • • •	Mental Health		
Date(s) of Service (If, 3/12/2021-3/12/2021				
CL2021-1BCD				
<u>Approval Date</u> 03/10/2021 Payee: Sanford Hea	<u>AmountPaid</u> \$182.00 alth	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (If 1/5/2021-1/5/2021	Applicable)			
CL2021-DC67				
<u>Approval Date</u> 02/04/2021 Payee: Dakota Chil	AmountPaid \$648.79	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (If, 7/30/2020-7/30/2020 7/16/2020-7/16/2020 7/9/2020-7/9/2020 4/22/2020-4/22/2020	-	Gemer		
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
0 Crime Victims Compens 0 Box 1898	sation, DOCR	• •	8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 12/10/2020 \$35.94 Payee: Sanford Health Date(s) of Service (If Applicable) 9/24/2020-9/24/2020 CL2020-7368 AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/10/2020 \$123.89 Mental Health Payee: Sanford Health Date(s) of Service (If Applicable) 6/19/2020-6/19/2020 CL2020-6832 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 08/19/2020 \$177.21 Payee: Sanford Health Date(s) of Service (If Applicable) 4/20/2020-4/20/2020 CL2020-FBE7 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$253.07 Medical Hospital or Clinic 08/19/2020 Payee: Sanford Health Date(s) of Service (If Applicable) 2/20/2020-2/20/2020 CL2020-A11A Claim Category Approval Date AmountPaid Medical Category (if applicable) 05/18/2020 \$715.18 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/3/2020-3/3/2020 2/24/2020-2/24/2020 2/11/2020-2/11/2020 2/2/2020-2/2/2020 12/23/2019-12/23/2019 11/18/2019-11/18/2019 Case ID Number: CS2019-896B Victim Initials: X.S. Case Payment Totals: \$288.00 Claim Payments: CL2019-55FC

<u>Medical Category (if applicable)</u> Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS201	9-8A7B	Victim In	nitials: K.G.	
Case Payment Totals: \$1,2	278.77			
Claim Payments:				
CL2020-E131				
Approval Date 05/04/2020	<u>AmountPaid</u> \$990.77	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	ren'S Advocacy	/ Center		
Date(s) of Service (If Ap	oplicable)			
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/28/2019	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 9/19/2019-9/19/2019	oplicable)			
Claim Payments: CL2019-C193 <u>Approval Date</u> 08/07/2019 Payee: Northern Plai <u>Date(s) of Setence (If Ap</u> 1/16/2019-1/16/2019		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2019-FBFF Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/10/2019	\$72.23	Mental Health		
Payee: Northern Plai	ns Children'S A	Advocacy		
Date(s) o Center (If A) 3/31/2019-3/31/2019 3/8/2019-3/8/2019 2/5/2019-2/5/2019	oplicable)			
Case ID Number: CS201	9-8C83	Victim In	nitials: S.R.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
ND Crime Victims Compensa PO Box 1898	tion, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Dogo 124 of 724

	-		& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
		7-10 business days f CTRL+F, then ente	or processing and check issuance. ring text to search.	
CL2019-FE0F				
Approval Date 06/21/2019	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (hildren'S Advocacy	Center		
5/28/2019-5/28/201				
ase ID Number: CS2	2019-8D54	Victim Ir	nitials: T.B.	
Case Payment Totals:	\$2,141.07			
Claim Payments:				
CL2019-4807				
<u>Approval Date</u> 12/03/2019	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)	
12/03/2019 Payee: Trinity Me	\$92.88 Adical Group	Medical	Hospital or Clinic	
Date(s) of Service (-			
12/3/2018-12/3/201				
CL2019-B434				
<u>Approval Date</u> 12/03/2019	<u>AmountPaid</u> \$292.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me		Medical		
<u>Date(s) of Service (</u> 12/3/2018-12/3/201	(If Applicable)			
CL2019-7A60				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/06/2019 Payee: T.B.	\$211.50	Medical	Hospital or Clinic	
<u>Date(s) of Service (</u> 2/6/2019-2/6/2019	(If Applicable)			
CL2019-7A7A				
<u>Approval Date</u> 11/06/2019	<u>AmountPaid</u> \$284.66	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Ho		INEUICAI		
<u>Date(s) of Service (</u> 2/6/2019-2/6/2019	-			
CL2019-A474				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/06/2019	\$65.70	Medical	Hospital or Clinic	
Payee: T.B. <u>Date(s) of Service (</u>	(If Applicable)			
2/10/2019-2/10/201				
CL2019-B610				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	ensation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Page 125 of

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 11/06/2019 \$228.54 Payee: Trinity Hospital Date(s) of Service (If Applicable) 12/3/2018-12/3/2018 CL2019-C4C4 AmountPaid Medical Category (if applicable) Approval Date Claim Category 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) \$151.74 Medical Hospital or Clinic 09/11/2019 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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 09/14/2020 Mental Health \$20.00 Payee: Advance In Recovery Date(s) of Service (If Applicable) 6/24/2020-6/24/2020 CL2020-A434 AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 06/04/2020 \$40.00 Payee: Advance In Recovery Date(s) of Service (If Applicable) 2/24/2020-2/24/2020 1/29/2020-1/29/2020 CL2019-8C5E AmountPaid Medical Category (if applicable) Approval Date Claim Category Hospital or Clinic 07/03/2019 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>Amount</u>Paid Claim Category Approval Date Medical Category (if applicable) 05/10/2019 \$288.00 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/4/2019-2/4/2019 Case ID Number: CS2019-941E Victim Initials: M.B. Case Payment Totals: \$288.00 Claim Payments: CL2019-3E8C AmountPaid Claim Category Medical Category (if applicable) Approval Date 04/11/2019 Hospital or Clinic \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Setence (If Applicable) 1/9/2019-1/9/2019 Case ID Number: CS2019-96C8 Victim Initials: K.H. Case Payment Totals: \$681.54 Claim Payments: ND Crime Victims Compensation, DOCR

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/06/2019 Mental Health \$9.60 Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 07/25/2019 \$206.30 Payee: Chambers & Blohm Date(s) of Service (If Applicable) 2/13/2019-2/13/2019 CL2019-97F2 Approval Date <u>AmountPai</u>d Claim Category Medical Category (if applicable) 07/25/2019 \$272.00 Mental Health Payee: Chambers & Blohm Date(s) of Service (If Applicable) 10/22/2018-10/22/2018 CL2019-9822 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/25/2019 \$193.64 Mental Health Payee: Chambers & Blohm Date(s) of Service (If Applicable) 1/29/2019-1/29/2019 Case ID Number: CS2019-99C9 Victim Initials: E.S. Case Payment Totals: \$861.22 Claim Payments: CL2019-E263 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/08/2019 Medical Hospital or Clinic \$861.22 Payee: Altru Health System Date(s) of Service (If Applicable) 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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 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: CS2019-9A5E Victim Initials: L.W. Case Payment Totals: \$1,318.66 Claim Payments: CL2021-0A1B Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category Mental Health 03/23/2021 \$1,318.66 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/12/2020-3/12/2020 2/20/2020-2/20/2020 2/11/2020-2/11/2020 1/27/2020-1/27/2020 1/13/2020-1/13/2020 1/8/2020-1/8/2020 12/16/2019-12/16/2019 12/2/2019-12/2/2019 11/25/2019-11/25/2019 11/18/2019-11/18/2019 11/14/2019-11/14/2019 11/6/2019-11/6/2019 Case ID Number: CS2019-9B5E Victim Initials: K.G. Case Payment Totals: \$288.00 Claim Payments: CL2019-9931 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/21/2019 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/15/2019-4/15/2019

Case ID Number: CS2019-9C20

Victim Initials: W.V.

Case Payment	Totals:	\$288.00
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Claim Payments:

CL2019-6FBA

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

CL2019-9710 <u>Approval Date</u> 06/21/2019 Payee: Norther <u>Date(s) oC90160</u> 4/24/2019-4/24/2		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
ND Crime Victims Com PO Box 1898	npensation, DOCR	· · · ·	8-6195; 1-800-445-2322 mpensation@nd.gov

Case Payment Totals: \$800.03 (

5/22/2019-5/22/2019

Case ID Number: CS2019-9E74

С

Claim Payments:			
CL2019-75CB			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/08/2019	\$118.34	Medical	Hospital or Clinic
Payee: Mckenzie	County Ambulance	e Services	
<u>Date(s) of Service (I</u> 4/7/2019-4/7/2019	<u>f Applicable)</u>		
CL2019-E88B			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/08/2019	\$681.69	Medical	Hospital or Clinic
Payee: Mckenzie	County Healthcare	System	
<u>Date(s) of Service (I</u> 4/8/2019-4/8/2019	f Applicable)		
Case ID Number: CS2		Victim Ir	nitials: O.S.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2019-9710			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern F	Plains Children'S A	dvocacy	
Date(s) o f@eteic e (I	f Applicable)		
1/01/0010 1/01/001	n		

Claim Payments:

Date(s) oceateice (If Applicable)

Case ID Number: CS2019-9E1E

Case Payment Totals: \$288.00

Date(s) of Service (If Applicable)

CL2019-FA02

06/21/2019

5/6/2019-5/6/2019

<u>AmountPaid</u> Approval Date Claim Category 07/03/2019 \$288.00 Medical Payee: Northern Plains Children'S Advocacy

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

Medical

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

\$288.00

Payee: Dakota Children'S Advocacy Center

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

Victim Initials: E.W.

Victim Initials: T.G.

Hospital or Clinic

Hospital or Clinic

Medical Category (if applicable)

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Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS201	9-9F98	Victim Ir	nitials: A.J.
Case Payment Totals: \$63	3.33		
Claim Payments:			
CL2021-805D			
<u>Approval Date</u> 01/29/2021	<u>AmountPaid</u> \$345.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child <u>Date(s) of Service (If A</u> 10/4/2020-10/4/2020 9/27/2019-9/27/2019	-	⁷ Center	
CL2019-3854			
Approval Date 06/21/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic
Payee: Dakota Child Date(s) of Service (If A 5/6/2019-5/6/2019	-	Center	
Case ID Number: CS201	9-9FCE	Victim Ir	nitials: S.C.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2019-902D			
Approval Date 05/10/2019 Payee: Dakota Child Date(s) of Service (If A 2/5/2019-2/5/2019	-	<u>Claim Category</u> Mental Health v Center	<u>Medical Category (if applicable)</u>
Case ID Number: CS201	9-A355	Victim Ir	nitials: H.O.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2019-5559 <u>Approval Date</u> 03/01/2019 Payee: Dakota Child <u>Date(s) of Service (If A</u> 1/9/2019-1/9/2019	-	<u>Claim Category</u> Mental Health 7 Center	Medical Category (if applicable)
Case ID Number: CS201	9-A477	Victim Ir	nitials: O.H.
Case Payment Totals: \$34	5.60		
Claim Payments:			
ND Crime Victims Compensa		Phone: (701)-32	8-6195: 1-800-445-2322

	North D	akota Crime V	Victims Compensation	
Clai	m Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	-	-	for processing and check issuance. ring text to search.	
CL2021-2EF2				
Approval Date 11/01/2021	<u>AmountPaid</u> \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil Date(s) of Service (If 7/15/2019-7/15/2019	-	Center		
CL2019-FA91				
<u>Approval Date</u> 08/27/2019 Payee: Dakota Chil	AmountPaid \$288.00	<u>Claim Category</u> Medical Contor	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If</u> 7/15/2019-7/15/2019	-	Center		
Case ID Number: CS20	19-A689	Victim Ir	nitials: T.J.	
Case Payment Totals: \$4	4,163.20			
Claim Payments:				
CL2020-8233				
<u>Approval Date</u> 06/04/2020	<u>AmountPaid</u> \$438.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Peace Heal <u>Date(s) of Service (If</u> 9/30/2019-9/30/2019	-			
CL2020-1009				
<u>Approval Date</u> 04/27/2020	<u>AmountPaid</u> \$3,436.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Peace Heal <u>Date(s) of Service (If</u> 9/30/2019-9/30/2019	-			
CL2019-0613 Approval Date 11/13/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl <u>Date(s)</u> o C99t@c e (If 9/25/2019-9/25/2019	lains Children'S A			
Case ID Number: CS20	19-A6E3	Victim Ir	nitials: M.D.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2021-9172				
<u>Approval Date</u> 11/01/2021 Payee: Dakota Chil	<u>AmountPaid</u> \$288.00 Idren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 2/21/2020-2/21/2020	Applicable)			
ND Crime Victims Compen	sation, DOCR	(,	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-1898		Email: <u>DOCRcor</u>	mpensation@nd.gov	Page 132 of 72

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	9-A717	Victim In	nitials: M.O.	
Case Payment Totals: \$1,5	93.68			
Claim Payments:				
CL2019-27AE <u>Approval Date</u> 04/15/2019 Payee: Mary Solberg <u>Date(s) of Service (If Ap</u> 2/21/2019-2/21/2019		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-17B7 <u>Approval Date</u> 04/12/2019 Payee: Mary Solberg <u>Date(s) of Service (If Ap</u> 1/10/2019-1/10/2019		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2019-3143 <u>Approval Date</u> 04/12/2019 Payee: Mary Solberg <u>Date(s) of Service (If Ap</u> 12/20/2018-12/20/2018	oplicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-3EE9 Approval Date 04/12/2019 Payee: Mary Solberg Date(s) of Service (If Ap 1/24/2019-1/24/2019		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-52BA Approval Date 04/12/2019 Payee: Mary Solberg Date(s) of Service (If Ap 1/3/2019-1/3/2019		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2019-F7A0 <u>Approval Date</u> 04/12/2019 Payee: Mary Solberg <u>Date(s) of Service (If Ap</u> 12/27/2018-12/27/2018	oplicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2019-F893 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898 Bismarck, ND 58502-1898	tion, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 133 of 7

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 Payee: Mary Solt <u>Date(s) of Service (</u> 1/17/2019-1/17/201	If Applicable)	Mental Health		
CL2019-FEA4				
<u>Approval Date</u> 04/12/2019	<u>AmountPaid</u> \$172.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Mary Solt	berg, Licsw			
<u>Date(s) of Service (</u> 1/31/2019-1/31/201				
CL2019-9B62				
<u>Approval Date</u> 03/01/2019	<u>AmountPaid</u> \$313.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Mary Solt	berg, Licsw			
Date(s) of Service (12/27/2018-12/27/2 12/20/2018-12/20/2	2018			
se ID Number: CS2	2019-ABA5	Victim Ir	itials: A.S.	
ase Payment Totals:	\$408.00			
laim Payments:				
CL2020-26C6				
022020-2000				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/29/2020	\$20.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	\$20.00 Solutions (If Applicable)		Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (\$20.00 Solutions (If Applicable)		<u>Medical Category (if applicable)</u>	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u>	Mental Health	<u>Medical Category (if applicable)</u>	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00	Mental Health		
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions	Mental Health		
05/29/2020 Payee: Therapy S <u>Date(s) of Service (</u> 4/15/2020-4/15/202 CL2020-1699 <u>Approval Date</u> 05/28/2020	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions	Mental Health		
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions (If Applicable)	Mental Health Claim Category Mental Health	Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions (If Applicable) <u>AmountPaid</u>	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>		
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78	\$20.00 Solutions (<u>If Applicable)</u> 20 <u>AmountPaid</u> \$20.00 Solutions (<u>If Applicable</u>) <u>AmountPaid</u> \$20.00	Mental Health Claim Category Mental Health	Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions (If Applicable) <u>AmountPaid</u> \$20.00 Solutions	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S	\$20.00 Solutions (If Applicable) 20 <u>AmountPaid</u> \$20.00 Solutions (If Applicable) <u>AmountPaid</u> \$20.00 Solutions	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/8/2020-4/8/2020	\$20.00 Solutions (If Applicable) 20 AmountPaid \$20.00 Solutions (If Applicable) Solutions (If Applicable)	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable) Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/8/2020-4/8/2020 CL2020-AC03 Approval Date	\$20.00 Solutions (If Applicable) 20 AmountPaid \$20.00 Solutions (If Applicable) AmountPaid \$20.00 Solutions (If Applicable)	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/8/2020-4/8/2020 CL2020-AC03 Approval Date 05/04/2020	\$20.00 Solutions (If Applicable) 20 AmountPaid \$20.00 Solutions (If Applicable) AmountPaid \$20.00 Solutions (If Applicable) AmountPaid \$87.00	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable) Medical Category (if applicable)	
05/29/2020 Payee: Therapy S Date(s) of Service (4/15/2020-4/15/202 CL2020-1699 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/1/2020-4/1/2020 CL2020-DF78 Approval Date 05/28/2020 Payee: Therapy S Date(s) of Service (4/8/2020-4/8/2020 CL2020-AC03 Approval Date	\$20.00 Solutions (If Applicable) 20 AmountPaid \$20.00 Solutions (If Applicable) AmountPaid \$20.00 Solutions (If Applicable) AmountPaid \$87.00 Solutions	Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health <u>Claim Category</u>	Medical Category (if applicable) Medical Category (if applicable)	

ND Crime Victims Compensation, DOCR PO Box 1898 Bismarck, ND 58502-1898 Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

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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.

L2020-372E Approval Date 04/29/2020	<u>AmountPaid</u> \$87.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Therapy S		Montal Hoalth		
Date(s) of Service (
4/1/2020-4/1/2020	<u></u>			
CL2020-2361				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/22/2020	\$87.00	Mental Health		
Payee: Therapy S				
Date(s) of Service (
3/18/2020-3/18/202	0			
CL2020-B509				
<u>Approval Date</u> 04/22/2020	<u>AmountPaid</u> \$87.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Therapy S	Solutions			
Date(s) of Service (
3/26/2020-3/26/202	0			
	-	Victim Ir	itials [.] F Δ	
se ID Number: CS2	2019-AEDD	Victim Ir	iitials: E.A.	
se ID Number: CS2	2019-AEDD	Victim Ir	iitials: E.A.	
se ID Number: CS2 ase Payment Totals: \$	2019-AEDD	Victim Ir	iitials: E.A.	
se ID Number: CS2 ase Payment Totals: \$ aim Payments:	2019-AEDD	Victim Ir	iitials: E.A.	
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A Approval Date	2019-AEDD \$3,600.00 <u>AmountPaid</u>	Claim Category	iitials: E.A. Medical Category (if applicable)	
se ID Number: CS2 ase Payment Totals: aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019	2019-AEDD \$3,600.00			
se ID Number: CS2 ase Payment Totals: aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A.	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00	Claim Category		
se ID Number: CS2 ase Payment Totals: aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. Date(s) of Service (2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A Approval Date 10/28/2019 Payee: E.A. Date(s) of Service (10/10/2019-10/10/2	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A Approval Date 10/28/2019 Payee: E.A. Date(s) of Service (10/10/2019-10/10/2019- 10/1/2019-10/1/2019	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 1019 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A Approval Date 10/28/2019 Payee: E.A. Date(s) of Service (10/10/2019-10/10/2 10/1/2019-10/1/2019 9/25/2019-9/25/2019	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. <u>Date(s) of Service (</u> 10/10/2019-10/10/2 10/1/2019-10/1/2019 9/25/2019-9/25/2019	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A Approval Date 10/28/2019 Payee: E.A. Date(s) of Service (10/10/2019-10/10/2 10/1/2019-10/1/2019 9/25/2019-9/25/2019	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. <u>Date(s) of Service (</u> 10/10/2019-10/10/2 10/1/2019-10/1/2011 9/25/2019-9/25/2011 9/18/2019-9/18/2011 9/10/2019-9/10/2011	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. <u>Date(s) of Service (</u> 10/10/2019-10/10/2 10/1/2019-10/1/2019 9/25/2019-9/25/2011 9/18/2019-9/18/2019 9/10/2019-9/10/2019	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ aim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. <u>Date(s) of Service (</u> 10/10/2019-10/10/2 10/1/2019-10/1/201 9/25/2019-9/25/201 9/18/2019-9/18/201 9/10/2019-9/3/2019 8/27/2019-8/27/201 8/20/2019-8/20/201	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9 9	Claim Category		
se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2019-B09A <u>Approval Date</u> 10/28/2019 Payee: E.A. <u>Date(s) of Service (</u> 10/10/2019-10/10/2 10/1/2019-10/10/2 10/1/2019-9/25/2011 9/18/2019-9/18/2011 9/10/2019-9/10/2011 9/3/2019-9/3/2019 8/27/2019-8/27/2011	2019-AEDD \$3,600.00 <u>AmountPaid</u> \$450.00 If Applicable) 019 9 9 9 9	Claim Category		

Payee: E.A.

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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 6/27/2019-7/2/2019 6/27/2019-6/27/2019 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

Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 12/10/2020 \$1,099.73 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 09/09/2019 \$288.00 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/18/2021 \$92.83 Mental Health Pavee: Dakota Children'S Advocacy Center

Date(s) of Service (If Applicable) 10/9/2019-10/9/2019

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2020-3E15 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 03/19/2020 Mental Health \$247.58 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/25/2019-11/25/2019 11/6/2019-11/6/2019 CL2020-5BB7 AmountPaid Approval Date Claim Category Medical Category (if applicable) 02/24/2020 \$622.44 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/12/2019-9/12/2019 9/4/2019-9/4/2019 8/19/2019-8/19/2019 7/23/2019-7/23/2019 7/18/2019-7/18/2019 7/9/2019-7/9/2019 7/1/2019-7/1/2019 Case ID Number: CS2019-B402 Victim Initials: J.P. Case Payment Totals: \$1,058.09 Claim Payments: CL2021-CA24 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 11/19/2021 \$109.89 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/3/2019-10/3/2019 CL2019-D004 AmountPaid Claim Category Medical Category (if applicable) Approval Date 09/24/2019 \$165.05 Mental Health Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/12/2019-9/12/2019 CL2019-FB33 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date \$165.05 Mental Health 08/27/2019 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/13/2019-8/13/2019 CL2019-DEBE Medical Category (if applicable) Approval Date AmountPaid Claim Category

	North D)akota Crime \	Victims Compensation	
CI	07/03/2025 1:05:50AM			
NOTE: Upon payment app Document can be				
08/15/2019 Payee: Dakota C Date(s) of Service 7/22/2019-7/22/207		Mental Health Center		
CL2019-78A7				
<u>Approval Date</u> 07/19/2019 Payee: Dakota C <u>Date(s) of Service</u> 7/3/2019-7/3/2019	AmountPaid \$165.05 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2019-4155				
<u>Approval Date</u> 03/01/2019		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS	2019-B481	Victim Ir	nitials: G.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-A401 <u>Approval Date</u> 05/10/2019 Payee: Dakota C <u>Date(s) of Service</u> 3/21/2019-3/21/207		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS	2019-B4F6	Victim Ir	nitials: C.K.	
Case Payment Totals: Claim Payments: CL2019-5D66 Approval Date 05/10/2019 Payee: Chi St. Al Date(s) of Service 12/31/2018-12/31/2 12/23/2018-12/23/2	<u>AmountPaid</u> \$100.67 lexius (<u>If Applicable)</u> 2018	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2019-B734	Victim Ir	nitials: A.E.	
Case Payment Totals:	\$681.00			
Claim Payments:				
CL2020-8B20 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

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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.

11/16/2020	\$70.00	Medical	Chiropractic or Massage	
Payee: A.E. <u>Date(s) of Service</u> 3/20/2020-3/20/202				
CL2020-50A2				
Approval Date 11/09/2020 Payee: Keep In T Date(s) of Service 3/20/2020-3/20/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
CL2020-83E3				
Approval Date 02/05/2020 Payee: A.E. <u>Date(s) of Service</u> 11/25/2019-11/25/2		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
CL2019-0D35				
<u>Approval Date</u> 10/28/2019 Payee: A.E.	<u>AmountPaid</u> \$70.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
Date(s) of Service 9/25/2019-9/25/201				
CL2019-2607				
<u>Approval Date</u> 09/26/2019	<u>AmountPaid</u> \$65.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
Payee: A.E. <u>Date(s) of Service</u> 9/2/2019-9/2/2019	(If Applicable)			
CL2019-2AA2				
Approval Date 09/26/2019	<u>AmountPaid</u> \$65.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
Payee: A.E. <u>Date(s) of Service</u> 7/31/2019-7/31/207	(<u>If Applicable)</u> 19			
CL2019-302B				
<u>Approval Date</u> 09/26/2019	<u>AmountPaid</u> \$65.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
Payee: A.E. <u>Date(s) of Service</u> 8/16/2019-8/16/207				
CL2019-488F				
<u>Approval Date</u> 08/05/2019 Payee: A.E.	<u>AmountPaid</u> \$65.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	

PO Box 1898 Bismarck, ND 58502-1898 Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 07/05/2019 Medical Chiropractic or Massage \$65.00 Payee: A.E. Date(s) of Service (If Applicable) 5/1/2019-5/1/2019 CL2019-3D41 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/05/2019 \$45.00 Medical Chiropractic or Massage Payee: A.E. Date(s) of Service (If Applicable) 3/8/2019-3/8/2019 CL2019-922B Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/05/2019 \$45.00 Medical Chiropractic or Massage Payee: A.E. Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/28/2020 \$5,230.00 Medical Hospital or Clinic Payee: E.R. Date(s) of Service (If Applicable) 1/30/2018-1/30/2018 4/27/2018-4/27/2018 1/29/2018-1/29/2018 2/12/2018-2/12/2018 CL2020-AF18 AmountPaid Claim Category Medical Category (if applicable) Approval Date Hospital or Clinic \$3,559.95 01/23/2020 Medical Pavee: Chi St. Alexius Health Williston Date(s) of Service (If Applicable) 1/28/2019-1/28/2019 CL2020-3AC4 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/06/2020 \$412.00 Medical Hospital or Clinic Payee: Mid Dakota Clinic

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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

Approval Date AmountPaid Claim Category 05/30/2019 \$288.00 Medical 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

Approval Date		AmountPaid		
01/08/202	0	\$2	288.00	
Daviaa		Distas	Obildue alO	

Medical

Claim Category

Payee: Northern Plains Children'S Advocacy

Date(s) of Genteice (If Applicable) 5/20/2019-5/20/2019

Case ID Number: CS2019-BEAF

Victim Initials: R.A.

Claim Payments:

CL2019-A33C

Approval Date 10/28/2019 Payee: L.D. AmountPaid \$5,000.00 Funeral

Claim Category Medical Category (if applicable)

Medical Category (if applicable)

Medical Category (if applicable)

Hospital or Clinic

Hospital or Clinic

Case ID Number: CS2019-C309

Victim Initials: S.D.

Case Payment Totals: \$9	948.19			
Claim Payments:				
CL2021-8C6F Approval Date 02/04/2021	<u>AmountPaid</u> \$660.19	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil	dren'S Advocacy	Center		

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

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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> 10/28/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Childr	•		
<u>Date(s) of Service (If Ap</u> 9/24/2019-9/24/2019	-		
Case ID Number: CS2019	9-C32A	Victim Ir	nitials: M.P.
Case Payment Totals: \$1,3	886.40		
Claim Payments:			
CL2020-4383			
<u>Approval Date</u> 01/03/2020	<u>AmountPaid</u> \$197.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Medica	al Group		
<u>Date(s) of Service (If Ap</u> 7/18/2019-7/18/2019	oplicable)		
CL2020-8FD0			
<u>Approval Date</u> 01/03/2020	<u>AmountPaid</u> \$900.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Medica	al Group		
<u>Date(s) of Service (If Ap</u> 7/18/2019-7/18/2019	oplicable)		
CL2019-4107			
<u>Approval Date</u> 08/27/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai		dvocacy	
Date(s) o F99f(ric e (If Ar 7/24/2019-7/24/2019	oplicable)		
Case ID Number: CS2019	9-C34A	Victim Ir	nitials: E.L.
Case Payment Totals: \$1,2	292.43		
Claim Payments:			
CL2020-81EA			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
01/14/2020 Payee: The Kids The	\$142.45 rapy Center, Llo	Mental Health	
<u>Date(s) of Service (If Ar</u> 11/18/2019-11/18/2019 11/12/2019-11/12/2019			

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/13/2019 Mental Health \$219.79 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 10/9/2019-10/9/2019 9/11/2019-9/11/2019 CL2019-A140 AmountPaid Approval Date Claim Category Medical Category (if applicable) 10/02/2019 \$307.79 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 9/5/2019-9/5/2019 8/5/2019-8/5/2019 7/23/2019-7/23/2019 CL2019-C08A Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 08/07/2019 \$334.40 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 7/8/2019-7/8/2019 6/25/2019-6/25/2019 5/21/2019-5/21/2019 CL2019-132B <u>Amount</u>Paid Medical Category (if applicable) Approval Date Claim Category 03/13/2019 \$288.00 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/12/2019-2/12/2019 Case ID Number: CS2019-C367 Victim Initials: D.G. Case Payment Totals: \$281.60 Claim Payments: CL2019-975D **AmountPaid** Claim Category Medical Category (if applicable) Approval Date Medical Hospital or Clinic 07/05/2019 \$281.60 Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 5/28/2019-5/29/2019 Case ID Number: CS2019-C3F9 Victim Initials: S.S. Case Payment Totals: \$468.00 Claim Payments:

Claim	Payments: Sei	rvice Providers &	Victims Compensation & Personal Reimbursements, by Case	07/03/2025
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CL2019-14B8				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai		lvocacy		
<u>Date(s)</u> o Ceetteic e (If A) 3/15/2019-3/15/2019	pplicable)			
CL2019-981A				
<u>Approval Date</u> 04/11/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s) oF9eteice (If A</u> 1/14/2019-1/14/2019		lvocacy		
ase ID Number: CS201	9-C4B6	Victim Ir	nitials: O.L.	
Case Payment Totals: \$1,	156.38			
Claim Payments:				
CL2020-1B47				
<u>Approval Date</u> 01/14/2020	<u>AmountPaid</u> \$324.30	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The <u>Date(s) of Service (If Aj</u> 11/18/2019-11/18/2019 11/12/2019-11/12/2019 6/18/2019-6/18/2019	rapy Center, Llc			
CL2019-6D99				
<u>Approval Date</u> 11/13/2019	<u>AmountPaid</u> \$219.79	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The <u>Date(s) of Service (If Aj</u> 10/9/2019-10/9/2019 9/11/2019-9/11/2019	rapy Center, Llc			
CL2019-99EE				
Approval Date 10/02/2019	<u>AmountPaid</u> \$219.79	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The	••			
Date(s) of Service (If A) 8/5/2019-8/5/2019 7/23/2019-7/23/2019	pplicable)			
CL2019-7335				
Approval Date 08/07/2019	<u>AmountPaid</u> \$104.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The <u>Date(s) of Service (If Aj</u> 5/21/2019-5/21/2019	rapy Center, Llc			

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

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:504M					
· · · · · · ·	<i>1:05:50AM</i> IOTE: Upon payment approval, 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> 03/13/2019 Payee: Dakota Child <u>Date(s) of Service (If Ap</u> 2/12/2019-2/12/2019	-	<u>Claim Category</u> Mental Health v Center	Medical Category (if applicable)		
Case ID Number: CS201	9-C63B	Victim Ir	iitials: L.A.		
Case Payment Totals: \$1,8	800.98				
Claim Payments:					
CL2019-2E76					
Approval Date 05/09/2019 Payee: Summit Cour	-	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Date(s) of Service (If A) 1/21/2019-1/21/2019 1/15/2019-1/15/2019 1/10/2019-1/10/2019 1/2/2019-1/2/2019	pplicable)				
CL2019-B07A					
Approval Date 05/09/2019 Payee: L.A. <u>Date(s) of Service (If Ap</u> 3/11/2019-3/11/2019	AmountPaid \$849.09 pplicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
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					
Approval Date 05/09/2019 Payee: L.A.	AmountPaid \$391.89	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Date(s) of Service (If A) 10/25/2018-10/25/2018 10/11/2018-10/11/2018	}				
10/2/2018-10/2/2018					
Case ID Number: CS201	9-CDA4	Victim Ir	iitials: S.L.		
Case Payment Totals: \$1,0	678.40				
Claim Payments:					
CL2020-05C2 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
ND Crime Victims Compensa	ation, DOCR		8-6195; 1-800-445-2322		
PO Box 1898 Bismarck ND 58502 1808		Email: <u>DOCRco</u> i	npensation@nd.gov	Page 145 of 72	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$1,678.40 Medical Dental 03/09/2020 Payee: Gregory Evanoff, Dds Date(s) of Service (If Applicable) 10/28/2019-10/28/2019 Victim Initials: T.H. Case ID Number: CS2019-D474 Case Payment Totals: \$219.71 Claim Payments: CL2019-8CF6 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/30/2019 Medical Hospital or Clinic \$150.44 Payee: T.H. Date(s) of Service (If Applicable) 12/10/2018-12/10/2018 CL2019-9201 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 05/30/2019 \$45.00 Medical Hospital or Clinic Payee: T.H. Date(s) of Service (If Applicable) 2/6/2019-2/6/2019 CL2019-F3EE AmountPaid Claim Category Medical Category (if applicable) Approval Date Medical Prescription 05/30/2019 \$24.27 Payee: T.H. Date(s) of Service (If Applicable) 12/10/2018-12/10/2018 Case ID Number: CS2019-D476 Victim Initials: B.K. Case Payment Totals: \$288.00 Claim Payments: CL2019-3F40 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/07/2019 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/13/2019-9/13/2019 Case ID Number: CS2019-D47C Victim Initials: M.F. Case Payment Totals: \$2,103.36 Claim Payments: **CL2021-AD0E** Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov Page 146 of 725

North Dakota Crime Victims Compensation				
CI	aim Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AN
NOTE: Upon payment app	1.00.00AW			
	searched by clicking		ring text to search.	
02/16/2021 Payee: Northern <u>Date(s)</u> o Csetterc 12/28/2020-12/28/2		Mental Health Idvocacy		
CL2020-D86E				
<u>Approval Date</u> 11/24/2020 Payee: Northern Date(s) o Cserteic e	AmountPaid \$168.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
10/14/2020-10/14/2	2020			
CL2020-3655				
<u>Approval Date</u> 09/10/2020	<u>AmountPaid</u> \$88.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Csetterc 7/29/2020-7/29/202	· · · · ·	dvocacy		
CL2020-B0E0				
Approval Date 08/19/2020	<u>AmountPaid</u> \$176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o C9at /ace 7/15/2020-7/15/202 7/1/2020-7/1/2020		dvocacy		
CL2020-56C0				
<u>Approval Date</u> 07/27/2020	<u>AmountPaid</u> \$176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Ceetate 6/17/2020-6/17/202 6/3/2020-6/3/2020		\dvocacy		
CL2020-F1A9				
<u>Approval Date</u> 06/04/2020	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centric e 5/21/2020-5/21/202		dvocacy		
CL2020-8860				
<u>Approval Date</u> 05/14/2020	<u>AmountPaid</u> \$176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Ceatai ce 4/23/2020-4/23/202 4/2/2020-4/2/2020		\dvocacy		
CL2020-FE69				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

Clai			Victims Compensation	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.				
02/05/2020 Payee: Northern PI <u>Date(s) of Statkaice (If</u> 12/18/2019-12/18/20 ²	Applicable)	Mental Health dvocacy		
CL2020-4AC7 <u>Approval Date</u> 01/08/2020	<u>AmountPaid</u> \$51.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl	ains Children'S A	dvocacy		
Date(s) o C9etteic e (If 12/4/2019-12/4/2019	Applicable)			
CL2019-8F04				
<u>Approval Date</u> 12/13/2019	<u>AmountPaid</u> \$51.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl <u>Date(s)</u> o Cset aice (If 10/16/2019-10/16/201	Applicable)	dvocacy		
CL2019-8B9B				
<u>Approval Date</u> 11/13/2019	<u>AmountPaid</u> \$180.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl <u>Date(s) oCenteice (If</u> 10/9/2019-10/9/2019 9/23/2019-9/23/2019 7/31/2019-7/31/2019		dvocacy		
CL2019-3978				
<u>Approval Date</u> 10/03/2019	<u>AmountPaid</u> \$198.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl <u>Date(s) o Coetteice (If</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		dvocacy		
CL2019-356D				
<u>Approval Date</u> 07/05/2019 Payee: Northern PI <u>Date(s)</u> o C90teic e (If 2/5/2019-2/5/2019		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2019-A6D2				
Approval Date 07/05/2019	<u>AmountPaid</u> \$441.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Contract (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

Ca

Case ID Number: CS2019-D816	Victim Ir	iitials: C.T.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2019-76D6		
Approval Date <u>AmountP</u> 07/03/2019 \$288.00 Payee: Dakota Children'S Advo	Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Date(s) of Service (If Applicable) 6/6/2019-6/6/2019		
Case ID Number: CS2019-DBFD	Victim Ir	nitials: R.W.
Case Payment Totals: \$4,100.00		
Claim Payments:		
CL2019-0C91		
Approval Date AmountP 11/01/2019 \$4,100.00 Payee: R.W.		<u>Medical Category (if applicable)</u>
Case ID Number: CS2019-DCBB	Victim Ir	iitials: H.F.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2019-BDF9		
Approval DateAmountP05/10/2019\$288.00Payee:Dakota Children'S AdvoDate(s) of Service (If Applicable)2/5/20102/5/2010	Mental Health	Medical Category (if applicable)
3/5/2019-3/5/2019 Case ID Number: CS2019-DE1F	Victim Ir	iitials: L.P.

Claim Payments:

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
08/24/2020	\$925.00	Mental Health			
Payee: M.S.					
Date(s) of Service (If A 7/30/2019-7/30/2019	<u>.pplicable)</u>				
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					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
08/22/2019	\$740.00	Mental Health			
Payee: N.P.					
Date(s) of Service (If A	<u>pplicable)</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					
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		
08/22/2019	\$2,288.01	Medical	Hospital or Clinic		
Payee: Emergency F	Professional Ser	vices Pc			
	Date(s) of Service (If Applicable)				
4/29/2019-4/29/2019					
4/7/2019-4/7/2019					
CL2019-D0A1					
0L2013-DUA1					

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

Case ID Number: CS2019-DE32

Victim Initials: O.T.

Case Payment Totals: \$288.00	
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Claim Payments:

CL2019-8363

Approval Date **AmountPaid** Claim Category Medical Category (if applicable)

NOTE: Upon payment apr	proval please allow	7-10 business days f	for processing and check issuance.	1:05:50AM
Document can be	searched by clicking	CTRL+F, then ente	ring text to search.	
05/30/2019 Payee: Dakota C	\$288.00 hildren'S Advocacy	Medical Center	Hospital or Clinic	
<u>Date(s) of Service</u> 4/9/2019-4/9/2019	-			
Case ID Number: CS	2019-DE6D	Victim Ir	nitials: A.D.	
Case Payment Totals:	\$475.57			
Claim Payments:				
CL2020-2A57				
<u>Approval Date</u> 05/04/2020 Payee: Dakota C <u>Date(s) of Service</u> 11/1/2019-11/1/201		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2020-A890				
<u>Approval Date</u> 03/19/2020 Payee: Dakota C	<u>AmountPaid</u> \$77.68 hildren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Date(s) of Service 1/10/2020-1/10/202 12/9/2019-12/9/201	20			
CL2019-72C4				
<u>Approval Date</u> 08/07/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C <u>Date(s) of Service</u> 7/15/2019-7/15/20		Center		
Case ID Number: CS	2019-DF39	Victim Ir	nitials: L.N.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-903D				
	<u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
Date(s) o Centra 4/16/2019-4/16/201				
Case ID Number: CS	2019-DF68	Victim Ir	nitials: B.R.	
Case Payment Totals:	\$1,064.00			
Claim Payments:				
CL2019-6E2A Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: <u>DOCRcompensation@nd.gov</u>

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06/26/2019	\$1,064.00	Mental Health
Payee: B.R.		
Date(s) of Service	(If Applicable)	
3/8/2019-3/8/2019		
2/15/2019-2/15/20	19	
1/25/2019-1/25/20	19	
1/11/2019-1/11/20 ²	19	
1/4/2019-1/4/2019		
11/30/2018-11/30/2	2018	
11/9/2018-11/9/20 ²	18	
10/26/2018-10/26/	2018	
10/25/2018-10/25/	2018	
10/12/2018-10/12/	2018	
9/28/2018-9/28/20	18	
9/21/2018-9/21/20	18	
9/14/2018-9/14/20	18	

Case ID Number: CS2019-E112

Victim Initials: I.B.

Case Payment Totals: \$288.00

Claim Payments:

CL2019-B3F9

Approval DateAmountPaidClaim Category05/30/2019\$288.00MedicalPayee: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

Approval DateAmountPaidClaim Category08/31/2020\$720.42Mental Health

Medical Category (if applicable)

Medical Category (if applicable)

Hospital or Clinic

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

Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
02/24/2020	\$241.82	Mental Health	
Payee: Dakota Child	ren'S Advocacy	Center	

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

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Date(s) of Service (9/10/2019-9/10/201 9/3/2019-9/3/2019 8/27/2019-8/27/201 7/30/2019-7/30/201	9			
7/23/2019-7/23/201 7/16/2019-7/16/201 7/2/2019-7/2/2019 6/18/2019-6/18/201	9 9			
CL2019-0963 <u>Approval Date</u> 07/25/2019 Payee: Dakota Ch <u>Date(s) of Service (</u> 6/25/2019-6/25/201	If Applicable)	<u>Claim Category</u> Mental Health / Center	Medical Category (if applicable)	
CL2019-3D78	-			
Approval Date 06/21/2019 Payee: Dakota Cl	<u>AmountPaid</u> \$15.86 bildren'S A dvocacy	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (</u> 5/7/2019-5/7/2019	-			
CL2019-645D Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/21/2019 Payee: Dakota Cl Date(s) of Service (5/21/2019-5/21/201	\$15.86 hildren'S Advocacy If Applicable)	Mental Health		
L2019-80D3	AmountPaid	Claim Category	Modical Catagory (if applicable)	
<u>Approval Date</u> 06/21/2019 Payee: Dakota Ch	\$15.86	Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (</u> 5/28/2019-5/28/201	If Applicable)	Center		
CL2019-FBDD				
<u>Approval Date</u> 05/10/2019	<u>AmountPaid</u> \$81.18	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch Date(s) of Service (3/12/2019-3/12/201	If Applicable)	/ Center		
se ID Number: CS2	2019-E382	Victim Ir	nitials: H.C.	
ase Payment Totals: \$	\$288.00			
aim Payments:				
CL2019-128B Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Compe D Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Down 459
O Box 1898 Email: DOCRcompensation@nd.gov				Page 153

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

\$288.00 Mental Health 05/10/2019

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

Approval Date 02/04/2021	<u>AmountPaid</u> \$320.16	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Dakota Childr	ren'S Advocacy	Center			
Date(s) of Service (If Ap	oplicable)				
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					

Claim Category

Case ID Number: CS2019-E784

Victim Initials: D.F.

Medical Category (if applicable)

Hospital or Clinic

Case Payment Totals: \$288.00

Claim Payments:

CL2019-EFE1

Approval Date 10/28/2019

Medical \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) ofenteice (If Applicable) 9/4/2019-9/4/2019

AmountPaid

Case ID Number: CS2019-E91D

Victim Initials: I.S.

Case Payment Totals: \$288.00

Claim Payments:

CL2019-8B18

AmountPaid Medical Category (if applicable) Approval Date Claim Category \$288.00 Hospital or Clinic 05/30/2019 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable)

4/11/2019-4/11/2019

Case ID Number: CS2019-EA3B

Victim Initials: G.M.

Claim Payments:

	North E	Dakota Crime V	Victims Compensation	
Clair	n Payments: S	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea		-	or processing and check issuance. ring text to search.	
CL2019-33D0				
<u>Approval Date</u> 05/30/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chil	-	v Center		
Date(s) of Service (If 4/18/2019-4/18/2019	Applicable)			
Case ID Number: CS20	19-EB27	Victim Ir	nitials: J.A.	
Case Payment Totals: \$5	53.50			
Claim Payments:				
CL2019-0347				
<u>Approval Date</u> 06/21/2019	<u>AmountPaid</u> \$161.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 5/6/2019-5/6/2019	-	/ Center		
CL2019-CE2E Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/21/2019	\$104.50	Mental Health		
Payee: Dakota Chil	-	/ Center		
<u>Date(s) of Service (If</u> 5/13/2019-5/13/2019	<u>Applicable)</u>			
CL2019-ED10				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/21/2019 Payee: Dakota Chil	\$288.00 drop'S Advocacy	Medical Contor	Hospital or Clinic	
<u>Date(s) of Service (If</u> 4/16/2019-4/16/2019	-	Genter		
Case ID Number: CS20	19-EC95	Victim Ir	nitials: L.S.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2019-A2B6				
Approval Date 08/07/2019	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl <u>Date(s)</u> o C991/9i Ce (If 4/17/2019-4/17/2019		Advocacy		
Case ID Number: CS20	19-EDFC	Victim Ir	nitials: R.A.	
Case Payment Totals: \$5	09.20			
Claim Payments:				
ND Crime Victims Compens	sation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2021-7A0F Approval Date <u>searched by clicking CTRL+F, then entering text to search.</u> Medical Category (if applicable) 221/2020-221/2020 107/2020-101-10/30/2019 CL2020-108D Approval Date <u>AmountPaid</u> Claim Category 10606/2020 CL2020-108D Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 201/2020-101-10/30/2019 CL2020-108D Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 81/4/2019-81/4/2019 CL2020-108D CL2020-107E CL2020-107E <u>AmountPaid</u> Claim Category Medical Category (if applicable) Payee: West River Health Services Date(s) of Service (if Applicable) 323/2020-2323/2020 CL2020-21752 CL2020-21751 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Category (if applic	/03/2025 05:50AM	Victims Compensation Personal Reimbursements, by Case			Claim
AmountPaid 11/03/2021 AmountPaid S221.20 Claim Category Mental Health Medical Category (if applicable) Payee: Date(s) of Service (if Applicable) 221/2020-221/2020 11/7/2019-11/7/2019 Claim Category 10/30/2019-11/7/2019 Medical Category (if applicable) Approval Date 3288.00 Medical Category (if applicable) 400/2019-10/7/2019 CL2020-108D Approval Date 300/502/2020 AmountPaid 3288.00 Claim Category Medical Medical Category (if applicable) Hospital or Clinic Payee: Datota Children's Advocacy Center Date(s) of Service (if Applicable) 31/4/2019-8/1/4/2019 Victim Initials: K.A. Case Payment Totals: \$4,453.76 Claim Payments: Claim Category Mental Health Medical Category (if applicable) 32/2/2020 Of/202020 \$164.80 Mental Health Payee: West River Health Services Date(s) of Service (if Applicable) 32/2/2020-37/20/2020 Mental Health Medical Category (if applicable) 32/2/2020-37/20/2020 S109.90 CL2020-37EB Approval Date 06/29/2020 AmountPaid 910/2020-37/30/2020 Claim Category Mental Health Medical Category (if applicable) Out(s) of Service (if Applicable) 37/30/2020-37/30/2020 Claim Category Mental Health Medical Category (if applicable) CL2020-77EB Approval Date 37/30/2020-37/30/2020 AmountPaid 91/9 (Service (if Applicable) 37/30/2020-37/30/2020 Claim Category Mental Health Medical Category (if applicable) CL2020-77E1 A			•		
11/03/2021 \$221.20 Mental Health Payee: Dakota Children'S Advocacy Center Dates 3 of Service (if Applicable) 22/1/2020-2/21/2020 21/17/2019-11/7/2019 10/30/2019-10/30/2019 Medical Category (if applicable) CL2020-1080 Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Date(s) of Service (if Applicable) Weical State(s) of Service (if Applicable) Hospital or Clinic 8/14/2019-8/14/2019 Weical State(s) of Service (if Applicable) Medical State(s) of Service (if Applicable) 8/14/2019-8/14/2019 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/29/2020 \$164.80 Claim Category Medical Category (if applicable) Medical Category (if applicable) 3/23/2020-3/23/2020 \$164.80 Claim Category Medical Category (if applicable) Medical Category (if applicable) 06/29/2020 \$162.97 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/29/2020 \$162.97 Payee: West River Health Services Medical Category (if applicable) Medical Category (if applicable) Medical Category (if applicable					CL2021-7A0F
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Approval Date 09/09/2020 AmountPaid \$288.00 Claim Category Medical Medical Category (if applicable) Hospital or Clinic Payee: Datot 61/116/1167/S Advocacy Center Date(s) of Service (If Applicable) 8/14/2019-8/14/2019 Victim Initials: K.A. ase ID Number: CS2019-EEA3 Victim Initials: K.A. Case Payment Totals: \$4,453.76 Claim Payments: Claim Category 06/29/2020 Medical Category (if applicable) Payee: West River Health Services Date(s) of Service (If Applicable) Medical Category (if applicable) 06/29/2020 \$164.80 Medical Category (if applicable) 06/29/2020 \$162.07 Mental Health Payee: West River Health Services Medical Category (if applicable) 06/29/2020 \$102.07 Mental Health Payee: West River Health Services Medical Category (if applicable) 04/29/2020 \$102.07 Mental Health Payee: West River Health Services Medical Category (if applicable) 04/29/2020 \$109.90 Mental Health Payee: West River Health Services Medical Category (if applicable) Payee: Mental Health Medical Category (if applicable)			Center	pplicable)	<u>Date(s) of Service (If Ap</u> 2/21/2020-2/21/2020 11/7/2019-11/7/2019
05/05/2020 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) Medical Bate ID Number: CS2019-EEA3 Victim Initials: K.A. Case Payment Totals: \$4,453.76 Claim Payments: Claim Category Medical Ob/20200 S164.80 Mental Health Payee: West River Health Services Mental Health Payee: West River Health Services Claim Category Date(s) of Service (If Applicable) Claim Category Medical Category (if applicable) 3/23/2020-3/23/2020 \$102.07 Mental Health Payee: West River Health Services Claim Category Date(s) of Service (If Applicable) Claim Category Medical Category (if applicable) 06/29/2020 \$102.07 Mental Health Payee: West River Health Services Medical Category (if applicable) 06/29/2020 \$109.90 Mental Health Payee: West River Health Services Medical Category (if applicable) 04/29/2020 \$109.90 Mental Health Payee: West River Health Services Medical Category (if applicable) 04/29/2020 \$109.90 Mental Health Payee: <td></td> <td></td> <td></td> <td></td> <td>CL2020-1D8D</td>					CL2020-1D8D
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CL2020-107E AmountPaid Claim Category Medical Category (if applicable) 96/29/2020 \$164.80 Mental Health Medical Category (if applicable) Payee: West River Health Services Date(s) of Service (If Applicable) Medical Category (if applicable) 9/23/2020-3/23/2020 \$102.07 Mental Health Medical Category (if applicable) Payee: West River Health Services Claim Category Medical Category (if applicable) 9/13/2020-3/2020 \$102.07 Mental Health Medical Category (if applicable) 9/13/2020-4/13/2020 \$109.00 Mental Health Medical Category (if applicable) 9/13/2020-4/13/2020 \$109.90 Mental Health Medical Category (if applicable) 9/29/2020 \$109.90 Mental Health Medical Category (if applicable) 9/3/30/2020-3/30/2020 \$109.90 Mental Health Medical Category (if applicable) 9/3/30/2020-3/30/2020 \$109.90 Mental Health Medical Category (if applicable) 06/29/2020 \$109.90 Mental Health Medical Category (if applicable) 06/29/2020 \$109.90 Mental Health Medical Category (if applicable) 06/29/2020 \$102.07				453.76	Case Payment Totals: \$4,4
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Approval Date 06/29/2020AmountPaid \$102.07Claim Category Mental HealthMedical Category (if applicable)Payee:West River Health Services Date(s) of Service (If Applicable) 4/13/2020-4/13/2020Claim Category Mental HealthMedical Category (if applicable)CL2020-57EB Approval Date 06/29/2020AmountPaid \$109.90Claim Category Mental HealthMedical Category (if applicable)Payee:West River Health Services Date(s) of Service (If Applicable) 3/30/2020-3/30/2020Claim Category Mental HealthMedical Category (if applicable)CL2020-7791 Approval Date 06/29/2020AmountPaid \$102.07Claim Category Mental HealthMedical Category (if applicable)Payee:West River Health Services Date(s) of Service (If Applicable)Claim Category Mental HealthMedical Category (if applicable)Payee:West River Health Services Date(s) of Service (If Applicable)Claim Category Mental HealthMedical Category (if applicable)Payee:West River Health Services Date(s) of Service (If Applicable)Claim Category Mental HealthMedical Category (if applicable)		Medical Category (if applicable)		\$164.80 ealth Services	Approval Date 06/29/2020 Payee: West River He Date(s) of Service (If Ap
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Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/29/2020 \$109.90 Mental Health Medical Category (if applicable) Payee: West River Health Services Mental Health Medical Category (if applicable) 3/30/2020-3/30/2020 3/30/2020-3/30/2020 Medical Category (if applicable) Medical Category (if applicable) CL2020-7791 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/29/2020 \$102.07 Mental Health Medical Category (if applicable) Payee: West River Health Services Medical Category (if applicable) Date(s) of Service (If Applicable) Mental Health		Medical Category (if applicable)		\$102.07 ealth Services	<u>Approval Date</u> 06/29/2020 Payee: West River He Date(s) of Service (If Ap
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Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/29/2020 \$102.07 Mental Health Medical Category (if applicable) Payee: West River Health Services Date(s) of Service (If Applicable)		Medical Category (if applicable)		\$109.90 ealth Services	06/29/2020 Payee: West River He Date(s) of Service (If Ap
06/29/2020 \$102.07 Mental Health Payee: West River Health Services Date(s) of Service (If Applicable)					CL2020-7791
		Medical Category (if applicable)		\$102.07	06/29/2020
				pplicable)	
CL2020-A912					
Approval Date <u>AmountPaid</u> <u>Claim Category</u> <u>Medical Category (if applicable)</u>		Medical Category (if applicable)	Claim Category	<u>AmountPaid</u>	Approval Date

PO Box 1898 Bismarck, ND 58502-1898

Claim Payments: Service Providers & Personal Reimbursements, by Case

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06/29/2020 Payee: West River H Date(s) of Service (If A) 4/6/2020-4/6/2020		Mental Health	
CL2020-EF1E			
<u>Approval Date</u> 06/29/2020	AmountPaid \$14.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: West River H	ealth Services		
<u>Date(s) of Service (If A</u> 5/4/2020-5/4/2020	oplicable)		
CL2020-EFC7			
<u>Approval Date</u> 06/29/2020	<u>AmountPaid</u> \$153.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: West River H	ealth Services		
Date(s) of Service (If A) 4/27/2020-4/27/2020	oplicable)		
CL2020-4C9C			
<u>Approval Date</u> 06/04/2020	<u>AmountPaid</u> \$2,307.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: West River H			
Date(s) of Service (If A) 3/16/2020-3/16/2020 3/9/2020-3/9/2020 2/26/2020-2/26/2020 2/19/2020-2/19/2020	oplicable)		
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			
Approval Date	<u>AmountPaid</u> \$1,101.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

Date(s) of Service (If Applicable)

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

с			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow 7 searched by clicking	•	for processing and check issuance. ring text to search.	
CL2019-2E43 <u>Approval Date</u> 04/11/2019 Payee: Dakota C <u>Date(s) of Service</u> 2/14/2019-2/14/20		<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2019-EF11	Victim Ir	nitials: D.B.	
Case Payment Totals:	\$5,000.00			
Claim Payments: CL2019-E222 <u>Approval Date</u> 11/13/2019 Payee: T.B.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	<u>Medical Category (if applicable)</u>	
Case ID Number: CS	2019-F008	Victim Ir	nitials: B.S.	
Case Payment Totals:	\$924.63			
Claim Payments:				
CL2020-8129 <u>Approval Date</u> 08/19/2020 Payee: Northern <u>Date(s) oCenteice</u> 7/2/2020-7/2/2020		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2020-27E8				
<u>Approval Date</u> 03/06/2020 Payee: Northern <u>Date(s)</u> o Centeic e 2/3/2020-2/3/2020		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2020-A0BA <u>Approval Date</u> 01/08/2020 Payee: Northern	<u>AmountPaid</u> \$26.56 • Plains Children'S A	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
<u>Date(s)</u> o Centraic e 12/11/2019-12/11/2		-		
CL2019-2FCF <u>Approval Date</u> 11/13/2019 Payee: Northern Date(s) o C3enteic e	<u>AmountPaid</u> \$30.65 • Plains Children'S A (If Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
10/8/2019-10/8/20				
ND Crime Victims Comp PO Box 1898 Bismarck, ND 58502-18			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 158 of 725

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CL2019-E4D9				
Approval Date 10/03/2019	<u>AmountPaid</u> \$30.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) o Centrace (If A		2		
9/13/2019-9/13/2019				
CL2019-B46A				
<u>Approval Date</u> 09/09/2019	AmountPaid \$30.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ins Children'S A	dvocacy		
<u>Date(s)</u> o C9etteic e (If A 8/2/2019-8/2/2019	pplicable)			
CL2019-398A				
Approval Date 08/08/2019	<u>AmountPaid</u> \$22.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ins Children'S A	dvocacy		
<u>Date(s)</u> o Centraic e (If A 6/28/2019-6/28/2019	<u>pplicable)</u>			
CL2019-E6FF				
Approval Date 07/03/2019	<u>AmountPaid</u> \$37.16	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Contern Pla 6/7/2019-6/7/2019		dvocacy		
CL2019-B832				
Approval Date 06/21/2019	<u>AmountPaid</u> \$431.78	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ins Children'S A	dvocacy		
<u>Date(s)</u> o Ceentaic e (If A 5/20/2019-5/20/2019	pplicable)			
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				
Approval Date 05/10/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
<u>Date(s) oCenteice (If A</u> 3/5/2019-3/5/2019	pplicable)			

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.

	19-F26F	Victim Ir	nitials: H.W.
Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2019-FA8B			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
10/28/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Child	dren'S Advocacy	Center	
Date(s) of Service (If A	Applicable)		
9/16/2019-9/16/2019			
Case ID Number: CS20 ⁴	19-F2FA	Victim Ir	nitials: M.R.
Case Payment Totals: \$4	,800.00		
Claim Payments:			
CL2020-BA40			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
<u>Approval Date</u> 11/09/2020	\$63.20	Mental Health	Medical Category (if applicable)
Approval Date 11/09/2020 Payee: Empowered	\$63.20 Therapy By Tara	Mental Health	Medical Category (if applicable)
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A	\$63.20 Therapy By Tara Applicable)	Mental Health	Medical Category (if applicable)
Approval Date 11/09/2020 Payee: Empowered	\$63.20 Therapy By Tara Applicable)	Mental Health	<u>Medical Category (if applicable)</u>
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A	\$63.20 Therapy By Tara Applicable)	Mental Health	<u>Medical Category (if applicable)</u>
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202	\$63.20 Therapy By Tara Applicable)	Mental Health a Lorenz	<u>Medical Category (if applicable)</u>
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-10/6/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-10/6/2020 9/23/2020-9/23/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-10/6/2020 9/23/2020-9/23/2020 9/16/2020-9/16/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-10/6/2020 9/23/2020-9/23/2020 9/16/2020-9/16/2020 9/9/2020-9/9/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-9/23/2020 9/23/2020-9/23/2020 9/16/2020-9/16/2020 9/9/2020-9/9/2020 9/1/2020-9/1/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-10/6/2020 9/23/2020-9/23/2020 9/16/2020-9/16/2020 9/9/2020-9/16/2020 9/9/2020-9/1/2020 8/25/2020-8/25/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	
Approval Date 11/09/2020 Payee: Empowered Date(s) of Service (If A 10/14/2020-10/14/202 CL2020-5826 Approval Date 10/08/2020 Payee: Empowered Date(s) of Service (If A 10/6/2020-9/23/2020 9/23/2020-9/23/2020 9/16/2020-9/16/2020 9/9/2020-9/9/2020 9/1/2020-9/1/2020	\$63.20 Therapy By Tara Applicable) 0 <u>AmountPaid</u> \$1,548.00 Therapy By Tara	Mental Health a Lorenz <u>Claim Category</u> Mental Health	

Approval Date
08/24/2020AmountPaid
\$1,788.80Claim Category
Mental HealthMedical Category (if applicable)Payee:Empowered Therapy By Tara Lorenz

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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 5/12/2020-5/12/2020 5/5/2020-5/5/2020 4/28/2020-4/28/2020

CL2020-98B4

<u>Approval Date</u> 04/29/2020	<u>AmountPaid</u> \$516.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered	•	Lorenz	
Date(s) of Service (If A 4/21/2020-4/21/2020 4/14/2020-4/14/2020 4/7/2020-4/7/2020			
CL2020-A2BE			
<u>Approval Date</u> 04/20/2020	<u>AmountPaid</u> \$884.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered	Therapy By Tara	Lorenz	
Date(s) of Service (If A	pplicable)		
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: CS201	9-F375	Victim In	itials: N.S.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2020-429E			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
05/04/2020	\$288.00	Medical	Hospital or Clinic
05/04/2020 Payee: Dakota Child	\$288.00 Iren'S Advocacy	Medical	
05/04/2020	\$288.00 Iren'S Advocacy	Medical	
05/04/2020 Payee: Dakota Child Date(s) of Service (If A	\$288.00 Iren'S Advocacy opplicable)	Medical Center	
05/04/2020 Payee: Dakota Child Date(s) of Service (If A 9/23/2019-9/23/2019	\$288.00 Iren'S Advocacy Applicable) 9-F39C	Medical Center	Hospital or Clinic
05/04/2020 Payee: Dakota Child Date(s) of Service (If A 9/23/2019-9/23/2019 Case ID Number: CS201	\$288.00 Iren'S Advocacy Applicable) 9-F39C	Medical Center	Hospital or Clinic

	North D	akota Crime V	Victims Compensation	
Cla			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appr Document can be s	-	-	for processing and check issuance. ring text to search.	1.05.50AM
CL2019-8415				
<u>Approval Date</u> 10/02/2019	<u>AmountPaid</u> \$4.21	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I <u>Date(s) oC3eateice (1</u> 8/9/2019-8/9/2019		dvocacy		
CL2019-B892				
<u>Approval Date</u> 09/09/2019 Payee: Northern I <u>Date(s) oC99t9ice (</u> 7/10/2019-7/10/201	If Applicable)	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	019-F3E5	Victim Ir	nitials: B.F.	
Case Payment Totals:	\$2.996.92			
Claim Payments:				
CL2020-C5B4 <u>Approval Date</u> 01/03/2020 Payee: B.F.	<u>AmountPaid</u> \$2,996.92	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS2		Victim Ir	nitials: E.T.	
Claim Payments:	JZ,013.43			
Claim Payments.				
Approval Date 11/26/2021 Payee: Dakota Ch Date(s) of Service (1 10/9/2019-10/9/2019 9/30/2019-9/30/2019 9/23/2019-9/23/2019 6/26/2019-6/26/2019	I <u>f Applicable)</u> 9 9 9	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-EF4A <u>Approval Date</u> 04/22/2021 Payee: The Kids ⁻ <u>Date(s) of Service (1</u> 2/24/2021-2/24/202 2/15/2021-2/15/202	lf Applicable) 1	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2021-F989 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	nsation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	Page 162 of 72

Claim Payments: Service Providers & Personal Reimbursements, by Case

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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

022021-3000			
<u>Approval Date</u> 02/17/2021	<u>AmountPaid</u> \$64.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids The	rapy Center, Llc		
Date(s) of Service (If Ap 1/13/2021-1/13/2021 12/28/2020-12/28/2020 12/9/2020-12/9/2020 11/25/2020-11/25/2020	plicable)		
CL2020-8508			
Approval Date 12/10/2020	<u>AmountPaid</u> \$48.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids The	rapy Center, Llc		
Date(s) of Service (If Ap 11/12/2020-11/12/2020 11/4/2020-11/4/2020 10/27/2020-10/27/2020	p <u>licable)</u>		
CL2020-4DEC			
<u>Approval Date</u> 03/19/2020	<u>AmountPaid</u> \$634.10	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	-	Center	
Date(s) of Service (If Ap 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	p <u>licable)</u>		
CL2020-59F2			
Approval Date 02/24/2020 Payee: Dakota Childr Date(s) of Service (If Ap 9/4/2019-9/4/2019 6/18/2019-6/18/2019	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)
CL2019-8F47			
Approval Date 07/19/2019 Payee: Dakota Childr Date(s) of Service (If Ap 6/4/2019-6/4/2019	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic

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: CS201	9-F638	Victim In	nitials: S.O.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2019-30D3			
<u>Approval Date</u> 11/13/2019 Payee: Northern Plai	AmountPaid \$288.00 ins Children'S A	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
<u>Date(s)</u> o C3eteic e (If A) 10/21/2019-10/21/2019			
Case ID Number: CS201	9-F739	Victim In	nitials: D.L.
Case Payment Totals: \$2,	102.32		
Claim Payments:			
CL2020-AA01			
<u>Approval Date</u> 01/06/2020	<u>AmountPaid</u> \$193.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Altru Health S Date(s) of Service (If A 1/6/2020-1/6/2020	-		
CL2020-AAED			
<u>Approval Date</u> 01/06/2020	<u>AmountPaid</u> \$1,097.92	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Altru Health S Date(s) of Service (If A 11/23/2019-11/23/2019	pplicable)		
CL2020-E872			
Approval Date 01/06/2020	<u>AmountPaid</u> \$810.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Altru Health S	-		
<u>Date(s) of Service (If A</u> 11/23/2019-11/23/2019			
Case ID Number: CS201	9-FA49	Victim In	nitials: S.M.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2019-AB91			
<u>Approval Date</u> 08/07/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai <u>Date(s) oC9816ice (If A</u> 6/24/2019-6/24/2019		dvocacy	

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: CS	2019-FA7D	Victim Ir	nitials: S.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2019-F558				
<u>Approval Date</u> 07/19/2019	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C90teic e 6/6/2019-6/6/2019	Plains Children'S A (If Applicable)	Advocacy		
Case ID Number: CS	2019-FC09	Victim Ir	nitials: A.R.	
Case Payment Totals:	\$678.61			
Claim Payments:				
CL2019-4CF7				
<u>Approval Date</u> 04/12/2019	<u>AmountPaid</u> \$609.26	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Ho	-			
<u>Date(s) of Service</u> 7/28/2018-7/28/20				
CL2019-5704				
<u>Approval Date</u> 04/12/2019	<u>AmountPaid</u> \$69.35	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity M	•	Medical		
Date(s) of Service 7/28/2018-7/28/20				
Case ID Number: CS	2019-FE97	Victim Ir	nitials: G.R.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2020-A3F8				
<u>Approval Date</u> 01/08/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
Date(s) of Contract	(If Applicable)	-		
11/18/2019-11/18/2	2019			
Case ID Number: CS	2019-FF10	Victim Ir	nitials: S.A.	
Case Payment Totals:	\$167.41			
Claim Payments:				
CL2020-E24A				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	• •	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	mpensation@nd.gov	Daga 165 of 72

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08/31/2020	\$167.41	Mental Health	
Payee: Dakota Cl	-	/ Center	
<u>Date(s) of Service (</u> 3/10/2020-3/10/202			
2/3/2020-2/3/2020	0		
Case ID Number: CS2	2020-0098	Victim Ir	nitials: L.Z.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2021-AD53			
<u>Approval Date</u> 04/20/2021	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Cl	\$288.00 hildren'S Advocacy		Hospital of Clinic
Date(s) of Service (-		
6/29/2020-6/29/202			
Case ID Number: CS2	2020-00EE	Victim Ir	nitials: H.W.
Case Payment Totals:	\$288.00		
-	\$200.00		
Claim Payments:			
CL2021-CBEC Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
<u>Approvar Date</u> 11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Cl	nildren'S Advocacy	/ Center	
Date(s) of Service (
12/3/2020-12/3/202	.0		
Case ID Number: CS2	2020-0100	Victim Ir	nitials: R.B.
Case Payment Totals:	\$5,000.00		
Claim Payments:			
CL2021-0EAC			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/14/2021 Payee: M.P.	\$5,000.00	Funeral	
Payee. M.P.			
Case ID Number: CS2	2020-0164	Victim Ir	nitials: A.J.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2020-91D5			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)

NOTE: Upon novmont approval, places allow 7.10 business days for processing and check issuance

(Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	oproval, please allow 7 e searched by clicking		for processing and check issuance. ring text to search.	1.03.30AM
04/22/2020 Payee: Norther <u>Date(s)</u> o C90t9ic 3/24/2020-3/24/2		Medical dvocacy	Hospital or Clinic	
Case ID Number: C	S2020-06E6	Victim Ir	nitials: G.B.	
Case Payment Totals	s: \$725.35			
Claim Payments:				
CL2020-AFDC <u>Approval Date</u> 03/23/2020 Payee: Trinity H <u>Date(s) of Service</u> 12/7/2019-12/7/2	e (If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: C	S2020-08E4	Victim Ir	nitials: N.L.	
Case Payment Totals	s: \$6,097.65			
Claim Payments:				
CL2020-4BA0				
Approval Date 06/22/2020	<u>AmountPaid</u> \$315.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanforc <u>Date(s) of Service</u> 1/5/2020-1/5/202	e (If Applicable)			
CL2020-AF72				
<u>Approval Date</u> 06/22/2020	<u>AmountPaid</u> \$3,867.63	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford				
<u>Date(s) of Service</u> 1/5/2020-1/5/202				
CL2020-DEBC				
<u>Approval Date</u> 06/22/2020	<u>AmountPaid</u> \$270.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford				
<u>Date(s) of Service</u> 1/5/2020-1/5/202				
CL2020-9D7D				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/13/2020 Pavee: Metro-A	\$1,644.42 Area Ambulance Servi	Medical	Hospital or Clinic	
Date(s) of Service 1/5/2020-1/5/202	e (If Applicable)			

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: CS202	0-092B	Victim In	iitials: H.H.
Case Payment Totals: \$17	2.66		
Claim Payments:			
CL2021-440B Approval Date 02/19/2021 Payee: Dakota Childe Date(s) of Service (If Ap 10/8/2020-10/8/2020	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)
Case ID Number: CS202	0-0AAB	Victim In	itials: J.Z.
Case Payment Totals: \$1,6	692.55		
Claim Payments:			
CL2020-4515			
Approval Date 09/21/2020 Payee: Chatter Pedia Date(s) of Service (If Ay 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		<u>Claim Category</u> Mental Health 84736	<u>Medical Category (if applicable)</u>
CL2020-923A			
<u>Approval Date</u> 07/21/2020	<u>AmountPaid</u> \$452.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Chatter Pedia Date(s) of Service (If Ap 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		84736	
CL2020-56D8			
Approval Date 06/04/2020 Payee: Chatter Pedia Date(s) of Service (If Ay 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		<u>Claim Category</u> Mental Health 84736	<u>Medical Category (if applicable)</u>

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: CS2	020-1011	Victim Ir	nitials: E.K.	
Case Payment Totals:	\$453.05			
Claim Payments:				
CL2022-C581				
<u>Approval Date</u> 02/16/2022	<u>AmountPaid</u> \$165.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Cl	-	Center		
<u>Date(s) of Service (</u> 4/9/2020-4/9/2020	If Applicable)			
CL2020-0E66				
<u>Approval Date</u> 03/19/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Cl	+	Center		
<u>Date(s) of Service (</u> 2/10/2020-2/10/202				
Case ID Number: CS2	2020-1095	Victim Ir	nitials: M.G.	
Case Payment Totals:	\$24,098.61			
Claim Payments:				
CL2020-AF29				
<u>Approval Date</u> 09/10/2020	<u>AmountPaid</u> \$537.24	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription	
Payee: M.G.				
<u>Date(s) of Service (</u> 6/25/2020-6/25/202				
CL2020-2DBE				
<u>Approval Date</u> 06/22/2020	<u>AmountPaid</u> \$3,720.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H				
<u>Date(s) of Service (</u> 2/21/2020-2/22/202				
CL2020-79AF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/22/2020 Payee: Sanford H	\$1,008.00	Medical	Hospital or Clinic	
<u>Date(s) of Service (</u> 2/21/2020-2/21/202	If Applicable)			
CL2020-B7DE				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/22/2020 Payee: Sanford H	\$16,841.07 lealth	Medical	Hospital or Clinic	
Payee: Sanford F Date(s) of Service (2/21/2020-2/21/202	If Applicable)			
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Daga 160 of 72

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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 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/22/2020	\$165.60	Medical	Hospital or Clinic	
Payee: Sanford H Date(s) of Service				
2/21/2020-2/21/202				
CL2020-67B0				
<u>Approval Date</u> 05/13/2020	<u>AmountPaid</u> \$1,630.06	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
-	ea Ambulance Serv	ice		
Date(s) of Service (2/21/2020-2/21/202				
CL2020-8BAF				
<u>Approval Date</u> 05/04/2020	<u>AmountPaid</u> \$196.64	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
-	Healthcare Accesso	ories		
<u>Date(s) of Service</u> 2/28/2020-2/28/202				
ase ID Number: CS2	2020-1755	Victim Ir	nitials: E.H.	
Case Payment Totals: Claim Payments:	\$ 5,000.00			
CL2020-C906				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/22/2020 Payee: Boyd Fun	\$5,000.00	Funeral		
	2020 4002	Viation In		
ase ID Number: CS2		Victim Ir	nitials: M.D.	
Case Payment Totals:	\$300.00			
Claim Payments:				
CL2020-ED00	AmountDaid	Claim Category	Medical Category (if applicable)	
<u>Approval Date</u> 11/10/2020	<u>AmountPaid</u> \$300.00	Wage Loss	Medical Category (ir applicable)	
Payee: M.D.				
ase ID Number: CS2	2020-1A65	Victim Ir	nitials: D.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe				
	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-189			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 170 of 7

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment approv Document can be sea		•	or processing and check issuance. ring text to search.	1:05:50AM
CL2021-C867 <u>Approval Date</u> 02/16/2021 Payee: Northern Pla	<u>AmountPaid</u> \$288.00 ins Children'S A	<u>Claim Category</u> Medical \dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) o C9eteic e (If A 12/7/2020-12/7/2020	pplicable)			
Case ID Number: CS202	0-1A9F	Victim Ir	nitials: D.W.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2020-97E5				
<u>Approval Date</u> 12/10/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 7/22/2020-7/22/2020	<u>pplicable)</u>			
Case ID Number: CS202	0-1BAA	Victim Ir	nitials: C.D.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-F324				
Approval Date 01/04/2021 Payee: Northern Pla Date(s) o C9etreic e (If A 12/1/2020-12/1/2020		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	0-1D4E	Victim Ir	nitials: T.B.	
	-			
Case Payment Totals: \$28	00.78			
Claim Payments:				
CL2021-D3C2 <u>Approval Date</u> 04/15/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 2/9/2021-2/9/2021	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-BB34				
Approval Date 03/01/2021 Payee: Dakota Child Date(s) of Service (If A		<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
1/12/2021-1/12/2021				

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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	0-1F34	Victim In	itials: A.D.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2021-1218 <u>Approval Date</u> 10/19/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 3/30/2020-3/30/2020	-	<u>Claim Category</u> Medical / Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2020	0-2066	Victim In	itials: M.S.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2020-4D91				
Approval Date 05/22/2020 Payee: Dakota Childr Date(s) of Service (If Ar 3/19/2020-3/19/2020	-	<u>Claim Category</u> Medical / Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2020 Case Payment Totals: \$70		Victim In	itials: H.H.	
Claim Payments:	1.00			
CL2021-F71F				
Approval Date 11/01/2021 Payee: Dakota Childr Date(s) of Service (If Ar 12/17/2020-12/17/2020 12/2/2020-12/2/2020 11/19/2020-11/19/2020 7/8/2020-7/8/2020	oplicable)	<u>Claim Category</u> Mental Health / Center	<u>Medical Category (if applicable)</u>	
CL2021-F5FF				
<u>Approval Date</u> 02/23/2021	<u>AmountPaid</u> \$146.77	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Childr	-	/ Center		
Date(s) of Service (If Ap 12/21/2020-12/21/2020 12/9/2020-12/9/2020 9/30/2020-9/30/2020				
CL2021-2FA4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898	tion, DOCR	. ,	3-6195; 1-800-445-2322 npensation@nd.gov	Dogo 172 of 72

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. 07/03/2025 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 (a) of Comparise (If Applicable)

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 ID Number. CS202	0-2311	vicum ir	IIUAIS. A.N.
Case Payment Totals: \$1,4	499.26		
Claim Payments:			
CL2021-518B			
<u>Approval Date</u> 10/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child Date(s) of Service (If A 8/13/2020-8/13/2020	-	Center	
CL2021-47EF			
<u>Approval Date</u> 04/16/2021	<u>AmountPaid</u> \$1,038.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A) 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> 01/04/2021	<u>AmountPaid</u> \$172.66	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child			
Date(s) of Service (If A) 8/24/2020-8/24/2020	-		
Case ID Number: CS202	0-2635	Victim Ir	nitials: J.M.
Case Payment Totals: \$83	.70		
Claim Payments:			
CL2020-C0A8			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compensa	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

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

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09/21/2020 Pavee: Dakota C	\$83.70 hildren'S Advocacy	Mental Health		
Date(s) of Service 5/19/2020-5/19/202	(If Applicable)			
Case ID Number: CS	2020-29D0	Victim Ir	nitials: L.B.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2020-B3D9				
Approval Date 03/06/2020	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) o C9eteic e 12/30/2019-12/30/2		dvocacy		
Case ID Number: CS	2020-29D8	Victim Ir	nitials: W.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2021-01E3				
<u>Approval Date</u> 02/08/2021 Payee: Dakota C <u>Date(s) of Service</u> 12/7/2020-12/7/202		<u>Claim Category</u> Medical v Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2020-29FD	Victim Ir	nitials: L.L.	
Case Payment Totals:	\$580.00			
Claim Payments:				
CL2020-C5A1				
Approval Date 12/10/2020	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o C9ettaic e 11/4/2020-11/4/202		Advocacy		
CL2020-87C1				
Approval Date 11/24/2020	AmountPaid \$180.00 Plains Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s)</u> o Cente 10/16/2020-10/16/2	(If Applicable)			
CL2020-AA5D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

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

07/03/2025

NOTE: Upon payment approval, 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) oC98490ce (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$3,747.25 Funeral Payee: J.W. CL2020-BDA5 Approval Date AmountPaid St. Claim Category Medical Category (if applicable) 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	:50AM
11/24/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(5) ofSelverce (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 Approval Date AmountPaid Claim Category 03/24/2020 \$3,747.25 Funeral Payee: J.W. \$1,252.75 CL2020-BDA5 AmountPaid Claim Category 03/24/2020 \$1,252.75 Funeral Medical Category (if applicable) \$3/24/2020 Payee: J.W. \$1,252.75 Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Funeral Payee: J.W. \$1,252.75 Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Payee: Northern Plains Children'S Advocacy Date(s) of 280900c (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 93/24/2020 \$3,747.25 Funeral Payee: J.W. CL2020-BDA5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 93/24/2020 \$1,252.75 Funeral Payee: J.W. CL2020-BDA5 Approval Date AmountPaid Funeral Payee: J.W. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Date(s) of Detroce (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 Approval Date AmountPaid O3/24/2020 \$3,747.25 Payee: J.W. CL2020-BDA5 Approval Date AmountPaid O3/24/2020 \$1,252.75 Payee: J.W. CL2020-BDA5 Approval Date AmountPaid O3/24/2020 \$1,252.75 Payee: J.W. Claim Category Medical Category (if applicable) Payee: J.W. Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: Claim Payments: CL2021-FDC4	
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 Approval Date AmountPaid 03/24/2020 \$3,747.25 Payee: J.W. Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Payee: J.W. Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Payee: J.W. Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Payee: J.W. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Case ID Number: CS2020-2E8C Victim Initials: D.S. Case Payment Totals: \$5,000.00 Claim Payments: CL2020-96DC AmountPaid Claim Category Approval Date AmountPaid Claim Category 03/24/2020 \$3,747.25 Funeral Payee: J.W. Claim Category CL2020-BDA5 AmountPaid Claim Category Approval Date AmountPaid Claim Category 03/24/2020 \$1,252.75 Funeral Payee: J.W. Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Case Payment Totals: \$5,000.00 Claim Payments: CL2020-96DC Approval Date 03/24/2020 \$3,747.25 Funeral Payee: J.W. CL2020-BDA5 Approval Date 03/24/2020 \$1,252.75 Funeral Payee: J.W. CL2020-BDA5 Approval Date 03/24/2020 \$1,252.75 Funeral Payee: J.W. CL2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Claim Payments: CL2020-96DC Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$3,747.25 Funeral Payee: J.W. CL2020-BDA5 Approval Date AmountPaid Claim Category 03/24/2020 AmountPaid Claim Category 03/24/2020 \$1,252.75 Claim Category Payee: J.W. Medical Category (if applicable) Payee: J.W. S1,252.75 Payee: J.W. Victim Initials: Z.S. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
CL2020-96DC AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$3,747.25 Funeral Payee: J.W. Claim Category Medical Category (if applicable) CL2020-BDA5 AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Funeral Medical Category (if applicable) Payee: J.W. \$1,252.75 Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4 Claim Payments: Claim Payments:	
Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$3,747.25 Funeral Payee: J.W. Claim Category Medical Category (if applicable) CL2020-BDA5 AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Funeral Medical Category (if applicable) Payee: J.W. Victim Initials: Z.S. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: Claim Payments: Claim Payments: CL2021-FDC4 K K	
03/24/2020 \$3,747.25 Funeral Payee: J.W. CL2020-BDA5 AmountPaid Claim Category Approval Date AmountPaid Claim Category 03/24/2020 \$1,252.75 Funeral Payee: J.W. Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: Claim Payments: CL2021-FDC4 Claim Payments:	
Payee: J.W. CL2020-BDA5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/24/2020 \$1,252.75 Funeral Payee: J.W. Yuneral Victim Initials: Z.S. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4 Victim Initials: Z.S.	
CL2020-BDA5 AmountPaid Claim Category Medical Category (if applicable) 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	
Approval Date 03/24/2020 AmountPaid \$1,252.75 Claim Category Funeral Medical Category (if applicable) Payee: J.W. Funeral Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Approval Date 03/24/2020 AmountPaid \$1,252.75 Claim Category Funeral Medical Category (if applicable) Payee: J.W. Funeral Funeral Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
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	
Payee: J.W. Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4 CL2021-FDC4	
Case ID Number: CS2020-2E8F Victim Initials: Z.S. Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4 CL2021-FDC4	
Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Case Payment Totals: \$80.64 Claim Payments: CL2021-FDC4	
Claim Payments: CL2021-FDC4	
CL2021-FDC4	
Approval Date <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	
Approval DateAmountPaidClaim CategoryMedical Category (if applicable)05/20/2020\$288.00MedicalHospital or Clinic	
05/20/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy	
<u>Date(s)</u> o Septre (If Applicable) 4/30/2020-4/30/2020	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	20-33DC	Victim Ir	nitials: H.H.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2020-2A9B				
<u>Approval Date</u> 12/11/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	Iren'S Advocacy	Center		
Date(s) of Service (If A 4/28/2020-4/28/2020	<u>pplicable)</u>			
Case ID Number: CS202	20-36EF	Victim Ir	nitials: H.H.	
Case Payment Totals: \$9	56.64			
Claim Payments:				
CL2020-FAA0				
<u>Approval Date</u> 05/14/2020	<u>AmountPaid</u> \$225.28	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	+			
<u>Date(s)</u> o Ceeteic e (If A 4/16/2020-4/16/2020	<u>pplicable)</u>			
4/1/2020-4/1/2020				
3/25/2020-3/25/2020				
CL2020-C3D9				
<u>Approval Date</u> 04/14/2020	<u>AmountPaid</u> \$110.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	•			
<u>Date(s) oCeeteice (If A</u> 3/19/2020-3/19/2020	<u>pplicable)</u>			
3/12/2020-3/12/2020				
3/5/2020-3/5/2020				
CL2020-5EE4				
<u>Approval Date</u> 03/06/2020	<u>AmountPaid</u> \$332.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) of Coentraice (If A	<u>pplicable)</u>			
2/13/2020-2/13/2020 2/6/2020-2/6/2020				
1/29/2020-1/29/2020				
CL2020-6B18				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/27/2020 Payee: Northern Pla	\$288.00 ins Children'S A	Medical	Hospital or Clinic	
Date(s) o Centeic e (If A				
1/9/2020-1/9/2020				

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS2	020-37A6	Victim Ir	nitials: K.K.
Case Payment Totals: \$	51,804.41		
Claim Payments:			
CL2020-A682			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/23/2020 Payee: K.K.	\$141.82	Medical	Prescription
<u>Date(s) of Service (</u> 5/30/2020-10/7/2020			
5/50/2020-10/1/202	0		
CL2020-CE08			
<u>Approval Date</u> 10/13/2020	<u>AmountPaid</u> \$147.88	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Me	dical Group		
Date(s) of Service (6/12/2020-6/12/2020			
CL2020-BF44			
<u>Approval Date</u> 09/21/2020	<u>AmountPaid</u> \$39.02	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Me	1		
Date(s) of Service (
5/30/2020-5/30/2020 6/6/2020-6/6/2020	0		
CL2020-D491 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
09/21/2020	\$1,475.69	Medical	Hospital or Clinic
Payee: Tioga Med			
Date(s) of Service () 6/5/2020-6/5/2020	<u>ii Applicable)</u>		
6/1/2020-6/1/2020			
5/29/2020-5/29/2020	0		
ase ID Number: CS2	020-382D	Victim Ir	nitials: K.H.
Case Payment Totals: \$	288 00		
Claim Payments:	200.00		
CL2021-8D4F			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Ch	-	Center	
<u>Date(s) of Service (</u> 10/26/2020-10/26/20			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS20	20-39A1	Victim Ir	nitials: L.L.
Case Payment Totals: \$1	,073.24		
Claim Payments:			
CL2021-A220			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/01/2021 Payee: Dakota Chil	\$958.04 dren'S Advocacy	Mental Health	
Date(s) of Service (If	-	Contor	
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			
Approval Date 10/13/2020	<u>AmountPaid</u> \$115.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla	1		
Date(s) of Centerce (If		,	
8/25/2020-8/25/2020			
Case ID Number: CS20	20-3A64	Victim Ir	nitials: A.B.
Case Payment Totals: \$2	,826.60		
Claim Payments:			
CL2020-8385			
<u>Approval Date</u> 06/11/2020	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic
Payee: Trinity Hosp	\$2,337.80 bital	Medical	
Date(s) of Service (If Applicable)			
1/28/2019-1/28/2019			
CL2020-766A			
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
05/18/2020 Payee: Trinity Medi	\$488.80 cal Group	Medical	
Date(s) of Service (If	-		
1/28/2020-1/28/2020			
Case ID Number: CS20	20-3D57	Victim Ir	nitials: N.C.
Case Payment Totals: \$3	.600.00		
Claim Payments:	,		
CL2021-1C71			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
			0.0405.4.000.445.0000
ND Crime Victims Compens PO Box 1898	sauon, DOCK		8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>

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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.

09/20/2021 Payee: Summit Cour	\$1,740.00 nseling	Mental Health
<u>Date(s) of Service (If A</u> 5/14/2021-5/14/2021	<u>pplicable)</u>	
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> 03/03/2021	<u>AmountPaid</u> \$1,520.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Payee: Summit C	ounseling					
Date(s) of Service (I						
1/26/2021-1/26/202						
1/13/2021-1/13/2021						
1/6/2021-1/6/2021						
12/24/2020-12/24/20						
12/16/2020-12/16/20						
12/9/2020-12/9/2020	-					
12/2/2020-12/2/2020	-					
11/16/2020-11/16/20						
11/9/2020-11/9/2020	-					
10/26/2020-10/26/20						
10/22/2020-10/22/20	020					
CL2020-C7C8						
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
10/05/2020	\$340.00	Mental Health				
Payee: Summit C	•					
Date(s) of Service (I	lf Applicable)					
8/4/2020-8/4/2020						
7/29/2020-7/29/2020	0					
ase ID Number: CS2	020-3DF4	Victim Ir	itials: T.L.			
Case Payment Totals: \$	\$115.20					
Claim Payments:						
CL2020-6DB0						
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
10/13/2020	\$115.20	Mental Health	<u>_</u>			
	Plains Children'S A	dvocacy				
Payee: Northern I						
Payee: Northern I Date(s) o Ceenteic e (I	lf Applicable)					

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/23/2021 Payee: Dakota Ch	\$265.34 ildren'S Advocacy	Mental Health		
Date(s) of Service (I		Center		
3/30/2021-3/30/2021				
12/3/2020-12/3/2020				
10/21/2020-10/21/20 10/14/2020-10/14/20				
10/7/2020-10/7/2020				
10/1/2020-10/1/2020				
9/24/2020-9/24/2020)			
ase ID Number: CS2	020-4215	Victim Ir	nitials: G.S.	
Case Payment Totals: \$	2 569 81			
Claim Payments:	2,505.01			
CL2020-8AA6				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
08/10/2020	\$698.11	Medical	Dental	
Payee: N.K.				
<u>Date(s) of Service (I</u> 3/17/2020-3/17/2020 1/15/2020-1/15/2020	0			
CL2020-B8E2				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
08/10/2020	\$628.70	Medical	Dental	
Payee: Aspen Der				
<u>Date(s) of Service (1</u> 1/15/2020-1/15/2020 3/17/2020-3/17/2020	0			
CL2020-B2A8				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/09/2020	\$775.00	Medical	Dental	
Payee: N.K. <u>Date(s) of Service (I</u>	f Applicable)			
2/12/2020-2/12/2020				
CL2020-9721				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/21/2020	\$468.00	Medical	Dental	
Payee: Institute O Date(s) of Service (I				
1/16/2020-1/16/2020				
	neation DOCP	Phone: (701) 32	9 6105· 1 900 115 2222	
ND Crime Victims Compe	Isalion, DOCK	FIIUIIE. (701)-32	8-6195; 1-800-445-2322	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	0-43CB	Victim Ir	iitials: E.H.	
Case Payment Totals: \$96	6.83			
Claim Payments:				
CL2021-2D3E <u>Approval Date</u> 11/01/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 12/17/2020-12/17/2020 12/2/2020-12/2/2020 7/8/2020-7/8/2020	pplicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-E68A				
Approval Date 02/22/2021 Payee: Dakota Child Date(s) of Service (If A 12/21/2020-12/21/2020 12/9/2020-12/9/2020 11/19/2020-11/19/2020	pplicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-0654 <u>Approval Date</u> 01/29/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 11/11/2020-11/11/2020 11/4/2020-11/4/2020	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2020-A2B2				
Approval Date 12/21/2020 Payee: Dakota Child Date(s) of Service (If A 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	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
Case ID Number: CS202	0-4482	Victim Ir	itials: M.F.	
Case Payment Totals: \$1 ,	140.56			
Claim Payments:				
CL2020-2B86 Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898 Bismarck, ND 58502-1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Page 181 of 72

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.

05/21/2020 Payee: Mid Dako	\$42.35 ota Clinic	Medical	Hospital or Clinic	
<u>Date(s) of Service</u> 1/15/2020-1/15/202	(If Applicable)			
CL2020-2D66				
<u>Approval Date</u> 05/21/2020 Payee: Mid Dako	<u>AmountPaid</u> \$65.37 ota Clinic	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 3/19/2020-3/19/202	(If Applicable)			
CL2020-445B				
<u>Approval Date</u> 05/21/2020 Payee: Mid Dako <u>Date(s) of Service</u> 2/12/2020-2/12/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2020-6AAB				
<u>Approval Date</u> 05/21/2020 Payee: Mid Dako		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 2/12/2020-2/12/202				
CL2020-7610 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/21/2020 Payee: Mid Dako Date(s) of Service 3/19/2020-3/19/202	(If Applicable)	Medical	Hospital or Clinic	
CL2020-A684				
<u>Approval Date</u> 05/21/2020 Payee: Mid Dako	\$414.11	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 1/15/2020-1/15/202	(If Applicable)			
CL2020-B1B1				
Approval Date 05/21/2020 Payee: Mid Dako Date(s) of Service	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
2/12/2020-2/12/20:	20			
CL2020-DD13 Approval Date 05/21/2020 Payee: Mid Dako	<u>AmountPaid</u> \$69.93 ota Clinic	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
O Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
D Box 1898	,	· · ·	mpensation@nd.gov	Page 182

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 04/16/2020 Medical Hospital or Clinic \$5.88 Payee: Mid Dakota Clinic Date(s) of Service (If Applicable) 3/19/2020-3/19/2020 CL2020-EE6A Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/16/2020 \$228.31 Medical Hospital or Clinic Payee: Mid Dakota Clinic Date(s) of Service (If Applicable) 3/19/2020-3/19/2020 Case ID Number: CS2020-449D Victim Initials: J.C. Case Payment Totals: \$318.94 Claim Payments: CL2020-3F5C Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/28/2020 \$52.24 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 9/2/2020-9/2/2020 9/4/2020-9/4/2020 CL2020-8139 AmountPaid Medical Category (if applicable) Approval Date Claim Category 12/28/2020 \$40.79 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 8/23/2020-8/23/2020 CL2020-CD01 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/21/2020 \$119.73 Hospital or Clinic Medical Payee: Trinity Hospital Date(s) of Service (If Applicable) 9/4/2020-9/4/2020 CL2020-F7AE Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Medical Hospital or Clinic 12/21/2020 \$106.18 Payee: Trinity Hospital Date(s) of Service (If Applicable) 8/23/2020-8/23/2020

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.

ase ID Number: CS202	0-46DC	Victim Ir	nitials: T.B.	
Case Payment Totals: \$2 ,	036.08			
Claim Payments:				
CL2021-748F				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/18/2021	\$2,036.08	Medical	Hospital or Clinic	
Payee: Trinity Hospi				
Date(s) of Service (If A				
3/16/2020-3/23/2020	·· · · ·			
ase ID Number: CS202	20-492D	Victim Ir	nitials: E.B.	
Case Payment Totals: \$2 ,	600.00			
Claim Payments:				
CL2024-86D7				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/24/2024	\$680.00	Mental Health	—	
Payee: Summit Cou	-			
Date(s) of Service (If A	<u>pplicable)</u>			
2/6/2023-2/6/2023				
1/23/2023-1/23/2023 1/9/2023-1/9/2023				
<u>Approval Date</u> 08/02/2022 Payee: Rob Schwab Date(s) of Service (If A		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
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				
12/23/2021-12/23/2027	1			
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				

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.

se ID Number: CS202	U-4CA5	Victim in	iitials: A.L.
ase Payment Totals: \$2 ,4	496.29		
laim Payments:			
CL2020-60AD			
<u>Approval Date</u> 10/08/2020 Payee: The Kids The	AmountPaid \$101.69	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) of Service (If A 5/28/2020-5/28/2020			
CL2020-93F3			
<u>Approval Date</u> 08/19/2020	<u>AmountPaid</u> \$508.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids The <u>Date(s) of Service (If A</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			
Approval Date 07/13/2020 Payee: The Kids The Date(s) of Service (If A 6/4/2020-6/4/2020 5/21/2020-5/21/2020 5/12/2020-5/12/2020 5/5/2020-5/5/2020		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
CL2020-4BFC			
<u>Approval Date</u> 05/20/2020	<u>AmountPaid</u> \$610.13	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids The Date(s) of Service (If A 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	rapy Center, Llc		
CL2020-CAB4			
<u>Approval Date</u> 04/15/2020 Payee: The Kids The	AmountPaid \$508.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

NOTE: Upon payment approval, 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/27/2020	\$360.84	Mental Health	
Payee: The Kids The	rapy Center, Llc		
Date(s) of Service (If A	<u>pplicable)</u>		
2/3/2020-2/3/2020			
1/29/2020-1/29/2020			
1/22/2020-1/22/2020			

im Category

dical er

Case ID Number: CS2020-4E12

Victim Initials: D.G.

Medical Category (if applicable)

Hospital or Clinic

Case Payment	Totals:	\$288	.00
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Claim Payments:

CL2021-A79E

Approval	Date	AmountPaid	Cla
11/01/202	1	\$288.00	Me
Payee:	Dakota C	hildren'S Advocacy	Cent
D (()	(O ·		

Date(s) of Service (If Applicable) 4/21/2020-4/21/2020

Case ID Number: CS2020-5182

Bismarck, ND 58502-1898

Victim Initials: B.C.

Claim Payments:				
CL2020-8DC8				
<u>Approval Date</u> 12/30/2020	<u>AmountPaid</u> \$22,064.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Guardian		Medical		
<u>Date(s) of Service</u> 12/28/2019-12/28/2	(If Applicable)			
CL2020-9C2E				
<u>Approval Date</u> 04/06/2020	<u>AmountPaid</u> \$2.736.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me	, ,	Medical		
<u>Date(s) of Service</u> 12/28/2019-1/1/202	(If Applicable)			
CL2020-5327				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322 npensation@nd.gov	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. 02/19/2020 Medical Hospital or Clinic \$198.40 Payee: B.C. Date(s) of Service (If Applicable) 1/9/2020-1/9/2020 Victim Initials: T.P. Case ID Number: CS2020-51E3 Case Payment Totals: \$6,949.85 Claim Payments: CL2021-3A91 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/18/2021 Medical \$84.82 Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 9/28/2020-9/28/2020 CL2021-8D14 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 10/18/2021 \$16.78 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 9/21/2020-9/21/2020 CL2021-FDFA Approval Date AmountPaid Claim Category Medical Category (if applicable) \$8.25 Medical Hospital or Clinic 10/18/2021 Payee: Trinity Hospital Date(s) of Service (If Applicable) 9/21/2020-9/21/2020 CL2020-2100 <u>Amount</u>Paid Medical Category (if applicable) Approval Date Claim Category

CL2020-F6FF

12/21/2020

Payee: T.P.

\$4,200.00

Wage Loss

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
10/22/2020	\$2,640.00	Medical	Hospital or Clinic
Payee: Trinity Ho	ospital		
Date(s) of Service	(If Applicable)		
9/14/2020-9/14/202	20		

Case ID Number: CS2020-535F

Victim Initials: R.R.

Case Payment Totals: \$780.00

Claim Payments:

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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-FC3E <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 02/22/2021 Mental Health \$120.00 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 12/18/2020-12/18/2020 CL2020-F2CB AmountPaid Claim Category Medical Category (if applicable) Approval Date 07/27/2020 \$660.00 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 7/3/2020-7/3/2020 6/5/2020-6/5/2020 3/6/2020-3/6/2020 2/28/2020-2/28/2020 2/25/2020-2/25/2020 Case ID Number: CS2020-538C Victim Initials: S.T. Case Payment Totals: \$352.89 Claim Payments: CL2021-A7C7 AmountPaid Claim Category Approval Date Medical Category (if applicable) 03/31/2021 \$21.22 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCenterce (If Applicable) 8/17/2020-8/17/2020 CL2021-C6CC Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/04/2021 \$3.67 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 12/7/2020-12/7/2020 11/23/2020-11/23/2020 11/9/2020-11/9/2020 CL2020-9C19 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/24/2020 \$40.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 10/12/2020-10/12/2020 8/31/2020-8/31/2020 CL2020-8161 Medical Category (if applicable) Approval Date AmountPaid Claim Category

	m Payments: S	ervice Providers &	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se		•	or processing and check issuance. ring text to search.	
09/17/2020	\$288.00	Medical	Hospital or Clinic	
Payee: Northern Pl	ains Children'S A	dvocacy		
Date(s) o C99101 ce (If 8/20/2020-8/20/2020	<u>Applicable)</u>			
Case ID Number: CS20	20-5412	Victim Ir	itials: B.S.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2021-2C2E				
<u>Approval Date</u> 03/16/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi	dren'S Advocacy	Center		
Date(s) of Service (If 6/8/2020-6/8/2020	<u>Applicable)</u>			
Case ID Number: CS20	20-54CD	Victim Ir	itials: P.M.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2020-68B8				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/22/2020 Payee: Northern Pl	\$288.00	Medical	Hospital or Clinic	
<u>Date(s)</u> o C98000 cc (If 12/4/2019-12/4/2019		uvocacy		
Case ID Number: CS20	20-5569	Victim Ir	itials: Z.O.	
Case Payment Totals: \$7	737.79			
Claim Payments:				
CL2022-9C2C				
Approval Date 06/20/2022	<u>AmountPaid</u> \$24.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Laidlaw Psy Date(s) of Service (If 5/10/2022-5/10/2022	-	Ces		
CL2022-E809				
Approval Date 06/20/2022	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
06/20/2022 Payee: Laidlaw Psy	\$24.00 vchological Servi			
<u>Date(s) of Service (If</u> 5/3/2022-5/3/2022	-			
CL2022-2D27				

07/03/2025

	North [Dakota Crime V	Victims Compensation	
CI	aim Payments: S	ervice Providers &	& Personal Reimbursements, by Case	07/03/2023 1:05:50AN
		7-10 business days t CTRL+F, then ente	for processing and check issuance.	1.00.0074
03/28/2022	\$24.00	Mental Health	ang text to search.	
Payee: Laidlaw F	sychological Servi	ces		
Date(s) of Service	(If Applicable)			
2/22/2022-2/22/202				
CL2022-209C				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/17/2022	\$29.25	Mental Health		
Payee: Laidlaw F	sychological Servi	ces		
<u>Date(s) of Service</u> 1/17/2022-1/17/202				
CL2022-82C8				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/20/2022	\$35.87	Mental Health		
-	sychological Servi	ces		
Date(s) of Service	· · · · · · · · · · · · · · · · · · ·			
12/8/2021-12/8/202	21			
CL2022-79F8				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/06/2022	\$35.87	Mental Health		
-	Psychological Servi	ces		
<u>Date(s) of Service (</u> 11/10/2021-11/10/2				
11/10/2021-11/10/2	.021			
CL2021-232B				
<u>Approval Date</u> 09/20/2021	<u>AmountPaid</u> \$29.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Psychological Servi	ces		
Date(s) of Service				
8/9/2021-8/9/2021				
CL2021-8D65				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/20/2021	\$29.96	Mental Health		
,	sychological Servi	ces		
Date(s) of Service				
7/19/2021-7/19/202	21			
CL2021-92C1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/19/2021	\$29.96	Mental Health		
	Psychological Servi	ces		
<u>Date(s) of Service</u> 6/28/2021-6/28/202				
CL2021-16A1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/15/2021	\$59.92	Mental Health		
Payee: Laidlaw F	Psychological Servi	ces		
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	
				Daga 100 c

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Date(s) of Service (If Applicable) 5/24/2021-5/24/2021 5/10/2021-5/10/2021

CL2021-178A

<u>Approval Date</u> 06/16/2021	<u>AmountPaid</u> \$29.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Laidlaw Ps	ychological Servi	ces		
Date(s) of Service (I				
4/26/2021-4/26/2021				
CL2021-46F1				
<u>Approval Date</u> 06/04/2021	<u>AmountPaid</u> \$209.72	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Laidlaw Ps	ychological Servi	ces		
Date(s) of Service (I				
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/26/2020	\$175.32	Mental Health		
Payee: Assessme	nt & Therapy Asso	ociates		
Date(s) of Service (I				
7/14/2020-7/14/2020	1			
7/7/2020-7/7/2020				
7/1/2020-7/1/2020	, ,			
	1			
6/16/2020-6/16/2020				
6/9/2020-6/9/2020				
6/9/2020-6/9/2020 6/2/2020-6/2/2020				
6/9/2020-6/9/2020	1			
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020		Victim In	iitials: K.B.	
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020	020-59CF	Victim In	iitials: K.B.	
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020 ase ID Number: CS20 Case Payment Totals: \$	020-59CF	Victim In	iitials: K.B.	
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020 ase ID Number: CS20 Case Payment Totals: \$	020-59CF	Victim In	iitials: K.B.	
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2021-1FA0 Approval Date	020-59CF 153.17 AmountPaid	Claim Category	iitials: K.B. Medical Category (if applicable)	
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2021-1FA0 Approval Date 02/04/2021	020-59CF 153.17 <u>AmountPaid</u> \$153.17	<u>Claim Category</u> Mental Health		
6/9/2020-6/9/2020 6/2/2020-6/2/2020 5/26/2020-5/26/2020 ase ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2021-1FA0 Approval Date	020-59CF 153.17 <u>AmountPaid</u> \$153.17 ildren'S Advocacy	<u>Claim Category</u> Mental Health		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	20-5B7A	Victim Ir	iitials: J.G.	
Case Payment Totals: \$6,	922.55			
Claim Payments: CL2021-90D6 <u>Approval Date</u> 11/18/2021 Payee: Pain Treatme <u>Date(s) of Service (If A</u> 4/12/2021-4/12/2021 4/1/2021-4/1/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-84F2 <u>Approval Date</u> 08/05/2021 Payee: Independent <u>Date(s) of Service (If A</u> 4/6/2020-10/9/2020	•	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-059A <u>Approval Date</u> 08/03/2021 Payee: Bismarck Su <u>Date(s) of Service (If A</u> 4/12/2021-4/12/2021	-	<u>Claim Category</u> Medical e s	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-7026 <u>Approval Date</u> 06/10/2021 Payee: Pain Treatmon <u>Date(s) of Service (If A</u> 1/22/2021-1/22/2021 1/20/2021-1/20/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-2167 <u>Approval Date</u> 05/06/2021 Payee: Bismarck Su <u>Date(s) of Service (If A</u> 1/22/2021-1/22/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-FC29 <u>Approval Date</u> 03/23/2021 Payee: Decoteau Tra <u>Date(s)</u> o PSactice,(P14 4/23/2020-4/23/2020		<u>Claim Category</u> Mental Health Care &	Medical Category (if applicable)	
CL2021-CA33 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898	ation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Dage 102 of

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$1,700.00 Mental Health 03/09/2021 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/09/2021 \$396.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/29/2021 \$194.83 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 9/21/2021-9/21/2021 Victim Initials: V.M. Case ID Number: CS2020-5BFC Case Payment Totals: \$9,919.36 Claim Payments: CL2022-D1ED Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 04/18/2022 \$1,180.00 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 Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Count	-			
Date(s) of Service (If Ap 5/19/2021-5/19/2021	plicable)			
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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/09/2021	\$2,180.00	Mental Health		
Payee: Summit Coun	seling			
Date(s) of Service (If Ap	plicable)			
1/27/2021-1/27/2021	<u>,</u>			
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				
8/29/2020-8/29/2020				
8/10/2020-8/10/2020				
7/30/2020-7/30/2020				
7/29/2020-7/29/2020 7/23/2020-7/23/2020				
1/23/2020-1/23/2020				
CL2020-E0EE				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/08/2020	\$3,156.08	Medical	Hospital or Clinic	
Payee: Chi St. Alexius	s Health Willist	on (Mercy		
Date(s) o Medicial) (If Ap	plicable)			
3/21/2020-3/21/2020				
CL2020-1F77				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/30/2020	\$582.48	Medical	Hospital or Clinic	
Payee: Chi St. Alexius	s Health Willist	on (Mercy		
Date(s) o Meetinate (If Ap	plicable)			
7/3/2020-7/3/2020				
CL2020-3180				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
<u>Approvar Date</u> 09/21/2020	\$218.40	Medical	Hospital or Clinic	
		Medical		
Payee: Mercy Hospita	-			
<u>Date(s) of Service (If Ap</u> 7/3/2020-7/3/2020	plicable)			
CL2020-42AF				
	AmountPaid	Claim Catagory	Medical Category (if applicable)	
<u>Approval Date</u> 09/21/2020	\$218.40	<u>Claim Category</u> Medical	Hospital or Clinic	
Payee: Mercy Hospita		modiou		
=				
Date(s) of Service (If Ap 3/21/2020-3/21/2020	plicable)			
O Crime Victims Compensat	ion, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
) Box 1898			mpensation@nd.gov	_
			nponouton(wind.gov	Page 194 of 7

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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.

Approval Date 09/21/2020 Payee: Mercy Ra Date(s) of Service 3/21/2020-3/21/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
L2020-B796 <u>Approval Date</u> 09/21/2020 Payee: Mercy Ra <u>Date(s) of Service</u> 3/21/2020-3/21/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
L2020-3A27 <u>Approval Date</u> 08/19/2020 Payee: Chi St. A <u>Date(s)</u> oMeeligat) 7/6/2020-7/6/2020		<u>Claim Category</u> Medical on (Mercy	<u>Medical Category (if applicable)</u> Hospital or Clinic
L2020-C1D4 <u>Approval Date</u> 08/19/2020 Payee: Mercy Ra <u>Date(s) of Service</u> 7/6/2020-7/6/2020		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
L2020-E330 <u>Approval Date</u> 08/19/2020 Payee: Craven H <u>Date(s) of Service</u> 7/6/2020-7/6/2020	-	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
e ID Number: CS		Victim Ir	nitials: S.W.
im Payments:			
L2020-856A			
<u>Approval Date</u> 05/29/2020 Payee: Dakota C	<u>AmountPaid</u> \$288.00 hildren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic

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: CS202	20-5DEA	Victim In	itials: A.F.	
Case Payment Totals: \$28	88.00			
Claim Payments:				
CL2021-1B03				
<u>Approval Date</u> 01/04/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla	ins Children'S Ac	lvocacy		
Date(s) o C90teic e (If A 10/5/2020-10/5/2020	Applicable)			
Case ID Number: CS202	20-6184	Victim In	itials: A.S.	
Case Payment Totals: \$3,	000.00			
Claim Payments:				
CL2020-91CA				
<u>Approval Date</u> 12/14/2020	<u>AmountPaid</u> \$120.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The				
<u>Date(s) of Service (If A</u> 11/9/2020-11/9/2020	<u>applicable)</u>			
CL2020-4F40				
<u>Approval Date</u> 10/08/2020	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The				
<u>Date(s) of Service (If A</u> 8/17/2020-8/17/2020	<u>Applicable)</u>			
8/3/2020-8/3/2020				
CL2020-4F68				
<u>Approval Date</u> 07/27/2020	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The				
<u>Date(s) of Service (If A</u> 6/3/2020-6/3/2020	<u>applicable)</u>			
5/18/2020-5/18/2020				
5/11/2020-5/11/2020 5/5/2020-5/5/2020				
5/5/2020-5/5/2020				
CL2020-2980				
<u>Approval Date</u> 07/13/2020	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The	•			
<u>Date(s) of Service (If A</u> 6/3/2020-6/3/2020	<u>applicable)</u>			
5/18/2020-5/18/2020				
5/11/2020-5/11/2020				
5/5/2020-5/5/2020				
ND Crime Victims Compense	ation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRcon</u>	npensation@nd.gov	Daga 106 of 72

Medical Category (if applicable)

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Claim Category

Mental Health

CL2020-1FBC	
Approval Date	<u>AmountPaid</u>
05/21/2020	\$1,080.00

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 3/12/2020-3/25/2020 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/22/2020	\$600.00	Mental Health		
Payee: The Kids Th	erapy Center, Llo			
Date(s) of Service (If	<u>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	Case Payment	Totals:	\$288.	.00
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Claim Payments:

CL2021-84A9

 Approval Date
 AmountPaid
 Claim Category
 Medical Category (if applicable)

 11/01/2021
 \$288.00
 Medical
 Hospital or Clinic

 Payee:
 Dakota Children'S Advocacy Center
 Date(s) of Service (If Applicable)
 9/28/2020-9/28/2020

Case ID Number: CS2020-6296

3/11/2021-3/11/2021 3/4/2021-3/4/2021 Victim Initials: J.R.

Case Payment Totals:	\$244.29		
Claim Payments:			
CL2021-23B4			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/30/2021	\$99.51	Mental Health	
Payee: Dakota C	hildren'S Advocacy	Center	
Date(s) of Service (If Applicable)		

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

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025							
1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.							
CL2021-9447							
<u>Approval Date</u> 04/20/2021	<u>AmountPaid</u> \$53.36	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Ct <u>Date(s) of Service (</u> 2/11/2021-2/11/202	hildren'S Advocacy If Applicable)						
CL2021-F8CC							
<u>Approval Date</u> 03/22/2021 Payee: Dakota Cl <u>Date(s) of Service (</u> 1/5/2021-1/5/2021	-	<u>Claim Category</u> Mental Health v Center	Medical Category (if applicable)				
Case ID Number: CS2	020-62E0	Victim Ir	nitials: A.H.				
Case Payment Totals:	\$300.00						
Claim Payments:							
CL2020-CAC6							
<u>Approval Date</u> 06/30/2020 Payee: A.H.	<u>AmountPaid</u> \$300.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)				
Case ID Number: CS2	020-6543	Victim Ir	nitials: S.N.				
Case Payment Totals:	\$200.00						
Claim Payments:							
CL2020-D609							
<u>Approval Date</u> 06/04/2020	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: S.N.	If Ameliachic)						
<u>Date(s) of Service (</u> 11/19/2019-11/19/20	019						
Case ID Number: CS2	020-6BEC	Victim Ir	nitials: J.G.				
Case Payment Totals:	\$288.00						
Claim Payments:							
CL2021-126A							
<u>Approval Date</u> 11/03/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Dakota Ch	nildren'S Advocacy	Center					
	lf Annlicable)						
<u>Date(s) of Service (</u> 9/30/2020-9/30/202							

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payment Totals: \$29 Claim Payments: CL2020-86CF <u>Approval Date</u> 03/23/2020 Payee: Altru Health S Date(s) of Service (If A	<u>AmountPaid</u> \$293.48 System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2020-86CF <u>Approval Date</u> 03/23/2020 Payee: Altru Health S	\$293.48 System			
<u>Approval Date</u> 03/23/2020 Payee: Altru Health S	\$293.48 System			
03/23/2020 Payee: Altru Health S	\$293.48 System			
	-			
Date(s) of Service (If A	pplicable)			
1/14/2020-1/14/2020				
Case ID Number: CS202	0-6CE9	Victim In	itials: K.L.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2020-DF61				
<u>Approval Date</u> 09/17/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai		dvocacy		
<u>Date(s) o£99¢ice (If A</u> 8/19/2020-8/19/2020	<u>pplicable)</u>			
Case Payment Totals: \$46 Claim Payments: CL2021-C1A6 <u>Approval Date</u> 06/17/2021 Payee: Red Rock Ps <u>Date(s) of Service (If A</u> 3/24/2021-3/24/2021 2/24/2021-2/24/2021 2/10/2021-2/10/2021 Case ID Number: CS202	AmountPaid \$460.00 ychological Hea pplicable)		Medical Category (if applicable)	
Case ID Number: C5202	0-7004	vicum in		
Case Payment Totals: \$6, 2	200.00			
Claim Payments:				
CL2021-76D6				
<u>Approval Date</u> 03/09/2021	<u>AmountPaid</u> \$1,200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: North Dakota	-	es - Nc		
<u>Date(s) of Service (If A</u> 8/18/2020-8/19/2020	pplicable)			
ND Crime Victims Compensa PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2020-028F Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date Funeral 06/24/2020 \$2,500.00 Payee: M.C. CL2020-2830 Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category 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 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) 12/11/2020-12/11/2020 Case ID Number: CS2020-7205 Victim Initials: S.B. Case Payment Totals: \$650.40 Claim Payments: CL2021-9708 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/28/2021 \$362.40 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/22/2021-7/22/2021 7/12/2021-7/12/2021 6/7/2021-6/7/2021 4/30/2021-4/30/2021 **CL2020-0DEB** <u>AmountPaid</u> Approval Date Claim Category Medical Category (if applicable) 11/24/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 9/29/2020-9/29/2020

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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: CS2020-72B6 Victim Initials: M.B. Case Payment Totals: \$288.00 Claim Payments: CL2020-C831 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/24/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 9/17/2020-9/17/2020 Case ID Number: CS2020-75A9 Victim Initials: J.P. Case Payment Totals: \$288.00 Claim Payments: CL2020-4477 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/22/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Softeice (If Applicable) 8/27/2020-8/27/2020 Case ID Number: CS2020-75B1 Victim Initials: K.B. Case Payment Totals: \$468.00 Claim Payments: CL2020-70D8 AmountPaid Claim Category Approval Date Medical Category (if applicable) 05/14/2020 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeteice (If Applicable) 4/8/2020-4/8/2020 CL2020-5C71 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 Contract (If Applicable) 2/5/2020-2/5/2020 Case ID Number: CS2020-766F Victim Initials: O.B. Case Payment Totals: \$288.00 Claim Payments: CL2020-179F

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)

ND Crime Victims Compensation, DOCR	Phone: (701)-328-6195; 1-800-445-2322
PO Box 1898	Email: DOCRcompensation@nd.gov
Bismarck, ND 58502-1898	

Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

Victim Initials: J.K.

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

Medical 03/06/2020 \$288.00

Payee: Northern Plains Children'S Advocacy

Date(s) of Contract (If Applicable) 2/1/2020-2/1/2020

Case ID Number: CS2020-76DD

Case Payment Totals: \$6,648.49

Claim Payments:

CL2021-8A4E

<u>Approval Date</u> 02/18/2021	<u>AmountPaid</u> \$31.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Pavee: Virtual Ra	diologic Professio	nals	
<u>Date(s) of Service (</u> 9/18/2020-9/18/202	If Applicable)		
CL2021-7F82			
<u>Approval Date</u> 01/29/2021	<u>AmountPaid</u> \$4,591.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Ale	exius Health		
<u>Date(s) of Service (</u> 9/18/2020-9/18/202	· · · ·		
CL2021-8A86			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/29/2021	\$256.80	Medical	Hospital or Clinic
Payee: St. Alexiu			
<u>Date(s) of Service (</u> 9/18/2020-9/18/202			
CL2021-BD15			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/29/2021	\$1,769.29	Medical	Hospital or Clinic
2	a Ambulance Serv	ICE	
<u>Date(s) of Service (</u> 9/18/2020-9/18/202			

Case Payment Totals: \$960.00

Claim Payments:

CL2021-5069

Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
06/17/2021	\$960.00	Mental Health	

Payee: Red Rock Psychological Health

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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) 5/12/2021-5/12/2021 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

Approval Date 03/06/2020

AmountPaid Claim Category \$288.00 Medical

Medical Category (if applicable) Hospital or Clinic

Medical Category (if applicable)

Hospital or Clinic

Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable)

1/23/2020-1/23/2020

Case ID Number: CS2020-8081

Victim Initials: E.S.

Claim Category

Medical

Case Payment Totals: \$288.00

Claim Payments:

CL2021-630C

AmountPaid Approval Date 11/01/2021 \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>Amount</u>Paid Approval Date Claim Category Medical Category (if applicable) Mental Health 01/19/2021 \$20.00 Payee: Abound Counseling Llc Date(s) of Service (If Applicable) 10/8/2020-10/8/2020 CL2021-4625 Approval Date **AmountPaid** Claim Category Medical Category (if applicable)

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.

Document can be se	earched by clicking	CTRL+F, then ente	ring text to search.
01/19/2021	\$20.00	Mental Health	
Payee: Abound C Date(s) of Service (I			
11/12/2020-11/12/20			
CL2021-6E71			
<u>Approval Date</u> 01/19/2021	<u>AmountPaid</u> \$20.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co <u>Date(s) of Service (I</u> 10/1/2020-10/1/2020	f Applicable)		
CL2021-F41D			
<u>Approval Date</u> 01/19/2021	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Control Date(s) of Service (1)	f Applicable)		
10/29/2020-10/29/20 10/15/2020-10/15/20			
CL2020-1B1E			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co	-		
Date(s) of Service (I			
5/21/2020-5/21/2020 4/23/2020-4/23/2020			
CL2020-26E2			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound C	-		
Date(s) of Service (1 6/4/2020-6/4/2020	<u>f Applicable)</u>		
5/29/2020-5/29/2020)		
CL2020-6485			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound C	-		
Date(s) of Service (1 7/23/2020-7/23/2020			
7/16/2020-7/16/2020	•		
CL2020-69B7			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co			
<u>Date(s) of Service (l</u> 9/24/2020-9/24/2020 9/17/2020-9/17/2020)		
9/11/2020-9/11/2020	,		
ND Crime Victims Compe	nsation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

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

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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.

CL2020-87B7			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$20.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co	unseling Llc		
Date(s) of Service (If, 8/6/2020-8/6/2020	Applicable)		
CL2020-8A1A			
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co	-		
Date(s) of Service (If, 7/1/2020-7/1/2020 6/26/2020-6/26/2020	<u>Applicable)</u>		
0,20,2020 0,20,2020			
CL2020-C29C	A (= · ·		
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Abound Co	-		
Date(s) of Service (If 8/20/2020-8/20/2020	Applicable)		
8/13/2020-8/13/2020			
8/10/2020-8/10/2020			
CL2020-D888			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
12/24/2020 Payee: Abound Co	\$40.00	Mental Health	
Date(s) of Service (If	-		
7/28/2020-7/28/2020	<u>, applicable j</u>		
6/12/2020-6/12/2020			
CL2020-DDA8			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
12/24/2020 Payee: Abound Co	\$20.00 Sunseling Llc	Mental Health	
Date(s) of Service (If			
5/7/2020-5/7/2020	<u>, , , , , , , , , , , , , , , , , , , </u>		
CL2020-E2CE			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/24/2020	\$40.00	Mental Health	
Payee: Abound Co Date(s) of Service (If	-		
5/14/2020-5/14/2020			
4/30/2020-4/30/2020			
CL2020-E54C			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
	_		
O Crime Victims Compensi	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

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.

12/24/2020	\$20.00	Mental Health		
Payee: Abound Cou	unseling Llc			
Date(s) of Service (If A	Applicable)			
4/16/2020-4/16/2020	<u> </u>			
CL2020-F231				
<u>Approval Date</u> 12/24/2020	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Abound Cou	unseling Llc			
Date(s) of Service (If A	Applicable)			
9/10/2020-9/10/2020				
9/3/2020-9/3/2020				
8/27/2020-8/27/2020				
CL2020-D980				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/07/2020	\$90.71	Medical	Hospital or Clinic	
Payee: J.W.				
<u>Date(s) of Service (If</u> 12/31/2019-12/31/201				
CL2020-B0C2				
Approval Data	AmountPaid	Claim Category	Medical Category (if applicable)	
Approval Date				
04/30/2020	\$674.40	Mental Health		
04/30/2020 Payee: Abound Cou	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 4/2/2020-4/2/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 4/2/2020-4/2/2020 3/26/2020-3/26/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/26/2020 3/19/2020-3/19/2020 3/19/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/12/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/26/2020 3/19/2020-3/19/2020 3/19/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 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	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 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	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If A 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	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 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	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 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 2/27/2020-2/13/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020	\$674.40 unseling Llc			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 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	\$674.40 unseling Llc Applicable)			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 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	\$674.40 unseling Llc <u>Applicable</u>)			
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 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 2/13/2020-2/6/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 12/19/2019-12/19/201	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u>		Medical Category (if applicable)	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 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 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 12/19/2019-12/19/201 CL2020-5622 Approval Date	\$674.40 unseling Llc <u>Applicable</u>)	Mental Health		
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 3/5/2020-3/12/2020 2/27/2020-2/27/2020 2/27/2020-2/13/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u> \$141.25	Mental Health	Medical Category (if applicable)	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 3/5/2020-3/12/2020 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 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u> \$141.25	Mental Health	Medical Category (if applicable)	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 3/5/2020-3/12/2020 2/27/2020-2/27/2020 2/27/2020-2/13/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u> \$141.25	Mental Health	Medical Category (if applicable)	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/26/2020-3/26/2020 3/12/2020-3/19/2020 3/5/2020-3/12/2020 2/27/2020-2/27/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u> \$141.25 Applicable) <u>AmountPaid</u>	Mental Health <u>Claim Category</u> Medical <u>Claim Category</u>	Medical Category (if applicable) Hospital or Clinic	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/12/2020-3/19/2020 3/5/2020-3/19/2020 3/5/2020-3/5/2020 2/27/2020-2/27/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201 CL2020-5622 Approval Date 04/27/2020 Payee: J.W. Date(s) of Service (If //2/3/2020 CL2020-693F Approval Date 03/23/2020	\$674.40 unseling Llc Applicable) 19 <u>AmountPaid</u> \$141.25 Applicable) <u>AmountPaid</u> \$113.00	Mental Health	Medical Category (if applicable) Hospital or Clinic	
O4/30/2020 Payee: Abound Cou Date(s) of Service (If // 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/19/2020-3/19/2020 3/12/2020-3/19/2020 3/5/2020-3/5/2020 2/27/2020-2/27/2020 2/13/2020-2/13/2020 1/30/2020-1/30/2020 1/30/2020-1/30/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-2/3/2020 Payee: JW. Date(s) of Service (If // 2/3/2020-2/3/2020 Payee: CL2020-693F Approval Date 03/23/2020 Payee: Altru Health	\$674.40 unseling Llc Applicable) 19 AmountPaid \$141.25 Applicable) AmountPaid \$113.00 o System	Mental Health <u>Claim Category</u> Medical <u>Claim Category</u>	Medical Category (if applicable) Hospital or Clinic	
04/30/2020 Payee: Abound Cou Date(s) of Service (If / 4/2/2020-4/2/2020 3/26/2020-3/26/2020 3/12/2020-3/19/2020 3/5/2020-3/19/2020 3/5/2020-3/5/2020 2/27/2020-2/27/2020 2/6/2020-2/6/2020 1/30/2020-1/30/2020 1/23/2020-1/23/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/9/2020-1/9/2020 1/2/19/2019-12/19/201 CL2020-5622 Approval Date 04/27/2020 Payee: J.W. Date(s) of Service (If //2/3/2020 CL2020-693F Approval Date 03/23/2020	\$674.40 unseling Llc Applicable) 19 AmountPaid \$141.25 Applicable) AmountPaid \$113.00 o System	Mental Health <u>Claim Category</u> Medical <u>Claim Category</u>	Medical Category (if applicable) Hospital or Clinic	

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payment Totals: \$2,414.65 Claim Payments: CJ2021-4C78 Approval Date AmountPaid Sinsory Mental Health Payee: Dakota Children'S Advocacy Center 102/12020-1013/2020 1013/50200-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-1013/2020 1021/2020-6113/2020 1021/2020	ase ID Number: CS2020	0-830F	Victim Ir	itials: B.C.
CL2021-4C7B AmountPaid Claim Category Mental Health Medical Category (if applicable) Payee: Dakota Children'S Advocacy Center Medical Category (if applicable) D01/5/2020-1021/2020 101/5/2020 101/5/2020 101/5/2020-1021/2020 101/5/2020 101/5/2020 101/5/2020-1021/2020 101/5/2020 101/5/2020 17/27/2020-7/20/2020 101/5/2020 101/5/2020 17/3/2020-7/12/2020 101/5/2020 101/5/2020 17/3/2020-7/12/2020 101/5/2020 101/5/2020 17/3/2020-6/19/2020 101/5/2020 101/5/2020 5/29/2020-6/19/2020 5/29/2020-5/29/2020 101/5/2020 5/29/2020-5/29/2020 5/29/2020-5/29/2020 101/5/2020 5/29/2020-7/3/2020 11/5/2020 10/5/2020 1/3/2020-7/3/2020 11/5/2020 10/5/2020 1/3/2020-7/3/2020 11/5/2020 Mental Health Payee: Dakota Children'S Advocacy Center Mental Health Payee: Dakota Children'S Advocacy Center Mental Health Date(s) of Service (If Applicable) Mental Health	Case Payment Totals: \$2,4	14.65		
Approval Date 00/16/2021AmountPaid \$1,567.92Claim Category (if applicable)Payee: 10/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-10/21/202010/21/2020-7/20/20206/2/2020-6/19/20206/2/2020-6/19/20206/2/2020-6/19/20206/2/2020-6/19/20206/2/2020-6/19/20205/29/2020-5/29/20205/29/2020-5/29/20205/29/2020-5/29/20205/29/2020-5/29/20205/29/2020-6/19/20205/29/2020-6/19/20205/29/2020-6/19/20205/29/2020-6/19/20205/29/2020-6/19/20202/3/2020-4/16/20202/3/2020-4/16/20202/3/2020-2/3/20204/16/2020-4/16/20202/3/2020-2/3/20204/11/11/2020-11/11/12020Medical Category (if applicable)Medical Category (if applicable)Pate(s) of Service (If Applicable)10/11/12020-11/11/2020Medical Category (if applicable)10/2020-109/2021\$943.38Claim Category9/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/20209/30/2020-9/30/2020 <th>Claim Payments:</th> <th></th> <th></th> <th></th>	Claim Payments:			
03/16/2021 \$1,657.92 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/15/2020-11/15/2020 10/15/2020-11/15/2020 17/27/2020-71/3/2020 7/72/2020-71/3/2020 7/71/3/2020-71/3/2020 7/16/2020-71/3/2020 6/19/2020-6/19/2020 6/19/2020-6/19/2020 6/19/2020-6/19/2020 6/2/2020-6/19/2020 6/2/2020-6/19/2020 5/29/2020-5/29/2020 5/29/2020-5/29/2020 5/29/2020-5/29/2020 5/29/2020-5/29/2020 6/2/2020-6/19/2020 2/3/2020-4/16/2020 2/3/2020-4/16/2020 2/3/2020 2/3/2020-2/3/2020 Vental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) Medical Category (If applicable) 11/11/2020-11/11/12020 Medical Category (If applicable) 11/11/2020-11/11/12020 Medical Category (If applicable) Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) Medical Category (If applicable) 10/9/2020-10/9/2020 9/30/2020-0/9/2020 9/30/2020-0/9/2020 9/30/2020-0/9/2020 9/30/2020-0/9/2020 9/30/2020-0/9/20	CL2021-4C7B			
Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/21/2020-10/21/2020 7/22/2020-10/21/2020 7/22/2020-7/27/2020 7/22/2020-7/27/2020 7/13/2020-7/13/2020 6/19/2020-7/13/2020 6/19/2020-6/19/2020 6/19/2020-6/19/2020 6/12/2020-6/19/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 6/12/2020-6/12/2020 7/22/2020-6/12/2020 6/12/2020-6/12/2020 7/22/2020-6/12/2020 6/16/2020-2/12/2020 7/22/2020-12/2/2020 7/22/2020-12/2/2020 7/22/2020-12/2/2020 10/11/11/2020 CL2021-2180 Approval Date Approval Date Approval Date Approval Date	Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
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Claim Payments:

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

	North E	Dakota Crime V	Victims Compensation	
Cla	aim Payments: S	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898			mpensation@nd.gov	Page 208 o

Claim Payments: Service Providers & Personal Reimbursements, by Case NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 10/13/2021 \$616.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$1.008.00 Mental Health 09/17/2021 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 08/17/2021 \$336.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 7/6/2021-7/6/2021 6/29/2021-6/29/2021 CL2021-DC77 AmountPaid Approval Date Claim Category Medical Category (if applicable) 07/19/2021 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coentraice (If Applicable) 6/15/2021-6/15/2021 6/11/2021-6/11/2021 CL2021-ACAF Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/08/2021 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 5/28/2021-5/28/2021 CL2020-A64E AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/10/2020 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 11/3/2020-11/3/2020 CL2020-674C **AmountPaid** Claim Category Medical Category (if applicable) Approval Date

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North Dakota Crime Victims Compensation

	North D	akota Crime V	Victims Compensation	
CI	aim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow 7 searched by clicking	•	for processing and check issuance. ring text to search.	1.00.00410
09/10/2020 Payee: Northern Date(s) o Senteice 8/26/2020-8/26/202 8/4/2020-8/4/2020		Mental Health dvocacy		
CL2020-18F7				
Approval Date 08/19/2020 Payee: Northern Date(s) o Coette 7/21/2020-7/21/202		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2020-A53F				
Approval Date 04/22/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C9etreic e 3/11/2020-3/11/202		dvocacy		
Case Payment Totals: Claim Payments: CL2020-6561 <u>Approval Date</u> 06/04/2020 Payee: Northern <u>Date(s) oC991(9)Ce</u> 12/5/2019-12/5/201	<u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2020-8914	Victim Ir	nitials: K.W.	
Case Payment Totals: Claim Payments: CL2020-628A Approval Date 12/10/2020 Payee: Northern Date(s) oCSettaice 1/23/2020-1/23/202	<u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
Case ID Number: CS	2020-8A3A	Victim Ir	nitials: H.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2021-1756 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

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Case Payment Totals: \$1,706.72 Claim Payments: CL2020-83C3 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/22/2020 Medical \$245.07 Hospital or Clinic Payee: Minot Center For Family Medicine Date(s) of Service (If Applicable) 1/30/2020-1/30/2020 CL2020-0141 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/03/2020 \$36.58 Medical Hospital or Clinic Payee: Minot Center For Family Medicine Date(s) of Service (If Applicable) 2/13/2020-2/13/2020 CL2020-7B9A Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 04/03/2020 \$71.54 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 10/25/2019-10/25/2019 10/11/2019-10/11/2019 CL2020-AE7D Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/03/2020 Medical Hospital or Clinic \$54.46 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 10/8/2019-10/8/2019 CL2020-DAD7 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 04/03/2020 \$48.69 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 10/7/2019-10/7/2019 CL2020-3EDF Medical Category (if applicable) AmountPaid Approval Date Claim Category \$812.07 Hospital or Clinic 01/22/2020 Medical Payee: Trinity Hospital Date(s) of Service (If Applicable) 10/8/2019-10/9/2019

04/20/2021 \$288.00

Medical

Payee: Dakota Children'S Advocacy Center

Hospital or Clinic

Date(s) of Service (If Applicable) 1/23/2020-1/23/2020

Case ID Number: CS2020-8BD8

Victim Initials: B.W.

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-8859 Approval Date 01/22/2020	AmountPaid \$52.15	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Ho	• •	Medical		
Date(s) of Service (10/19/2019-10/19/2	(If Applicable)			
CL2020-8A25				
<u>Approval Date</u> 01/22/2020 Payee: Trinity Ho	<u>AmountPaid</u> \$52.69 ospital	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (</u> 11/2/2019-11/2/201	(If Applicable)			
CL2020-9A15				
Approval Date 01/22/2020 Payee: Trinity Ho	-	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (</u> 11/7/2019-11/7/201				
CL2020-D8B4				
<u>Approval Date</u> 01/22/2020	<u>AmountPaid</u> \$212.15	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Ho	-			
Date(s) of Service (10/12/2019-10/12/2				
ase ID Number: CS2	2020-8C35	Victim Ir	nitials: A.D.	
Case Payment Totals:	\$77.60			
Claim Payments:				
CL2020-65A3				
<u>Approval Date</u> 12/10/2020 Pavee: Northern	<u>AmountPaid</u> \$77.60 Plains Children'S A	Claim Category Mental Health	Medical Category (if applicable)	
Date(s) o Centeic e (10/19/2020-10/19/2	(If Applicable)			
ase ID Number: CS2	2020-8DB2	Victim Ir	nitials: T.C.	
Case Payment Totals:	\$2,553.07			
Claim Payments:				
CL2020-1DAC				
<u>Approval Date</u> 09/21/2020	<u>AmountPaid</u> \$769.27	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Chatter P	ediatric Therapy #1	84736		
ND Crime Victims Compe	ensation, DOCR	• •	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	mpensation@nd.gov	Page 212 of 7

NOTE: Upon payment approval, 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

0

Approval Data			
<u>Approval Date</u> 07/21/2020	<u>AmountPaid</u> \$542.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
	ediatric Therapy #1		
Date(s) of Service (04100	
6/24/2020-6/24/202			
6/17/2020-6/17/202			
6/3/2020-6/3/2020	•		
5/27/2020-5/27/202	0		
5/20/2020-5/20/202			
5/13/2020-5/13/202			
CL2020-8AC5			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
06/04/2020	\$1,241.40	Mental Health	
Payee: Chatter Pe	ediatric Therapy #1	84736	
Date(s) of Service (If Applicable)		
5/7/2020-5/7/2020	<u> </u>		
4/29/2020-4/29/202	0		
4/22/2020-4/22/202	0		
4/15/2020-4/15/202	0		
4/8/2020-4/8/2020			
4/1/2020-4/1/2020			
3/31/2020-3/31/202	0		
0/01/2020 0/01/202			
3/26/2020-3/26/202	0		
3/26/2020-3/26/202			
3/26/2020-3/26/202	0	Victim Ir	nitials: M.O.
3/26/2020-3/26/202 3/16/2020-3/16/202	0 2020-909C	Victim Ir	nitials: M.O.
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2	0 2020-909C	Victim Ir	nitials: M.O.
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$	0 2020-909C	Victim Ir	nitials: M.O.
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: laim Payments:	0 2020-909C	Victim Ir <u>Claim Category</u> Mental Health	nitials: M.O. Medical Category (if applicable)
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020	0 2020-909C \$169.20 <u>AmountPaid</u>	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020 Payee: Assessme	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020 Payee: Assessme <u>Date(s) of Service (</u>	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso If Applicable)	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020 Payee: Assessme <u>Date(s) of Service (</u> 9/8/2020-9/8/2020	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso If Applicable) 0	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020 Payee: Assessme <u>Date(s) of Service (</u> 9/8/2020-9/8/2020 8/20/2020-8/20/202	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso If Applicable) 0	<u>Claim Category</u> Mental Health	
3/26/2020-3/26/202 3/16/2020-3/16/202 se ID Number: CS2 ase Payment Totals: \$ laim Payments: CL2020-681A <u>Approval Date</u> 10/26/2020 Payee: Assessme <u>Date(s) of Service (</u> 9/8/2020-9/8/2020 8/20/2020-8/20/202 7/10/2020-7/10/202	0 2020-909C \$169.20 <u>AmountPaid</u> \$169.20 ent & Therapy Asso If Applicable) 0	<u>Claim Category</u> Mental Health	

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: CS202	0-90A7	Victim In	nitials: C.R.
Case Payment Totals: \$2 ,	304.30		
Claim Payments:			
CL2020-A447 Approval Date 10/05/2020 Payee: S.E.	<u>AmountPaid</u> \$434.30	<u>Claim Category</u> Funeral	Medical Category (if applicable)
CL2020-F694			
<u>Approval Date</u> 10/05/2020 Payee: S.E.	<u>AmountPaid</u> \$525.00	<u>Claim Category</u> Funeral	<u>Medical Category (if applicable)</u>
CL2020-FED4 <u>Approval Date</u> 10/05/2020	AmountPaid \$1,345.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)
Case ID Number: CS202	0-93C3	Victim In	nitials: J.M.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2020-D16B			
<u>Approval Date</u> 04/14/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla Date(s) of Set Pice (If A 3/12/2020-3/12/2020		dvocacy	
Case ID Number: CS202	0-9415	Victim In	nitials: I.F.
Case Payment Totals: \$91	3.32		
Claim Payments:			
CL2021-5B48			
<u>Approval Date</u> 12/15/2021	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s) oC9etteice (If A</u> 11/8/2021-11/8/2021		dvocacy	

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	North D	akota Crime V	Victims Compensation	
Cla	im Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appr Document can be s		-	for processing and check issuance. ring text to search.	
CL2021-F820				
<u>Approval Date</u> 11/26/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F <u>Date(s)</u> o C3enteic e (I		dvocacy		
10/25/2021-10/25/20 10/6/2021-10/6/2027				
CL2021-77D9				
<u>Approval Date</u> 10/13/2021 Payee: Northern F	<u>AmountPaid</u> \$224.00 Plains Children'S A	<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
<u>Date(s)</u> o C&exteic e (1 9/22/2021-9/22/202 ⁻ 9/8/2021-9/8/2021				
CL2021-D6D8				
Approval Date 09/17/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F <u>Date(s)</u> o Contern F 8/24/2021-8/24/2021	f Applicable)	dvocacy		
CL2021-2F88				
<u>Approval Date</u> 04/07/2021 Payee: Northern F <u>Date(s) oCserteice (1</u> 1/8/2021-1/8/2021 12/4/2020-12/4/2020	f Applicable)	<u>Claim Category</u> Mental Health Advocacy	<u>Medical Category (if applicable)</u>	
CL2020-4ABF <u>Approval Date</u> 11/24/2020	AmountPaid \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F Date(s) o Centraic e (1 9/1/2020-9/1/2020	Plains Children'S A			
CL2020-DE24				
Approval Date 11/24/2020 Payee: Northern F Date(s) o Ceeterc (1 10/1/2020-10/1/2020	<u>f Applicable)</u>	<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
Case ID Number: CS2	020-96D2	Victim Ir	nitials: A.H.	
Case Payment Totals: \$	1,778.67			
Claim Payments:				
ND Crime Victims Compe	nsation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case				
NOTE: Upon payment approv Document can be sea		•	for processing and check issuance. ring text to search.	1:05:50AM
CL2021-E782				
Approval Date 01/29/2021	<u>AmountPaid</u> \$383.18	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chile <u>Date(s) of Service (If /</u> 11/20/2020-11/20/202 11/6/2020-11/6/2020 10/16/2020-10/16/202 10/8/2020-10/8/2020 9/28/2020-9/28/2020	Applicable) 0	r Center		
CL2020-B813				
<u>Approval Date</u> 12/10/2020	<u>AmountPaid</u> \$583.52	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil Date(s) of Service (If A		Center		
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> 08/31/2020	<u>AmountPaid</u> \$811.97	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child <u>Date(s) of Service (If /</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	-	r Center		
ase ID Number: CS2020-9ABF		Victim Initials: T.P.		
Case Payment Totals: \$7	,531.99			
Claim Payments:				
CL2021-14ED				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/22/2021	\$4,500.00	Wage Loss		
Payee: T.L.				
CL2020-0312				
<u>Approval Date</u> 12/30/2020 Payee: T.L.	<u>AmountPaid</u> \$1,032.83	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ND Crime Victims Compens	ation, DOCR	, ,	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck ND 58502, 1808		Email: DOCRco	<u>mpensation@nd.gov</u>	Page 216 of 72

Bismarck, ND 58502-1898

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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

<u>AmountPaid</u> \$123.99	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Home Health Services
(If Applicable)		
<u>AmountPaid</u> \$983.94	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
(If Applicable)		
AmountPaid		<u>Medical Category (if applicable)</u> Hospital or Clinic
φ 091.2 3	Medical	
(If Applicable)		
2020-9B3F	Victim Ir	iitials: R.G.
\$288.00		
<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Plains Children'S A	dvocacy	
(If Applicable)		
2020-9CCB	Victim Ir	nitials: J.V.
\$14,821.15		
<u>AmountPaid</u> \$149.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
edical Group		
(\$123.99 (If Applicable) AmountPaid \$983.94 (If Applicable) AmountPaid \$891.23 (If Applicable) 2020-9B3F \$288.00 Plains Children'S A (If Applicable) 2020-9CCB \$14,821.15 AmountPaid \$149.60	\$123.99 Medical (If Applicable) Image: Claim Category Medical AmountPaid \$983.94 Claim Category Medical (If Applicable) Image: Claim Category Medical AmountPaid \$891.23 Claim Category Medical (If Applicable) Image: Claim Category Medical 2020-9B3F Victim Image: Victim Image: Claim Category Medical \$288.00 Medical Plains Children'S Advocacy (If Applicable) Victim Image: Victim Image: Victim Image: Plains Children'S Advocacy (If Applicable) 2020-9CCB Victim Image: Victim Image: Victim Image: Plains Children'S Advocacy Medical \$14,821.15 AmountPaid \$149.60 Claim Category Medical

Claim Payments: Service Providers & Personal Reimbursements, by Case					
TE: Upon payment app Document can be s	1:05:50				
CL2020-D78A	searched by clicking				
Approval Date 06/05/2020		<u>Claim Category</u> Medical t on (Mercy	<u>Medical Category (if applicable)</u> Hospital or Clinic		
CL2020-C2DE					
Approval Date 05/22/2020	<u>AmountPaid</u> \$40.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Trinity Me <u>Date(s) of Service (</u> 1/28/2020-1/28/202	(If Applicable)				
CL2020-E7D1					
Approval Date 05/22/2020 Payee: Trinity Me	-	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
<u>Date(s) of Service (</u> 1/28/2020-1/28/202					
CL2020-032F Approval Date 05/21/2020 Pavee: Trinity Me	<u>AmountPaid</u> \$219.20 edical Group	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Approval Date	\$219.20 edical Group				
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020	\$219.20 edical Group (If Applicable)	Medical	Hospital or Clinic		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020	\$219.20 edical Group (If Applicable) <u>AmountPaid</u> \$144.80				
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group	Medical <u>Claim Category</u>	Hospital or Clinic		
Approval Date 05/21/2020 Payee: Trinity Me <u>Date(s) of Service (</u> 3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me <u>Date(s) of Service (</u>	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group	Medical <u>Claim Category</u>	Hospital or Clinic		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date 04/15/2020	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) <u>AmountPaid</u> \$994.40	Medical <u>Claim Category</u>	Hospital or Clinic		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) AmountPaid \$994.40 diology Services (If Applicable)	Medical <u>Claim Category</u> Medical <u>Claim Category</u>	Hospital or Clinic <u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date 04/15/2020 Payee: Mercy Ra Date(s) of Service (\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) AmountPaid \$994.40 diology Services (If Applicable)	Medical <u>Claim Category</u> Medical <u>Claim Category</u>	Hospital or Clinic <u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date 04/15/2020 Payee: Mercy Ra Date(s) of Service (12/24/2019-12/24/2	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) AmountPaid \$994.40 diology Services (If Applicable)	Medical <u>Claim Category</u> Medical <u>Claim Category</u>	Hospital or Clinic <u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date 04/15/2020 Payee: Mercy Ra Date(s) of Service (12/24/2019-12/24/2 CL2020-780D Approval Date	\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) AmountPaid \$994.40 diology Services (If Applicable) 2019 AmountPaid \$1,157.60 edical Group (If Applicable)	Medical Claim Category Medical Claim Category Medical	Hospital or Clinic Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Hospital or Clinic		
Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-E0AE Approval Date 05/21/2020 Payee: Trinity Me Date(s) of Service (3/9/2020-3/9/2020 CL2020-63CC Approval Date 04/15/2020 Payee: Mercy Ra Date(s) of Service (12/24/2019-12/24/2 CL2020-780D Approval Date 04/15/2020 Payee: Trinity Me Date(s) of Service (\$219.20 edical Group (If Applicable) AmountPaid \$144.80 edical Group (If Applicable) AmountPaid \$994.40 diology Services (If Applicable) 2019 AmountPaid \$1,157.60 edical Group (If Applicable)	Medical Claim Category Medical Claim Category Medical	Hospital or Clinic Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Hospital or Clinic		

Claim Payments: Service Providers & Personal Reimbursements, by Case

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04/03/2020 Payee: Trinity Me	\$149.60 dical Group	Medical	Hospital or Clinic	
Date(s) of Service (2/24/2020-2/24/202				
L2020-0ECE				
Approval Date 04/03/2020 Payee: Trinity Ho Date(s) of Service (12/24/2019-12/24/2	(If Applicable)	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
L2020-4335				
Approval Date 04/03/2020 Payee: City Of W		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (12/24/2019-12/24/2				
L2020-72F1				
<u>Approval Date</u> 04/03/2020 Payee: Trinity Me	AmountPaid \$308.80	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
<u>Date(s) of Service</u> 1/31/2020-1/31/202	(If Applicable)			
L2020-9D7B				
<u>Approval Date</u> 04/03/2020 Payee: City Of W	<u>AmountPaid</u> \$876.44 illiston	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (12/24/2019-12/24/2	(If Applicable)			
L2020-A198				
<u>Approval Date</u> 04/03/2020	<u>AmountPaid</u> \$238.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me <u>Date(s) of Service</u> 12/27/2019-12/27/2	(If Applicable)			
e ID Number: CS2	2020-9D9F	Victim Ir	iitials: E.H.	
se Payment Totals:	\$2,684.68			
aim Payments:				
L2021-C38B Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/01/2021 Pavee: Dakota C	\$288.00 hildren'S Advocacy	Medical Center	Hospital or Clinic	
Date(s) of Service 6/16/2020-6/16/202	(If Applicable)			
Crime Victims Compe			8-6195; 1-800-445-2322	

	North D	akota Crime v	Victims Compensation	
Claim	Payments: Se	ervice Providers &	Personal Reimbursements, by Case	07/03/202
)TE: Upon payment approva	l, please allow 7	′-10 business days f	or processing and check issuance.	1:05:50AI
Document can be searc	-	-		
CL2021-6834				
<u>Approval Date</u> 06/18/2021	<u>AmountPaid</u> \$425.51	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Childr <u>Date(s) of Service (If Ap</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	-	Center		
CL2021-BC53				
<u>Approval Date</u> 04/30/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 3/15/2021-3/15/2021 3/8/2021-3/8/2021	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-CF0D				
Approval Date 04/16/2021 Payee: Dakota Childr Date(s) of Service (If Ap 3/1/2021-3/1/2021 2/17/2021-2/17/2021 2/12/2021-2/12/2021	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-456C				
<u>Approval Date</u> 03/16/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 2/3/2021-2/3/2021 1/27/2021-1/27/2021	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-4CF9				
Approval Date 02/22/2021 Payee: Dakota Childr Date(s) of Service (If Ap 1/13/2021-1/13/2021 12/21/2020-12/21/2020 12/9/2020-12/9/2020 12/2/2020-12/2/2020	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-3A1F Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/29/2021 Payee: Dakota Childr	\$188.06	Mental Health		

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Date(s) of Service (If Applicable) 11/24/2020-11/24/2020 7/30/2020-7/30/2020

CL2020-4385

Bismarck, ND 58502-1898

GL2020-4305				
<u>Approval Date</u> 12/11/2020	<u>AmountPaid</u> \$652.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child				
Date(s) of Service (If A	-			
9/21/2020-9/21/2020	<u> </u>			
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> 08/31/2020	<u>AmountPaid</u> \$96.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	-	v Center		
Date(s) of Service (If A 8/13/2020-8/13/2020	pplicable)			
Case ID Number: CS202	0-9DB8	Victim Ir	nitials: M.N.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2021-95BD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/01/2021	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 6/9/2020-6/9/2020	pplicable)			
Case ID Number: CS202	0-9F23	Victim Ir	nitials: E.W.	
Case Payment Totals: \$25	57.67			
Claim Payments:				
CL2021-6922				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/08/2021	\$193.25	Mental Health		
Payee: Dakota Child Date(s) of Service (If A	-	Center		
10/21/2021-10/21/2021				
10/14/2021-10/14/2021				
9/30/2021-9/30/2021				
CL2021-F692				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
		<u></u>	,,,	
ND Crime Victims Compensa	ation, DOCR	• •	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcor	mpensation@nd.gov	Derie 204 of 70

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 12/08/2021 \$64.42 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>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) 06/15/2021 Mental Health \$85.78 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/6/2020-4/6/2020

С

CL2021-B159			
<u>Approval Date</u> 04/15/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
<u>Date(s) of Service (If</u> 12/2/2020-12/2/2020	Applicable)		
CL2021-4C0F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/29/2021	\$420.97	Mental Health	
Payee: Dakota Chil	dren'S Advocacy	v Center	
Date(s) of Service (If	<u>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			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/31/2020	\$844.80	Mental Health	
Payee: Dakota Chil	dren'S Advocacy	v Center	
Date(s) of Service (If	<u>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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS	2020-A0D0	Victim Ir	nitials: S.S.	
Case Payment Totals:	\$4,868.80			
Claim Payments:				
CL2021-B0A1				
Approval Date 03/02/2021	<u>AmountPaid</u> \$4,868.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford Date(s) of Service 8/22/2020-8/22/20	(If Applicable)			
case ID Number: CS	2020-A214	Victim Ir	nitials: M.G.	
Case Payment Totals:	\$4,290.73			
Claim Payments:				
CL2020-1719				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/28/2020	\$140.51	Medical	Hospital or Clinic	
Payee: Trinity He	-			
<u>Date(s) of Service</u> 1/13/2020-1/13/20				
CL2020-9C77				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/28/2020	\$453.02	Medical	Hospital or Clinic	
Payee: Trinity He	-			
<u>Date(s) of Service</u> 1/13/2020-1/13/20				
CL2020-D44E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
04/28/2020	\$2,656.53	Medical	Hospital or Clinic	
Payee: Trinity He	ospital			
<u>Date(s) of Service</u> 1/13/2020-1/21/20				
CL2020-E510				
<u>Approval Date</u> 04/28/2020	<u>AmountPaid</u> \$264.11	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He	-			
<u>Date(s) of Service</u> 2/18/2020-2/20/20				
CL2020-F530				
<u>Approval Date</u> 04/28/2020	<u>AmountPaid</u> \$90.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He	ospital			
Date(s) of Service 2/18/2020-2/18/20				
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898			mpensation@nd.gov	Daga 200 -f
Diamarak ND 59502 19				Page 223 of 7

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CL2020-035B Approval Date 04/27/2020	AmountPaid \$167.82	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me	edical Group			
<u>Date(s) of Service</u> 1/14/2020-1/17/202				
CL2020-15CA				
Approval Date 04/27/2020	AmountPaid \$2.78	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me Date(s) of Service 1/13/2020-1/13/202	(If Applicable)			
CL2020-44DA				
<u>Approval Date</u> 04/27/2020 Payee: Trinity Me	<u>AmountPaid</u> \$20.18 edical Group	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 1/19/2020-1/19/202	(If Applicable)			
CL2020-5590				
<u>Approval Date</u> 04/27/2020 Payee: Trinity Me <u>Date(s) of Service (</u> 1/23/2020-1/23/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2020-837D				
<u>Approval Date</u> 04/27/2020	<u>AmountPaid</u> \$21.98	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me	edical Group			
<u>Date(s) of Service</u> 2/3/2020-2/3/2020	(If Applicable)			
CL2020-B75D				
<u>Approval Date</u> 04/27/2020	<u>AmountPaid</u> \$20.18	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me Date(s) of Service 1/18/2020-1/18/202	(If Applicable)			
CL2020-D2F4				
<u>Approval Date</u> 04/27/2020	<u>AmountPaid</u> \$21.98	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Me <u>Date(s) of Service</u> 2/12/2020-2/12/202	(If Applicable)			
CL2020-EBBE				
<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
D Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
O Box 1898		Email: DOCRco	mpensation@nd.gov	Page 224
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Bismarck, ND 58502-1898

Claim Payments: Service Providers & Personal Reimbursements, by Case

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04/27/2020	\$20.28	Medical	Hospital or Clinic	
Payee: Trinity Me			1	
Date(s) of Service 1/21/2020-1/21/202	(If Applicable)			
CL2020-F7EE				
<u>Approval Date</u> 04/27/2020	<u>AmountPaid</u> \$12.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity M		Medical		
Date(s) of Service 1/20/2020-1/20/202	(If Applicable)			
CL2020-0E83				
<u>Approval Date</u> 03/06/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o F3849i ce 2/4/2020-2/4/2020		dvocacy		
ase ID Number: CS	2020-A34C	Victim Ir	nitials: T.H.	
Case Payment Totals:	\$288.00			
Claim Payments:				
Claim Payments: CL2020-9C1D				
Approval Date 02/27/2020		<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s)</u> of Seter 1/9/2020-1/9/2020	\$288.00 Plains Children'S A (If Applicable)	Medical dvocacy		
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Setterce</u> 1/9/2020-1/9/2020	\$288.00 Plains Children'S A (If Applicable) 2020-A383	Medical dvocacy	Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Seterce</u> 1/9/2020-1/9/2020 ase ID Number: CS Case Payment Totals:	\$288.00 Plains Children'S A (If Applicable) 2020-A383	Medical dvocacy	Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Seterce</u> 1/9/2020-1/9/2020 Case Payment Totals:	\$288.00 Plains Children'S A (If Applicable) 2020-A383	Medical dvocacy	Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Setterce</u> 1/9/2020-1/9/2020 Case Payment Totals: Claim Payments: CL2020-22B8 <u>Approval Date</u> 06/22/2020 Payee: Mid Dako	\$288.00 Plains Children'S A (If Applicable) 2020-A383 \$3,099.20 <u>AmountPaid</u> \$84.80 ota Clinic	Medical dvocacy	Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Setterce</u> 1/9/2020-1/9/2020 Case Payment Totals: Claim Payments: CL2020-22B8 <u>Approval Date</u> 06/22/2020	\$288.00 Plains Children'S A (If Applicable) 2020-A383 \$3,099.20 <u>AmountPaid</u> \$84.80 ota Clinic (If Applicable)	Medical dvocacy Victim Ir <u>Claim Category</u>	Hospital or Clinic	
CL2020-9C1D Approval Date 02/27/2020 Payee: Northern Date(s) of Settrice 1/9/2020-1/9/2020 ase ID Number: CS Case Payment Totals: Claim Payments: CL2020-22B8 Approval Date 06/22/2020 Payee: Mid Dako Date(s) of Service	\$288.00 Plains Children'S A (If Applicable) 2020-A383 \$3,099.20 <u>AmountPaid</u> \$84.80 ota Clinic (If Applicable)	Medical dvocacy Victim Ir <u>Claim Category</u>	Hospital or Clinic	
CL2020-9C1D Approval Date 02/27/2020 Payee: Northern Date(s) of Settrice 1/9/2020-1/9/2020 ase ID Number: CS Case Payment Totals: Claim Payments: CL2020-22B8 Approval Date 06/22/2020 Payee: Mid Dako Date(s) of Service 2/19/2020-2/19/202	\$288.00 Plains Children'S A (If Applicable) 2020-A383 \$3,099.20 <u>AmountPaid</u> \$84.80 ota Clinic (If Applicable)	Medical dvocacy Victim Ir <u>Claim Category</u>	Hospital or Clinic	
CL2020-9C1D <u>Approval Date</u> 02/27/2020 Payee: Northern <u>Date(s) of Setterce</u> 1/9/2020-1/9/2020 Case Payment Totals: Claim Payments: CL2020-22B8 <u>Approval Date</u> 06/22/2020 Payee: Mid Dako <u>Date(s) of Service</u> 2/19/2020-2/19/202 CL2020-A06E <u>Approval Date</u>	\$288.00 Plains Children'S A (If Applicable) 2020-A383 \$3,099.20 <u>AmountPaid</u> \$84.80 ota Clinic (If Applicable) 20 <u>AmountPaid</u> \$3,014.40 ota Clinic	Medical dvocacy Victim Ir <u>Claim Category</u> Medical	Hospital or Clinic nitials: C.A. Medical Category (if applicable) Hospital or Clinic	

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: CS20	20-A41D	Victim Ir	nitials: B.B.
Case Payment Totals: \$2	288.00		
Claim Payments:			
CL2021-E92C			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
10/13/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Pl		dvocacy	
Date(s) o Centeic e (If 8/18/2020-8/18/2020			
Case ID Number: CS20	20-A513	Victim Ir	nitials: J.C.
Case Payment Totals: \$2	2,280.00		
Claim Payments:			
CL2021-782F			
<u>Approval Date</u> 02/04/2021	<u>AmountPaid</u> \$2,280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Laura Howe	ery Siercks		
Date(s) of Service (If			
12/23/2020-12/23/202			
12/10/2020-12/10/202 11/24/2020-11/24/202			
11/17/2020-11/17/202			
9/28/2020-9/28/2020	.0		
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			

Case ID Number: CS2020-A611

Victim Initials: M.B.

Claim Category

Medical

Case Payment Totals: \$288.00

Claim Payments:

CL2020-375A

<u>AmountPaid</u> Approval Date 03/06/2020 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable)

2/10/2020-2/10/2020

Medical Category (if applicable) Hospital or Clinic

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 10/13/2020 Mental Health \$57.60 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 8/5/2020-8/5/2020 Case ID Number: CS2020-ABB5 Victim Initials: P.M. Case Payment Totals: \$57.60 Claim Payments: CL2020-EDE6 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 02/05/2020 \$57.60 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotteice (If Applicable) 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 AmountPaid Claim Category Approval Date Medical Category (if applicable) 03/23/2022 \$190.05 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/15/2022-2/15/2022 CL2022-91D7 Claim Category AmountPaid Medical Category (if applicable) Approval Date 02/16/2022 \$495.50 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/18/2022-1/18/2022 1/13/2022-1/13/2022 12/14/2021-12/14/2021 CL2022-46D2 AmountPaid Claim Category Medical Category (if applicable) Approval Date 01/12/2022 \$346.20 Mental Health Payee: Dakota Children'S Advocacy Center

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

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

Approval Date 12/09/2021 Payee: Dakota Children'S Advocacy Center

AmountPaid Claim Category \$115.40 Mental Health

Medical Category (if applicable)

Date(s) of Service (If Applicable) 11/8/2021-11/8/2021

CL2021-F44F

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/22/2021	\$2,810.66	Mental Health		
Payee: Dakota Child	-	Center		
Date(s) of Service (If A	pplicable)			
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS2	2020-B07A	Victim Ir	nitials: L.L.	
Case Payment Totals:	\$5,350.24			
laim Payments:				
CL2020-4E0A				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/10/2020 Pavee: Sanford H	\$36.01	Medical	Hospital or Clinic	
Date(s) of Service				
12/17/2019-12/17/2				
CL2020-5242				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/10/2020 Payee: Sanford H	\$89.04	Medical	Hospital or Clinic	
Date(s) of Service				
6/22/2020-6/22/202				
CL2020-67D1				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/10/2020	\$500.00	Medical	Hospital or Clinic	
Payee: L.L. Date(s) of Service ((If Applicable)			
12/17/2019-12/17/2				
CL2020-6BE0				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/10/2020 Payee: Sanford H	\$2,019.01 Joalth	Medical	Hospital or Clinic	
Date(s) of Service				
12/20/2019-12/20/2				
CL2020-799D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/10/2020	\$420.22	Medical	Hospital or Clinic	
Payee: Sanford H				
<u>Date(s) of Service</u> 12/20/2019-12/20/2				
CL2020-9E07				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/10/2020	\$156.14	Medical	Hospital or Clinic	
Payee: Sanford H				
<u>Date(s) of Service</u> 12/19/2019-12/19/2				
CL2020-B1A4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Compe O Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	Dama 200

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

11/10/2020	\$40.00	Medical	Hospital or Clinic	
Payee: L.L.				
Date(s) of Service 6/22/2020-6/22/202				
CL2020-B285				
<u>Approval Date</u> 11/10/2020	<u>AmountPaid</u> \$140.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Pavee: L.L.	\$140.00	Medical		
Date(s) of Service 12/19/2019-12/19/2				
CL2020-C5F2				
<u>Approval Date</u> 11/10/2020	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)	
11/10/2020 Payee: L.L.	\$40.00	Medical	Hospital or Clinic	
<u>Date(s) of Service</u> 12/31/2019-12/31/2				
CL2020-E44B				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)	
11/10/2020 Payee: Sanford I	\$221.80 Health	Medical	Hospital or Clinic	
Date(s) of Service				
12/20/2019-12/20/2				
CL2020-FBCC				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/10/2020 Payee: Sanford I	\$30.52 Health	Medical	Hospital or Clinic	
<u>Date(s) of Service</u> 12/31/2019-12/31/2	(If Applicable)			
CL2020-4A1F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/09/2020	\$637.50	Medical	Dental	
Payee: L.L.				
Date(s) of Service 3/5/2020-3/5/2020				
CL2020-FA2D				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/08/2020 Payee: Dickinso	\$720.00 n Dental Center	Medical	Dental	
Date(s) of Service				
3/5/2020-3/5/2020				
CL2020-4FEF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/24/2020 Payee: L.L.	\$300.00	Wage Loss		
Crime Victims Comp Box 1898	ensation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	
		a <u></u>		Page 23

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Case ID Number: CS202	20-B0A3	Victim II	nitials: E.B.	
Case Payment Totals: \$1	64.37			
Claim Payments:				
CL2020-0667				
<u>Approval Date</u> 09/30/2020 Payee: L.B. <u>Date(s) of Service (If /</u> 8/4/2020-8/4/2020	AmountPaid \$28.85 Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2020-1DA8				
Approval Date 09/30/2020 Payee: L.B. Date(s) of Service (If A 5/12/2020-5/12/2020 5/5/2020-5/5/2020 4/28/2020-4/28/2020 4/23/2020-4/28/2020 4/14/2020-4/14/2020 4/9/2020-4/9/2020 3/31/2020-3/31/2020 CL2020-7F8B Approval Date 09/30/2020 Payee: L.B. Date(s) of Service (If A	<u>AmountPaid</u> \$42.24	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
3/5/2020-3/5/2020 Case ID Number: CS202	20-B3E0	Victim I	nitials: T.W.	
Case Payment Totals: \$7 Claim Payments: CL2021-951C <u>Approval Date</u> 03/23/2021 Payee: Dakota Child Date(s) of Service (If / 10/12/2020-10/12/202	3.60 <u>AmountPaid</u> \$73.60 dren'S Advocacy Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case ID Number: CS202	20-B43F	Victim II	nitials: J.A.	
Case Payment Totals: \$1	95.20			
Claim Payments:			00 0405 4 000 445 0000	
ND Crime Victims Compens PO Box 1898 Bismarck, ND 58502-1898	ation, DOCR	• •	28-6195; 1-800-445-2322 mpensation@nd.gov	Page 231 of 725

CI			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2020-A3CF				
Approval Date 03/23/2020	<u>AmountPaid</u> \$195.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: Spectra H				
Date(s) of Service (2/27/2020-2/27/202				
Case ID Number: CS2	2020-B550	Victim Ir	nitials: E.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2020-C446				
Approval Date 12/11/2020	AmountPaid \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (</u> 5/4/2020-5/4/2020	hildren'S Advocacy (If Applicable)	Center		
Case ID Number: CS2	2020-B669	Victim Ir	nitials: J.G.	
Casa Daymant Tatala:	¢200 00			
Case Payment Totals:	φ200.00			
Claim Payments:				
CL2021-244D	AmountPaid	Claim Catagony	Modical Catagory (if applicable)	
<u>Approval Date</u> 11/01/2021	\$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 9/30/2020-9/30/202				
Case ID Number: CS2	2020-B771	Victim Ir	nitials: J.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2021-6037				
<u>Approval Date</u> 01/29/2021	<u>AmountPaid</u> \$288.00 hildren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (</u> 5/14/2020-5/14/202				
Case ID Number: CS2	2020-B9F4	Victim Ir	nitials: A.A.	
Case Payment Totals:	\$355.00			
Claim Payments:				
CL2021-4947				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR	• •	8-6195; 1-800-445-2322	

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.

PO Box 1898

Bismarck, ND 58502-1898

02/18/2021	\$355.00	Mental Health		
Payee: L.A.				
Date(s) of Service				
3/18/2020-3/18/202	20			
3/5/2020-3/5/2020 2/17/2020-2/17/202	20			
2/6/2020-2/6/2020	20			
1/30/2020-1/30/202	20			
1/23/2020-1/23/202				
1/15/2020-1/15/202	20			
12/31/2019-12/31/2	2019			
11/12/2019-11/12/2	2019			
case ID Number: CS	2020-BB0F	Victim In	iitials: M.N.	
Case Payment Totals:	\$544.00			
Claim Payments:				
CL2021-ACE9				
<u>Approval Date</u> 03/10/2021	<u>AmountPaid</u> \$172.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Sur	vivor Counseling Se	ervices, Pc		
Date(s) of Service 1/5/2021-1/5/2021	(If Applicable)			
CL2021-877B				
<u>Approval Date</u> 01/19/2021	<u>AmountPaid</u> \$372.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: K.N.				
Date(s) of Service	(If Applicable)			
11/12/2020-11/12/2				
10/26/2020-10/26/2	2020			
ase ID Number: CS	2020-BB66	Victim In	iitials: A.K.	
	\$1 941 59			
Case Payment Totals:	ψ1,041100			
-	¢1,041100			
-	¢ı,o+noo			
Claim Payments:	AmountPaid \$462.46	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Claim Payments: CL2023-18C7 Approval Date 04/19/2023	AmountPaid	Mental Health	Medical Category (if applicable)	
<u>Approval Date</u> 04/19/2023 Payee: The Villa Date(s) of Service	<u>AmountPaid</u> \$462.46 ge Family Service C (If Applicable)	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villa <u>Date(s) of Service</u> 3/14/2023-3/14/202	<u>AmountPaid</u> \$462.46 ge Family Service C (If Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villa <u>Date(s) of Service</u> 3/14/2023-3/14/202 3/7/2023-3/7/2023	<u>AmountPaid</u> \$462.46 ge Family Service C (If Applicable) 23	Mental Health	<u>Medical Category (if applicable)</u>	
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villa <u>Date(s) of Service</u> 3/14/2023-3/14/202	<u>AmountPaid</u> \$462.46 ge Family Service C (If Applicable) 23	Mental Health	<u>Medical Category (if applicable)</u>	
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villag <u>Date(s) of Service</u> 3/14/2023-3/14/2023 3/7/2023-3/7/2023 2/16/2023-2/16/2023 CL2023-98B5	AmountPaid \$462.46 ge Family Service C (If Applicable) 23	Mental Health Senter		
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villag <u>Date(s) of Service</u> 3/14/2023-3/14/202 3/7/2023-3/7/2023 2/16/2023-2/16/202 CL2023-98B5 <u>Approval Date</u>	<u>AmountPaid</u> \$462.46 ge Family Service C (<u>If Applicable</u>) 23 23 <u>AmountPaid</u>	Mental Health Senter <u>Claim Category</u>	<u>Medical Category (if applicable)</u> <u>Medical Category (if applicable)</u>	
Claim Payments: CL2023-18C7 <u>Approval Date</u> 04/19/2023 Payee: The Villag <u>Date(s) of Service</u> 3/14/2023-3/14/2023 3/7/2023-3/7/2023 2/16/2023-2/16/2023 CL2023-98B5 <u>Approval Date</u> 02/23/2023	AmountPaid \$462.46 ge Family Service C (If Applicable) 23	Mental Health Senter <u>Claim Category</u> Mental Health		

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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

Approval Date 03/23/2022 AmountPaidClaim Category\$652.74Mental Health

Medical Category (if applicable)

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

CE2021-4D0D				
<u>Approval Date</u> 12/03/2021	<u>AmountPaid</u> \$115.51	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child				
Date(s) of Service (If A 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	pplicable)			
CL2021-159C				
Approval Date 10/19/2021	<u>AmountPaid</u> \$192.52	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	Iren'S Advocacy	Center		
<u>Date(s) of Service (If A</u> 8/16/2021-8/16/2021 8/2/2021-8/2/2021 7/26/2021-7/26/2021	pplicable)			
7/12/2021-7/12/2021				
7/7/2021-7/7/2021				
Case ID Number: CS202	0-BC9E	Victim In	itials: R.W.	
Case Payment Totals: \$4 ,	815.00			
Claim Payments:				
CL2023-1FBD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/09/2023 Payee: Belfield Amb	\$1,485.00	Medical	Hospital or Clinic	
Date(s) of Service (If A				
7/6/2020-7/6/2020				
ND Crime Victims Compens	ation, DOCR	Phone: (701)-328	3-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcon	npensation@nd.gov	Page 234 of 7
Bismarck, ND 58502-1898				

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Bismarck, ND 58502-1898

CL2023-8E8A Approval Date 02/09/2023	<u>AmountPaid</u> \$2,430.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Pavee: Dickinson Ar		Medical		
Date(s) of Service (If A				
7/6/2020-7/6/2020	· · · · · ·			
CL2021-23CB				
<u>Approval Date</u> 03/22/2021	<u>AmountPaid</u> \$900.00	Claim Category	Medical Category (if applicable)	
Payee: R.W .	2900.00	Wage Loss		
ase ID Number: CS202	0-BCC3	Victim Ir	nitials: A.Y.	
Case Payment Totals: \$1 ,	517.38			
Claim Payments:				
CL2022-6623				
<u>Approval Date</u> 03/16/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	ren'S Advocacy	Center	-	
<u>Date(s) of Service (If A</u> 6/8/2020-6/8/2020	pplicable)			
CL2021-F285				
<u>Approval Date</u> 10/18/2021	<u>AmountPaid</u> \$408.95	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	-	Center		
Date(s) of Service (If A 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	<u>pplicable)</u>			
CL2021-4573				
<u>Approval Date</u> 03/31/2021 Payee: Dakota Child	AmountPaid \$168.96 ren'S Advocacy	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (If A 6/22/2020-6/22/2020	-			
CL2021-77E4				
<u>Approval Date</u> 03/15/2021	<u>AmountPaid</u> \$127.52	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	1 -			
Date(s) of Service (If A	-			
1/21/2021-1/21/2021	_			
6/23/2020-6/23/2020				
ID Crime Victims Compensa	ation, DOCR	Phone: (701)-32	28-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	mpensation@nd.gov	Page 235 of
inmenals NID EDEOD 4000				

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Bismarck, ND 58502-1898

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/22/2021 Payee: Dakota Chil	\$277.95	Mental Health		
Date(s) of Service (If	-	Center		
1/7/2021-1/7/2021	<u>Applicable j</u>			
12/15/2020-12/15/202	20			
12/11/2020-12/11/202	20			
11/19/2020-11/19/202	20			
CL2021-B6AB				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/29/2021	\$79.49	Mental Health		
Payee: Dakota Chil	dren'S Advocacy	Center		
Date(s) of Service (If 11/11/2020-11/11/2020				
CL2020-7AE0				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/10/2020	\$166.51	Mental Health		
Payee: Dakota Chil	-	Center		
Date(s) of Service (If 10/8/2020-10/8/2020	Applicable)			
9/24/2020-9/24/2020				
3/24/2020-3/24/2020				
	-	victim ir	nitials: R.C.	
se ID Number: CS20 ase Payment Totals: \$1 laim Payments:	-	victim ir	nitials: R.C.	
ase Payment Totals: \$1 laim Payments:	-	victim ir	nitials: R.C.	
ase Payment Totals: \$1 aim Payments:	-	VICtim Ir <u>Claim Category</u> Mental Health	nitials: R.C. Medical Category (if applicable)	
ase Payment Totals: \$1 laim Payments: CL2021-65BB <u>Approval Date</u>	1,072.06 <u>AmountPaid</u> \$89.78	<u>Claim Category</u> Mental Health		
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021	AmountPaid \$89.78 dren'S Advocacy	<u>Claim Category</u> Mental Health		
ase Payment Totals: \$1 laim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If</u> 9/28/2021-9/28/2021	AmountPaid \$89.78 dren'S Advocacy	<u>Claim Category</u> Mental Health		
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil Date(s) of Service (If, 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u>	AmountPaid \$89.78 Idren'S Advocacy Applicable)	<u>Claim Category</u> Mental Health Center <u>Claim Category</u>		
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil Date(s) of Service (If, 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chill <u>Date(s) of Service (If</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chill	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil Date(s) of Service (If, 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil Date(s) of Service (If,	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil Date(s) of Service (If / 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil Date(s) of Service (If / 4/7/2021-4/7/2021	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil Date(s) of Service (If, 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil Date(s) of Service (If, 4/7/2021-4/7/2021 3/31/2021-3/31/2021	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 4/7/2021-4/7/2021	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 laim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</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	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 laim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</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	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy Applicable)	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health Center	Medical Category (if applicable) Medical Category (if applicable)	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</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	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center <u>Claim Category</u> Mental Health	<u>Medical Categorγ (if applicable)</u>	
ase Payment Totals: \$1 aim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chill <u>Date(s) of Service (If</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chill <u>Date(s) of Service (If</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>	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy Applicable)	Claim Category Mental Health Center Claim Category Mental Health Center Claim Category	Medical Category (if applicable) Medical Category (if applicable) Medical Category (if applicable)	
ase Payment Totals: \$1 laim Payments: CL2021-65BB <u>Approval Date</u> 12/03/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</u> 9/28/2021-9/28/2021 CL2021-C460 <u>Approval Date</u> 06/18/2021 Payee: Dakota Chil <u>Date(s) of Service (If /</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	AmountPaid \$89.78 Idren'S Advocacy Applicable) <u>AmountPaid</u> \$197.54 Idren'S Advocacy Applicable)	Claim Category Mental Health Center Claim Category Mental Health Center Claim Category Claim Category Phone: (701)-32	Medical Category (if applicable) Medical Category (if applicable)	

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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 02/04/2021 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/5/2020-8/5/2020 Victim Initials: C.E. Case ID Number: CS2020-C1F4 Case Payment Totals: \$4,282.50 Claim Payments: CL2020-6D1E AmountPaid Claim Category Approval Date Medical Category (if applicable) 04/16/2020 \$4,282.50 Funeral Payee: D.E.

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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

Medical Category (if applicable)

1.0

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

 Approval Date
 AmountPaid
 Claim

 03/23/2021
 \$108.93
 Menta

 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

. . .

Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
02/24/2021	\$400.69	Mental Health	
Payee: Dakota Child	lren'S Advocacy	Center	
Date(s) of Service (If A	<u>pplicable)</u>		
1/20/2021-1/20/2021			
1/12/2021-1/12/2021			
1/5/2021-1/5/2021			

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Claim Category

Mental Health

Claim Payments: Service Providers & Personal Reimbursements, by Case

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PO Box 1898

Bismarck, ND 58502-1898

Case ID Number: CS20	20-C225	Victim In	itials: N.C.	
Case Payment Totals: \$2	2,345.60			
Claim Payments:				
CL2021-9190				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/27/2021	\$2,345.60	Wage Loss		
Payee: N.C.				
Case ID Number: CS20	20-C248	Victim In	itials: O.J.	
Case Payment Totals: \$	572.97			
Claim Payments:				
CL2021-CB1E				
<u>Approval Date</u> 07/20/2021	<u>AmountPaid</u> \$36.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Th				
Date(s) of Service (If 6/22/2021-6/22/2021	<u>Applicable)</u>			
5/18/2021-5/18/2021				
CL2021-00D4				
<u>Approval Date</u> 06/18/2021	<u>AmountPaid</u> \$82.53	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Th				
<u>Date(s) of Service (If</u> 5/3/2021-5/3/2021	<u>Applicable)</u>			
4/20/2021-4/20/2021				
2/16/2021-2/16/2021				
2/9/2021-2/9/2021				
CL2020-CC8E				
<u>Approval Date</u> 07/13/2020	<u>AmountPaid</u> \$120.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The				
Date(s) of Service (If 6/15/2020-6/15/2020	<u>Applicable)</u>			
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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/20/2020 Payee: The Kids Th	\$70.02 Perapy Center I Ic	Mental Health		
rayee. The rids I	lerapy center, LIC			
ND Crime Victims Compen	sation, DOCR	Phone: (701)-328	8-6195; 1-800-445-2322	

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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) 4/15/2020-4/15/2020 3/24/2020-3/24/2020

CL2020-8B01

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/15/2020 Payee: The Kids 1	\$96.00 Therapy Center, Llc	Mental Health	
Date(s) of Service (I			
3/17/2020-3/17/2020	0		
3/10/2020-3/10/2020			
2/18/2020-2/18/2020 2/11/2020-2/11/2020			
	- 		
CL2020-5E9F			
<u>Approval Date</u> 02/25/2020	<u>AmountPaid</u> \$96.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
	Therapy Center, Llc		
Date(s) of Service (I	lf 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	0		
CL2020-A355			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/27/2020	\$72.00	Mental Health	
-	Therapy Center, Llc		
Date(s) of Service (1) 12/30/2019-12/30/20			
12/23/2019-12/23/20			
12/20/2019-12/20/20	019		
Case ID Number: CS2	020-C769	Victim Ir	nitials: S.J.
Case Payment Totals:	\$1,088.00		
Claim Payments:			
CL2021-6D7D			
<u>Approval Date</u> 08/19/2021	<u>AmountPaid</u> \$120.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Soul Surv	ivor Counseling Se	rvices, Pc	
Date(s) of Service (I			
5/27/2021-5/27/202 5/19/2021-5/19/202			
4/27/2021-4/27/202			
CL2021-569D			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/18/2021	\$200.00	Mental Health	
Payee: Soul Surv	ivor Counseling Se	rvices, PC	
ND Crime Victims Compe	nsation DOCR	Phone: (701)-32	8-6195: 1-800-445-2322

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

NOTE: Upon payment approval, 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

CL2021-B/99			
<u>Approval Date</u> 03/10/2021	<u>AmountPaid</u> \$280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Soul Survivo	or Counseling Se	rvices, Pc	
Date(s) of Service (If A	Applicable)		
1/25/2021-1/25/2021	<u> </u>		
1/18/2021-1/18/2021			
1/4/2021-1/4/2021			
12/16/2020-12/16/202	0		
12/10/2020-12/10/202	0		
11/30/2020-11/30/2020	0		
11/10/2020-11/10/2020	0		
CL2020-1ED2			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/14/2020	\$80.00	Mental Health	
Payee: Soul Survivo	or Counseling Se	rvices, Pc	
Date(s) of Service (If A			
10/22/2020-10/22/202	0		
10/8/2020-10/8/2020			
CL2020-BBF3			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/09/2020	\$80.00	Mental Health	
Payee: Soul Survivo	or Counseling Se	rvices, Pc	
Date(s) of Service (If A	Applicable)		
9/23/2020-9/23/2020			
9/10/2020-9/10/2020			
CL2020-6BD1			
<u>Approval Date</u> 09/30/2020	<u>AmountPaid</u> \$328.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Soul Survivo	or Counseling Se	rvices, Pc	
Date(s) of Service (If A	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			

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS202	20-CB07	Victim Ir	nitials: Y.R.	
Case Payment Totals: \$1	,542.55			
Claim Payments:				
CL2021-7146				
<u>Approval Date</u> 06/18/2021	<u>AmountPaid</u> \$994.07	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chile	dren'S Advocacy	Center		
Date(s) of Service (If A	Applicable)			
9/9/2020-9/9/2020				
9/2/2020-9/2/2020 8/26/2020-8/26/2020				
8/19/2020-8/19/2020				
8/12/2020-8/12/2020				
8/5/2020-8/5/2020				
7/22/2020-7/22/2020				
7/15/2020-7/15/2020				
7/7/2020-7/7/2020				
7/1/2020-7/1/2020				
6/3/2020-6/3/2020				
CL2021-6168				
<u>Approval Date</u> 04/20/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chile	dren'S Advocacy	Center		
<u>Date(s) of Service (If /</u> 2/18/2021-2/18/2021	Applicable)			
CL2021-D363				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/23/2021	\$365.64	Mental Health		
Payee: Dakota Child		Center		
Date(s) of Service (If A 2/11/2021-2/11/2021	Applicable)			
2/4/2021-2/4/2021				
1/28/2021-1/28/2021				
1/21/2021-1/21/2021				
CL2021-E2FA				
<u>Approval Date</u> 02/19/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chile	dren'S Advocacy	Center		
Date(s) of Service (If A	Applicable)			
10/1/2020-10/1/2020				
Case ID Number: CS202	20-CB7F	Victim Ir	nitials: K.B.	
Case Payment Totals: \$2	98.31			
Claim Payments:				
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRco</u>	mpensation@nd.gov	Page 2/1 of 72

Claim			/ictims Compensation	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear		-	or processing and check issuance. ring text to search.	1.05.50AM
CL2020-D6F5				
<u>Approval Date</u> 04/14/2020 Payee: Northern Plai	AmountPaid \$10.31	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
Date(s) o C3enter (If A) 2/5/2020-2/5/2020 1/29/2020-1/29/2020		avocacy		
CL2020-6635				
Approval Date 02/05/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s)</u> o C3eteic e (If A) 12/31/2019-12/31/2019	pplicable)	dvocacy		
Case ID Number: CS202	0-CBF6	Victim In	itials: T.K.	
Case Payment Totals: \$1,7	739.75			
Claim Payments:				
CL2021-79E0				
<u>Approval Date</u> 05/06/2021	<u>AmountPaid</u> \$71.82	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child <u>Date(s) of Service (If Ar</u> 8/5/2020-8/5/2020 6/10/2020-6/10/2020	-	Center		
CL2021-226B				
Approval Date 04/20/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 5/27/2020-5/27/2020	pplicable)			
CL2021-D0C1				
Approval Date 03/23/2021	<u>AmountPaid</u> \$69.25	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child <u>Date(s) of Service (If Ar</u> 11/24/2020-11/24/2020 11/17/2020-11/17/2020	pplicable)	Center		
CL2021-BD7C				
Approval Date 02/08/2021 Payee: Dakota Childr	AmountPaid \$383.22 ren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
<u>Date(s) of Service (If A)</u> 8/19/2020-8/19/2020 8/12/2020-8/12/2020				

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 09/10/2020 Mental Health \$927.46 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/15/2020-7/15/2020 7/8/2020-7/8/2020 6/25/2020-6/25/2020 6/17/2020-6/17/2020 6/5/2020-6/5/2020 Case ID Number: CS2020-CC41 Victim Initials: S.D. Case Payment Totals: \$288.00 Claim Payments: CL2020-D72B **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 09/14/2020 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotteice (If Applicable) 7/28/2020-7/28/2020 Case ID Number: CS2020-CCBB Victim Initials: K.A. Case Payment Totals: \$288.00 Claim Payments: CL2021-2128 Medical Category (if applicable) Approval Date AmountPaid Claim Category 11/01/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 7/29/2020-7/29/2020 Case ID Number: CS2020-CD8A Victim Initials: R.P. Case Payment Totals: \$250.61 Claim Payments: CL2020-544A Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/05/2020 \$31.74 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 3/11/2020-3/11/2020 CL2020-F72D Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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.

10/05/2020	\$93.57	Medical	Hospital or Clinic
Payee: Trinity Me	-		
<u>Date(s) of Service (</u> 3/10/2020-3/10/202	<u>If Applicable)</u> 0		
CL2020-38D7			
<u>Approval Date</u> 08/05/2020	<u>AmountPaid</u> \$125.30	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Ho	-		
Date(s) of Service (3/11/2020-3/11/2020 3/10/2020-3/10/202	0		
ase ID Number: CS2	2020-CE43	Victim Ir	nitials: S.R.
Case Payment Totals: \$	\$560.00		
Claim Payments:			
CL2021-3C22			
<u>Approval Date</u> 06/17/2021	<u>AmountPaid</u> \$560.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Red Rock	Psychological Hea	alth	
Date(s) of Service (
3/31/2021-3/31/202			
3/24/2021-3/24/202 3/3/2021-3/3/2021	1		
2/24/2021-2/24/202	1		
2/10/2021-2/10/202			
ase ID Number: CS2	:020-CFD6	Victim Ir	nitials: J.L.
	\$344.94		
Case Payment Totals: \$			
Claim Payments:			
Claim Payments: CL2022-BC5E	AmountPaid	Claim Category	Medical Category (if applicable)
Claim Payments:	<u>AmountPaid</u> \$56.94	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Claim Payments: CL2022-BC5E Approval Date	\$56.94		
Claim Payments: CL2022-BC5E Approval Date 01/20/2022	\$56.94 dical Group If Applicable)		
Claim Payments: CL2022-BC5E <u>Approval Date</u> 01/20/2022 Payee: Trinity Me <u>Date(s) of Service (</u>	\$56.94 dical Group If Applicable)		
Claim Payments: CL2022-BC5E <u>Approval Date</u> 01/20/2022 Payee: Trinity Me <u>Date(s) of Service (</u> 1/29/2021-1/29/202	\$56.94 dical Group If Applicable)		
Claim Payments: CL2022-BC5E Approval Date 01/20/2022 Payee: Trinity Me Date(s) of Service (1/29/2021-1/29/202 CL2020-C53A Approval Date	\$56.94 edical Group If <u>Applicable</u>) 1 <u>AmountPaid</u> \$288.00	Medical <u>Claim Category</u> Medical	Hospital or Clinic

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.

Bismarck, ND 58502-1898

Case ID Number: CS202	20-D029	Victim Ir	nitials: T.K.	
Case Payment Totals: \$1 ,	,756.62			
Claim Payments:				
CL2021-C1E2				
Approval Date 03/23/2021	<u>AmountPaid</u> \$552.18	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child				
Date(s) of Service (If A 8/28/2020-8/28/2020 8/19/2020-8/19/2020 3/5/2020-3/5/2020	Applicable)			
CL2021-3DB3 Approval Date 02/08/2021	<u>AmountPaid</u> \$916.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	*****			
Date(s) of Service (If A				
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> 05/05/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	dren'S Advocacy	Center		
<u>Date(s) of Service (If A</u> 2/10/2020-2/10/2020	<u>Applicable)</u>			
Case ID Number: CS202	20-D1CF	Victim Ir	nitials: A.T.	
Case Payment Totals: \$3	81.27			
Claim Payments:				
CL2021-E327				
<u>Approval Date</u> 04/07/2021	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o Centric e (If A 3/4/2021-3/4/2021 2/26/2021-2/26/2021 2/18/2021-2/18/2021	<u>Applicable)</u>			
CL2021-4966				
<u>Approval Date</u> 03/31/2021	<u>AmountPaid</u> \$20.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o Centreic e (If A 2/4/2021-2/4/2021	Applicable)			
ND Crime Victims Compens PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	Dogo 245 of 726

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L2021-F6F7				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/09/2021	\$41.22 Diaina Childron's A	Mental Health		
Payee: Northern I		dvocacy		
<u>Date(s) oCeetteice (1</u> 1/21/2021-1/21/202				
1/7/2021-1/7/2021				
L2021-634D				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/04/2021	\$2.45	Mental Health		
Payee: Northern I		dvocacy		
Date(s) o Ceete ice (1				
12/10/2020-12/10/20 11/12/2020-11/12/20				
	520			
L2020-A630				
<u>Approval Date</u> 12/10/2020	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I	Plains Children'S A	dvocacy		
Date(s) o Coenteice (lf Applicable)	-		
10/29/2020-10/29/2				
10/15/2020-10/15/2	020			
L2020-4E27				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/24/2020 Payee: Northern I	\$20.00 Blains Childron'S A	Mental Health		
Date(s) of Coentraice (uvocacy		
10/1/2020-10/1/2020	0			
10/1/2020-10/1/2020	0			
L2020-A391 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
L2020-A391 Approval Date 10/13/2020	AmountPaid \$97.60	Mental Health	Medical Category (if applicable)	
L2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I	<u>AmountPaid</u> \$97.60 Plains Children'S A	Mental Health	Medical Category (if applicable)	
L2020-A391 Approval Date 10/13/2020	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable)	Mental Health	Medical Category (if applicable)	
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I Date(s) o Centric e (1	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable)	Mental Health	Medical Category (if applicable)	
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCenteice (1</u> 8/17/2020-8/17/2020	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable)	Mental Health Advocacy <u>Claim Category</u>	Medical Category (if applicable)	
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s)</u> o Csete ice (1 8/17/2020-8/17/2020 EL2020-B263 <u>Approval Date</u> 10/13/2020	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable) 0 <u>AmountPaid</u> \$100.00	Mental Health Advocacy <u>Claim Category</u> Mental Health		
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCeeteice (1</u> 8/17/2020-8/17/2020 EL2020-B263 <u>Approval Date</u> 10/13/2020 Payee: Northern I	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable) 0 <u>AmountPaid</u> \$100.00 Plains Children'S A	Mental Health Advocacy <u>Claim Category</u> Mental Health		
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCsetteice (1</u> 8/17/2020-8/17/2020 EL2020-B263 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCsetteice (1</u>	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable) 0 <u>AmountPaid</u> \$100.00 Plains Children'S A If Applicable)	Mental Health Advocacy <u>Claim Category</u> Mental Health		
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCentrice (1</u> 8/17/2020-8/17/2020 EL2020-B263 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCentrice (1</u> 9/17/2020-9/17/2020	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable) 0 <u>AmountPaid</u> \$100.00 Plains Children'S A If Applicable)	Mental Health Advocacy <u>Claim Category</u> Mental Health		
EL2020-A391 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCsetteice (1</u> 8/17/2020-8/17/2020 EL2020-B263 <u>Approval Date</u> 10/13/2020 Payee: Northern I <u>Date(s) oCsetteice (1</u>	<u>AmountPaid</u> \$97.60 Plains Children'S A If Applicable) 0 <u>AmountPaid</u> \$100.00 Plains Children'S A If Applicable)	Mental Health Advocacy <u>Claim Category</u> Mental Health		
SL2020-A391 Approval Date 10/13/2020 Payee: Northern I Date(s) of Settrace (1 8/17/2020-8/17/2020 SL2020-B263 Approval Date 10/13/2020 Payee: Northern I Date(s) of Settrace (1 9/17/2020-9/17/2020 9/9/2020-9/9/2020	AmountPaid \$97.60 Plains Children'S A If Applicable) 0 AmountPaid \$100.00 Plains Children'S A If Applicable) 0	Mental Health Advocacy <u>Claim Category</u> Mental Health		

Claim Payments: Service Providers & Personal Reimbursements, by Case

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	2020-D2EE	Victim Ir	nitials: T.C.	
Case Payment Totals:	\$824.00			
Claim Payments:				
CL2020-C0DD				
<u>Approval Date</u> 05/20/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 1/7/2020-1/7/2020	If Applicable)			
CL2020-DF3C				
<u>Approval Date</u> 03/06/2020	<u>AmountPaid</u> \$148.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Red Door	Pediatric Therapy			
<u>Date(s) of Service (</u> 2/18/2020-2/18/202				
CL2020-D6E7				
<u>Approval Date</u> 02/21/2020	<u>AmountPaid</u> \$388.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Red Door				
<u>Date(s) of Service (</u> 2/11/2020-2/11/2020 2/6/2020-2/6/2020				
Case ID Number: CS2	2020-D35A	Victim Ir	nitials: M.W.	
Case Payment Totals: \$	\$185.34			
Case Payment Totals: \$ Claim Payments:	\$185.34			
-	\$185.34			
Claim Payments: CL2021-E5DA Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021	AmountPaid \$81.66	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021	<u>AmountPaid</u> \$81.66 Health Services, P.	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA Approval Date 08/11/2021 Payee: Nuvation I Date(s) of Service (12/2/2020-12/2/2020	<u>AmountPaid</u> \$81.66 Health Services, P.((If Applicable) 20	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021 Payee: Nuvation <u>Date(s) of Service (</u> 12/2/2020-12/2/2020 11/18/2020-11/18/20	<u>AmountPaid</u> \$81.66 Health Services, P. (If Applicable) 20 020	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA Approval Date 08/11/2021 Payee: Nuvation I Date(s) of Service (12/2/2020-12/2/2020	<u>AmountPaid</u> \$81.66 Health Services, P. (If Applicable) 20 020	Mental Health	Medical Category (if applicable)	
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021 Payee: Nuvation Date(s) of Service (12/2/2020-12/2/2020 11/18/2020-11/18/20	<u>AmountPaid</u> \$81.66 Health Services, P. (If Applicable) 20 020	Mental Health		
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021 Payee: Nuvation Date(s) of Service (12/2/2020-12/2/2021 11/18/2020-11/18/20 10/19/2020-10/19/20	<u>AmountPaid</u> \$81.66 Health Services, P. (<u>If Applicable)</u> 20 2020 2020 2020 <u>AmountPaid</u>	Mental Health	Medical Category (if applicable) Medical Category (if applicable)	
Claim Payments: CL2021-E5DA <u>Approval Date</u> 08/11/2021 Payee: Nuvation I <u>Date(s) of Service (</u> 12/2/2020-12/2/202 11/18/2020-11/18/20 10/19/2020-10/19/2 CL2021-C75D <u>Approval Date</u> 02/04/2021	<u>AmountPaid</u> \$81.66 Health Services, P. (<u>If Applicable)</u> 20 020 2020	Mental Health C . <u>Claim Category</u> Mental Health		

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)-D4C1	Victim In	itials: K.B.
Case Payment Totals: \$37 7	7.78		
Claim Payments:			
CL2021-DA23			
Approval Date 11/19/2021	<u>AmountPaid</u> \$328.55	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	-	Center	
Date(s) of Service (If Ap 5/13/2021-5/13/2021	plicable)		
11/20/2020-11/20/2020			
8/3/2020-8/3/2020			
7/16/2020-7/16/2020			
CL2021-E0EC			
<u>Approval Date</u> 06/18/2021	<u>AmountPaid</u> \$49.23	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	+		
Date(s) of Service (If Ap	-		
9/18/2020-9/18/2020			
8/25/2020-8/25/2020			
Case ID Number: CS2020 Case Payment Totals: \$460 Claim Payments: CL2021-7532 Approval Date 06/17/2021 Payee: Red Rock Psy Date(s) of Service (If Ap 3/24/2021-3/24/2021 2/24/2021-2/24/2021 2/10/2021-2/10/2021	0.00 AmountPaid \$460.00 /chological Hea oplicable)	<u>Claim Category</u> Mental Health Ith	itials: N.R. <u>Medical Category (if applicable)</u>
Case ID Number: CS2020)-D561	Victim In	itials: S.G.
Case Payment Totals: \$132	2.80		
Claim Payments:			
CL2020-AAA6			
<u>Approval Date</u> 04/29/2020	<u>AmountPaid</u> \$132.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford Healt			
<u>Date(s) of Service (If Ap</u> 3/9/2020-3/9/2020			

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS202	20-D5FA	Victim In	itials: N.U.	
Case Payment Totals: \$3	,265.40			
Claim Payments:				
CL2021-0DE3				
<u>Approval Date</u> 12/15/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) o C3enteic e (If A 11/10/2021-11/10/202 11/5/2021-11/5/2021	<u>Applicable)</u>			
CL2021-B699				
Approval Date	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
11/29/2021 Payee: Northern Pla	\$224.00 ains Children'S A			
<u>Date(s)</u> o Centeic e (If A 10/29/2021-10/29/202 10/1/2021-10/1/2021	<u>Applicable)</u>			
CL2021-372D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/11/2021 Payee: Northern Pla	\$224.00 hins Childron'S A	Mental Health		
Date(s) o Centric (If A 9/24/2021-9/24/2021 9/17/2021-9/17/2021		uvocacy		
CL2021-4A78				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/20/2021 Payee: State Of Nd/	\$45.60 North Central H	Mental Health uman		
<u>Date(s)</u> o S9evices (If A 3/15/2021-3/15/2021 3/5/2021-3/5/2021				
CL2021-AC84				
<u>Approval Date</u> 09/17/2021	<u>AmountPaid</u> \$560.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o C3etteic e (If A 8/31/2021-8/31/2021	<u>Applicable)</u>			
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>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502 1808		Email: <u>DOCRcor</u>	npensation@nd.gov	Page 249 of 725
Bismarck, ND 58502-1898				

Claim Payments: Service Providers & Personal Reimbursements, by Case

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08/19/2021 \$292.00 Mental Health

Payee: Northern Plains Children'S Advocacy

Date(s) o**Ceette**(If Applicable) 7/19/2021-7/19/2021 7/13/2021-7/13/2021

CL2021-16CE			
<u>Approval Date</u> 07/28/2021	<u>AmountPaid</u> \$1,177.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: State Of Nd/ <u>Date(s)</u> o Services (If / 9/24/2020-9/24/2020 9/17/2020-9/17/2020 9/10/2020-9/10/2020 9/3/2020-9/3/2020		uman	
CL2021-D717			
Approval Date 07/28/2021 Payee: State Of Nd/ Date(s) o Services (If A 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		<u>Claim Category</u> Mental Health uman	<u>Medical Category (if applicable)</u>
CL2020-D19F			
Approval Date 09/10/2020 Payee: Northern Pla Date(s) o Centeic e (If A 7/8/2020-7/8/2020		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS202	20-D601	Victim Ir	nitials: H.Z.
Case Payment Totals: \$2	40.00		
Claim Payments:			
CL2020-B4DA <u>Approval Date</u> 10/26/2020 Payee: Winds Of Ch	<u>AmountPaid</u> \$240.00 nange Counseling	<u>Claim Category</u> Mental Health g Center, LIc	Medical Category (if applicable)
<u>Date(s) of Service (If A</u> 10/7/2020-10/7/2020	Applicable)		
Case ID Number: CS202	20-D6FF	Victim Ir	iitials: J.M.
Case Payment Totals: \$2	88.00		
Claim Payments:			
ND Crime Victims Compens	ation. DOCR	Phone: (701)-32	8-6195: 1-800-445-2322

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:504W					
NOTE: Upon payment appr Document can be s	1:05:50AM				
CL2020-908A					
<u>Approval Date</u> 12/21/2020 Payee: Dakota Ch	<u>AmountPaid</u> \$288.00 ildren'S Advocacy	<u>Claim Category</u> Medical 7 Center	<u>Medical Category (if applicable)</u> Hospital or Clinic		
<u>Date(s) of Service (I</u> 9/2/2020-9/2/2020	f Applicable)				
Case ID Number: CS2	020-DAC5	Victim Ir	nitials: E.B.		
Case Payment Totals: \$	51,380.90				
Claim Payments:					
CL2020-7043					
Approval Date 06/04/2020 Payee: The Bone Date(s) of Service (I	f Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
10/16/2019-10/16/20 10/15/2019-10/15/20 10/31/2019-10/31/20 8/27/2019-8/27/2019	019 019				
CL2020-A514					
<u>Approval Date</u> 06/04/2020 Payee: St. Alexius	<u>AmountPaid</u> \$968.55 Modical Contor	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic		
<u>Date(s) of Service (1</u> 10/16/2019-10/17/20	f Applicable)				
Case ID Number: CS2	020-E0EB	Victim Ir	nitials: I.G.		
Case Payment Totals: \$	288.00				
Claim Payments:					
CL2020-31B7					
Approval Date 12/10/2020	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern F <u>Date(s)</u> o C9etteic e (1 1/8/2020-1/8/2020		dvocacy			
Case ID Number: CS2	020-E373	Victim Ir	nitials: K.E.		
Case Payment Totals: \$	240.00				
Claim Payments:					
CL2020-550C					
Approval Date 06/04/2020 Payee: K.E.	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)		
ND Crime Victims Compe PO Box 1898	nsation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	Page 251 of 72	

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Case ID Number: CS202	0-E405	Victim Ir	nitials: V.B.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-17EC				
Approval Date 02/08/2021	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child Date(s) of Service (If A 7/22/2020-7/22/2020	-	Center		
Case ID Number: CS202	20-E4E4	Victim Ir	nitials: H.B.	
Case Payment Totals: \$28	5,000.00			
Claim Payments:				
CL2021-6F8C				
Approval Date 02/08/2021 Payee: Altru Health	AmountPaid \$25,000.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If A 11/26/2019-12/12/2019	pplicable)			
Case ID Number: CS202		Victim Ir	nitials: I.C.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-28CC				
<u>Approval Date</u> 11/01/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child <u>Date(s) of Service (If A</u> 12/31/2019-12/31/2019	pplicable)	r Center		
Case ID Number: CS202	20-E7B3	Victim Ir	nitials: A.H.	
Case Payment Totals: \$1 ,	144.00			
Claim Payments:				
CL2021-E131	A war a sourt D a i d		Madia I Ostanama (if ann liashia)	
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o Centric e (If A 10/7/2021-10/7/2021 10/1/2021-10/1/2021	<u>pplicable)</u>			
ND Crime Victims Compense	ation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-1898		Email: <u>DOCRco</u>	<u>mpensation@nd.gov</u>	Page 252 of 725

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Bismarck, ND 58502-1898

CL2021-9AB2				
<u>Approval Date</u> 10/13/2021	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	\$112.00 Plains Children'S A			
<u>Date(s)</u> o Centreic e (9/20/2021-9/20/202	If Applicable)	-		
CL2021-AE45				
<u>Approval Date</u> 09/17/2021	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	Plains Children'S A	dvocacy		
Date(s) of Contracts (5) of Contracts (5	21			
CL2021-0761				
<u>Approval Date</u> 08/11/2021	<u>AmountPaid</u> \$292.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCeeteice (</u> 7/14/2021-7/14/202 7/2/2021-7/2/2021		ldvocacy		
CL2021-2D35				
<u>Approval Date</u> 07/19/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCenterce (</u> 6/21/2021-6/21/202		ldvocacy		
Case ID Number: CS2	2020-E882	Victim Ir	nitials: J.Z.	
Case Payment Totals:	\$240.00			
Claim Payments:				
CL2020-264E				
<u>Approval Date</u> 10/26/2020	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Winds Of Date(s) of Service (10/12/2020-10/12/2		g Center, Llc		
Case ID Number: CS2	2020-E916	Victim Ir	nitials: J.G.	
Case Payment Totals:	\$110.61			
Claim Payments:				
CL2020-A27B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	ensation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Dago 252 of 7

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 08/05/2020 \$19.01 Payee: Sanford Health Date(s) of Service (If Applicable) 2/3/2020-2/3/2020 CL2020-1C3A AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 02/16/2021 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 1/7/2021-1/7/2021 CL2020-2D79 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 Hospital or Clinic 12/10/2020 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Setterce (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 AmountPaid Approval Date Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/12/2021 \$2,361.85 Wage Loss Payee: K.S.

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date \$1,000.00 Travel 07/19/2021 Pavee: K.S. CL2021-7CA4 <u>AmountPaid</u> Medical Category (if applicable) Approval Date Claim Category 04/22/2021 \$60.00 Medical Hospital or Clinic Pavee: Sanford Health Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/28/2022 \$69.07 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/17/2022-2/17/2022 CL2021-BB2D AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/06/2021 \$359.14 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/8/2021-11/8/2021 11/1/2021-11/1/2021 10/25/2021-10/25/2021 10/11/2021-10/11/2021 CL2021-056E Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/28/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/16/2020-6/16/2020 CL2021-D4B0 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 05/07/2021 \$182.83 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/15/2021-3/15/2021 3/1/2021-3/1/2021

	North D	Dakota Crime V	Victims Compensation				
Clai	Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM						
		-	for processing and check issuance.	1.00.007/0			
Document can be sea	arched by clicking	CTRL+F, then ente	ring text to search.				
CL2021-11FD							
<u>Approval Date</u> 04/20/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Chil <u>Date(s) of Service (If</u> 2/22/2021-2/22/2021	-	v Center					
CL2021-CDAB							
<u>Approval Date</u> 03/23/2021 Payee: Dakota Chil	AmountPaid \$274.25 dren'S Advocacy	<u>Claim Category</u> Mental Health / Center	Medical Category (if applicable)				
Date(s) of Service (If 2/12/2021-2/12/2021	-						
2/3/2021-2/3/2021 1/27/2021-1/27/2021							
CL2021-73ED							
<u>Approval Date</u> 02/23/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Chil <u>Date(s) of Service (If.</u> 1/13/2021-1/13/2021		r Center					
CL2021-CCE8							
<u>Approval Date</u> 02/04/2021 Payee: Dakota Chil	-	<u>Claim Category</u> Mental Health 7 Center	Medical Category (if applicable)				
Date(s) of Service (If, 10/19/2020-10/19/202 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: CS20	20-F35C	Victim Ir	nitials: M.B.				
Case Payment Totals: \$2	88.00						
Claim Payments:							
CL2020-87A0							
<u>Approval Date</u> 03/06/2020 Payee: Northern PI Date(s) o C9eteic e (If		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
2/13/2020-2/13/2020							
Case ID Number: CS20	20-F436	Victim Ir	nitials: A.M.				
Case Payment Totals: \$2	288.00						
Claim Payments:							
ND Crime Victims Compension	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322				

PO Box 1898 Bismarck, ND 58502-1898

Clain	North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM							
NOTE: Upon payment approval, 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-ED28								
<u>Approval Date</u> 10/28/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Dakota Child Date(s) of Service (If A 6/17/2020-6/17/2020	=	Center						
Case ID Number: CS202	20-F857	Victim Ir	nitials: A.F.					
Case Payment Totals: \$5 2	20.20							
Claim Payments:								
CL2020-9423								
<u>Approval Date</u> 12/21/2020	<u>AmountPaid</u> \$520.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Payee: A.F.								
Date(s) of Service (If A 4/7/2020-4/7/2020 3/31/2020-3/31/2020 3/23/2020-3/23/2020 3/18/2020-3/18/2020	<u>Applicable</u>)							
Case ID Number: CS202	20-F990	Victim Ir	nitials: K.N.					
Case Payment Totals: \$62	25.27							
Claim Payments:								
CL2021-E99A								
<u>Approval Date</u> 04/22/2021	<u>AmountPaid</u> \$625.27	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: K.N.								
<u>Date(s) of Service (If A</u> 4/24/2019-4/24/2019	Applicable)							
Case ID Number: CS202	20-FF04	Victim Ir	nitials: N.H.					
Case Payment Totals: \$4 ,	,800.00							
Claim Payments:								
CL2021-4D9D								
Approval Date 04/20/2021	<u>AmountPaid</u> \$2,210.04	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Payee: Dakota Chilo	dren'S Advocacy	Center						

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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) 2/10/2021-2/10/2021 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> 03/01/2021	<u>AmountPaid</u> \$2,589.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A	<u>pplicable)</u>		
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

Approval DateAmountPaidClaim CategoryMedical Category (if applicable)07/19/2021\$288.00MedicalHospital or ClinicPayee:Northern Plains Children'S AdvocacyHospital or Clinic

Date(s) of Set Fice (If Applicable)

5/19/2021-5/19/2021

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: CS202	21-02D9	Victim Ir	nitials: B.S.
Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2021-FF1F			
<u>Approval Date</u> 05/19/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 1/11/2021-1/11/2021	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS202	21-031C	Victim Ir	nitials: W.D.
Case Payment Totals: \$2 8	88.00		
Claim Payments:			
CL2021-EC3F			
<u>Approval Date</u> 12/14/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ins Children'S A	dvocacy	
<u>Date(s)</u> o C90t/i ce (If A 11/3/2021-11/3/2021	Applicable)		
Case ID Number: CS202		Victim Ir	nitials: A.Y.
Case Payment Totals: \$9	1.42		
Claim Payments:			
CL2021-D832 Approval Date 08/17/2021	AmountPaid \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child			
<u>Date(s) of Service (If A</u> 3/15/2021-3/15/2021	-		
Case ID Number: CS202	21-05D3	Victim Ir	nitials: A.S.
Case Payment Totals: \$2 ,	924.00		
Claim Payments:			
CL2022-5362			
Approval Date 05/12/2022 Payee: Northern Pla	<u>AmountPaid</u> \$504.00 hins Children'S A Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)

Clai			/ictims Compensation & Personal Reimbursements, by Case	07/03/202 1:05:50A
E: Upon payment appro Document can be se	-	-	or processing and check issuance. ring text to search.	
L2022-C252				
Approval Date 04/13/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P Date(s) oCenteice (If 3/30/2022-3/30/2022	lains Children'S A Applicable)			
L2022-0657				
Approval Date 03/23/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P	lains Children'S A	dvocacy		
Date(s) o Centraic e (If 2/17/2022-2/17/2022 2/9/2022-2/9/2022 2/4/2022-2/4/2022				
L2022-931B				
Approval Date 02/15/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s) oCentraice (If</u> 1/5/2022-1/5/2022		Advocacy		
L2022-9E48 <u>Approval Date</u> 01/21/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P	lains Children'S A	Advocacy		
Date(s) o Coefficie (If 12/28/2021-12/28/20 12/16/2021-12/16/20 12/3/2021-12/3/2021	21			
L2021-5FC9				
Approval Date	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
12/15/2021 Payee: Northern Pl	\$560.00 lains Childron'S A			
Date(s) of Coentraine (If		avocacy		
11/22/2021-11/22/202	21			
11/15/2021-11/15/202				
11/10/2021-11/10/202 11/3/2021-11/3/2021	21			
L2021-1FB9	AmountDoid	Claim Catagory	Modical Catagory (if applicable)	
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P	lains Children'S A	Advocacy		
Date(s) o Centrace (If	Applicable)	-		
10/28/2021-10/28/202				
10/28/2021-10/28/2021-10/12/2020	21			

Cla	North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. 07/03/2025 Document can be searched by clicking CTRL+F, then entering text to search. 07/03/2025						
CL2021-A214							
Approval Date 10/11/2021 Payee: Northern Date(s) of Coenteice (9/27/2021-9/27/202		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)				
Case ID Number: CS2	2021-0BB2	Victim Ir	nitials: A.B.				
Case Payment Totals:	\$288.00						
Claim Payments:							
CL2021-73C4							
<u>Approval Date</u> 09/29/2021		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case ID Number: CS2	2021-0E02	Victim Ir	nitials: A.L.				
Case Payment Totals:	\$288.00						
Claim Payments:							
CL2021-4A8B							
<u>Approval Date</u> 10/13/2021 Payee: Northern <u>Date(s)</u> o C9eteic e (9/22/2021-9/22/202		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case ID Number: CS2	2021-0E36	Victim Ir	nitials: J.D.				
Case Payment Totals:	\$579.73						
Claim Payments:							
CL2021-08BC							
<u>Approval Date</u> 11/08/2021 Payee: Chi St. Ale <u>Date(s) of Service (</u> 7/27/2021-7/27/202		<u>Claim Category</u> Medical :on	<u>Medical Category (if applicable)</u> Hospital or Clinic				
CL2021-11FA							
<u>Approval Date</u> 11/08/2021 Payee: J.D.	<u>AmountPaid</u> \$37.27	<u>Claim Category</u> Medical	Medical Category (if applicable) Prescription				
<u>Date(s) of Service (</u> 7/27/2021-7/27/202							

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.

ase ID Number: CS202	1-0EC7	Victim In	itials: C.M.
Case Payment Totals: \$3,8	344.80		
Claim Payments:			
CL2022-7863			
<u>Approval Date</u> 12/14/2022	<u>AmountPaid</u> \$700.76	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If Ap	oplicable)		
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> 08/23/2022	<u>AmountPaid</u> \$658.58	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If Ap	oplicable)		
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			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
07/07/2022	\$362.44	Mental Health	
Payee: Dakota Child	-	Center	
Date(s) of Service (If Ap	<u>oplicable)</u>		
5/13/2022-5/13/2022 5/4/2022-5/4/2022			
014/2022-014/2022			
CL2022-3661			
<u>Approval Date</u> 05/17/2022	<u>AmountPaid</u> \$286.26	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child			
Date(s) of Service (If Ap	-		
4/21/2022-4/21/2022			
4/7/2022-4/7/2022			
CL2022-59A1			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/27/2022	\$1,591.96	Mental Health	
Payee: Dakota Child	ren'S Advocacy	Center	

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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> 04/27/2022	<u>AmountPaid</u> \$244.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch	ildren'S Advocacy	Center	
Date(s) of Service (I 10/6/2021-10/6/2021			

Case ID Number: CS2021-0EFF

Victim Initials: S.C.

Case Payment Totals: \$337.69

Claim Payments:

CL2021-0016

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
11/01/2021	\$337.69	Mental Health				
Payee: Dakota Children'S Advocacy Center						
Date(s) of Service ((If Applicable)					

Date(s) of Service (If Applicable) 8/12/2021-8/12/2021 8/4/2021-8/4/2021 7/29/2021-7/29/2021 7/22/2021-7/22/2021 7/15/2021-7/15/2021

Case ID Number: CS2021-0F95

Victim Initials: A.S.

Case Payment Totals:	\$288.00		
Claim Payments:			
CL2022-04AA			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/21/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o Centeic e ((If Applicable)		
11/10/2021-11/10/2	021		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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	1-0FE8	Victim Initials: R.J.		
Case Payment Totals: \$39	2.31			
Claim Payments:				
CL2021-88C8				
Approval Date 06/18/2021	<u>AmountPaid</u> \$392.31	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Childr	en'S Advocacy	Center		
Date(s) of Service (If Ap 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		Victim In	iitials: C.B.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2021-2F61				
<u>Approval Date</u> 09/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai				
Date(s) of Settice (If Ap 7/27/2021-7/27/2021				
Case ID Number: CS2021	1-15DA	Victim In	itials: M.H.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2021-1D3A				
Approval Date 12/15/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain Date(s) o Centeic e (If Ap 11/23/2021-11/23/2021	ns Children'S A			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

se ID Number: CS202	21-167A	Victim Initials: P.A.		
ase Payment Totals: \$2 ,	899.89			
laim Payments:				
CL2022-8869				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/16/2022	\$179.57	Mental Health		
Payee: Dakota Child	dren'S Advocacy	Center		
Date(s) of Service (If A	Applicable)			
12/9/2021-12/9/2021				
11/30/2021-11/30/2027	1			
CL2021-E2EF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/06/2021	\$143.02	Mental Health		
Payee: Dakota Child	-	Center		
Date(s) of Service (If A				
10/20/2021-10/20/202	1			
10/6/2021-10/6/2021				
CL2021-30CD				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/02/2021	\$1,649.38	Mental Health		
Payee: Dakota Child	dren'S Advocacy	Center		
Date(s) of Service (If A	-			
9/15/2021-9/15/2021	<u> </u>			
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				
Approval Date	<u>AmountPaid</u> \$548.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
06/18/2021 Payee: Dakota Child				

NOTE: Upon payment approval, 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> 05/07/2021	<u>AmountPaid</u> \$91.42	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	ildren'S Advocacy	Center		
Date(s) of Service (If	Applicable)			
3/18/2021-3/18/2021				
CL2021-8F00				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/20/2021	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Chi	ildren'S Advocacy	Center		
Date(s) of Service (If	Applicable)			

Case ID Number: CS2021-1682

2/26/2021-2/26/2021

Victim Initials: J.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-F5F9

Approval Date
05/06/2021AmountPaid
\$288.00Claim Category
MedicalMedical Category (if applicable)
Hospital or ClinicPayee:Dakota Children'S Advocacy CenterHospital or ClinicDate(s) of Service (If Applicable)
4/13/2021-4/13/2021Hospital or Clinic

Case ID Number: CS2021-17A7

Victim Initials: H.B.

Case Payment Totals: \$288.00

Claim Payments:

CL2021-2647

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/01/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Child	ren'S Advocacy	Center	

Date(s) of Service (If Applicable) 2/2/2021-2/2/2021

Case ID Number: CS2021-1837

Victim Initials: J.J.

Claim Payments:

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM				
	DTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.							
CL2021-5BF8								
Approval Date 06/16/2021	<u>AmountPaid</u> \$113.79	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Payee: Dakota Chil <u>Date(s) of Service (If</u> 4/26/2021-4/26/2021 4/16/2021-4/16/2021	-	Center						
CL2021-2FEC								
<u>Approval Date</u> 04/30/2021	<u>AmountPaid</u> \$55.93	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Payee: Dakota Chil <u>Date(s) of Service (If</u> 3/29/2021-3/29/2021 3/15/2021-3/15/2021 3/3/2021-3/3/2021	-	Center						
Case ID Number: CS20	21-1D00	Victim Ir	nitials: K.M.					
Case Payment Totals: \$6	672.00							
Claim Payments:								
CL2024-20C8								
<u>Approval Date</u> 03/20/2024 Payee: Northern PI <u>Date(s) oCSenteice (If.</u> 1/24/2024-1/24/2024 1/17/2024-1/17/2024 1/9/2024-1/9/2024		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>					
CL2021-A2CE								
<u>Approval Date</u> 09/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Northern Pl <u>Date(s)</u> o C3et/eic e (If 7/28/2021-7/28/2021		dvocacy						
Case ID Number: CS20	21-1D35	Victim Ir	nitials: K.W.					
Case Payment Totals: \$2	2,544.00							
Claim Payments:								
CL2022-F6FD								
<u>Approval Date</u> 09/22/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Payee: Northern PI	ains Children'S A	dvocacy						
<u>Date(s)</u> o C3enteic e (If, 8/10/2022-8/10/2022 8/3/2022-8/3/2022	<u>Applicable)</u>							

	North D	akota Crime V	Victims Compensation	
Clai	m Payments: Se	ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be set				
CL2022-27FF				
<u>Approval Date</u> 08/17/2022	<u>AmountPaid</u> \$1,176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl		dvocacy		
Date(s) o Centerce (If	Applicable)	-		
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 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/15/2022	\$168.00	Mental Health		
Payee: Northern Pl		dvocacy		
<u>Date(s)</u> o Centeic e (If 5/4/2022-5/4/2022	Applicable)			
CL2022-1141				
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern PI <u>Date(s)</u> of Coentrice (If 4/26/2022-4/26/2022 4/20/2022-4/20/2022 4/6/2022-4/6/2022		avocacy		
CL2022-CDC4				
<u>Approval Date</u> 04/25/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl		dvocacy		
<u>Date(s)</u> o Esetteic e (If 3/30/2022-3/30/2022	<u>Applicable)</u>			
CL2021-C755				
<u>Approval Date</u> 07/19/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl	ains Children'S A	dvocacy		
<u>Date(s)</u> o Centrac e (If 6/10/2021-6/10/2021	<u>Applicable)</u>			
Case ID Number: CS20	21-1E7B	Victim Ir	nitials: K.H.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2021-11F0				
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Compen	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

1/10/2023-1/10/2023 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$306.40 Medical Dental 03/20/2023 Payee: Ridge Periodontics & Dental Implants Date(s) of Service (If Applicable) 1/10/2023-1/10/2023 CL2023-1F8C Claim Category Approval Date AmountPaid Medical Category (if applicable) 03/03/2023 \$215.00 Medical Dental Payee: V.R. Date(s) of Service (If Applicable) 10/10/2022-10/10/2022 CL2022-01DE **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 09/26/2022 \$615.00 Medical Dental Payee: V.R. Date(s) of Service (If Applicable) 5/31/2022-6/9/2022 CL2022-5769 Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/26/2022 \$516.00 Medical Hospital or Clinic Payee: Ridge Periodontics & Dental Implants Date(s) of Service (If Applicable) 5/31/2022-7/12/2022

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

07/03/2025 1:05:50AM

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 Medical \$288.00

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.

Hospital or Clinic

North Dakota Crime Victims Compensation

Case Payment Totals: \$3,950.78

Claim Payments:

CL2023-1038

GL2023-1030				
<u>Approval Date</u> 05/23/2023	<u>AmountPaid</u> \$1.414.50	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: V.R.	<i>↓1,11.00</i>	moulou		
<u>Date(s) of Service (</u> 5/2/2023-5/2/2023	If Applicable)			

CL2023-D956

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/20/2023	\$600.00	Medical	Dental
Payee: E.R.			
Date(s) of Service (lf Applicable)		

CL2023-F5F8

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2022-4F50 <u>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) 02/07/2022 \$120.00 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 10/31/2021-10/31/2021 CL2022-6602 <u>AmountPai</u>d Approval Date Claim Category Medical Category (if applicable) 01/24/2022 \$163.88 Medical Hospital or Clinic Payee: F-M Ambulance Date(s) of Service (If Applicable) 10/31/2021-10/31/2021 Case ID Number: CS2021-1FD0 Victim Initials: G.G. Case Payment Totals: \$432.00 Claim Payments: CL2022-F938 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/18/2022 \$72.00 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 6/14/2022-6/14/2022 5/23/2022-5/23/2022 5/4/2022-5/4/2022 CL2022-CF93 Claim Category Medical Category (if applicable) Approval Date AmountPaid 08/02/2022 \$48.00 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 4/27/2022-4/27/2022 3/31/2022-3/31/2022 CL2022-D6B0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/27/2022 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/15/2021-12/15/2021 CL2022-6973 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 04/18/2022 \$24.00 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 3/10/2022-3/10/2022

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS202	1-2224	Victim Ir	itials: J.E.	
Case Payment Totals: \$55	3.86			
Claim Payments:				
CL2021-38DC				
<u>Approval Date</u> 11/01/2021	<u>AmountPaid</u> \$67.78	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child		/ Center		
<u>Date(s) of Service (If Ap</u> 6/2/2021-6/2/2021	<u>oplicable)</u>			
CL2021-3DAE				
<u>Approval Date</u> 06/16/2021	<u>AmountPaid</u> \$321.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child				
<u>Date(s) of Service (If Ap</u> 5/10/2021-5/10/2021	oplicable)			
4/28/2021-4/28/2021				
4/12/2021-4/12/2021				
2/19/2021-2/19/2021				
CL2021-8394				
<u>Approval Date</u> 04/30/2021	<u>AmountPaid</u> \$164.43	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	ren'S Advocacy	/ Center		
Date(s) of Service (If Ap	oplicable)			
3/31/2021-3/31/2021 3/24/2021-3/24/2021				
Case ID Number: CS202	1-22EB	Victim Ir	itials: J.G.	
Case Payment Totals: \$80	4.00			
Claim Payments:				
CL2021-D13A				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/15/2021 Payee: Northern Plai	\$112.00 ns Children'S A	Mental Health		
Date(s) o Coertrain		lavoouoy		
11/5/2021-11/5/2021				
CL2021-34EF				
<u>Approval Date</u> 11/09/2021	<u>AmountPaid</u> \$404.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai				
Date(s) o Coertraice (If Ap				
10/27/2021-10/27/2021 10/4/2021-10/4/2021				
9/27/2021-9/27/2021				
ND Crime Victims Compensa	ition, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcor	npensation@nd.gov	Dago 271 of 7

Claim			/ictims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be searc				
CL2021-EE14				
Approval Date 11/09/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain Date(s) o Genteic e (If Ap 9/16/2021-9/16/2021		dvocacy		
Case ID Number: CS2021	-232B	Victim In	iitials: C.M.	
Case Payment Totals: \$288	3.00			
Claim Payments:				
CL2021-442B				
Approval Date 08/11/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain	ns Children'S A	dvocacy		
<u>Date(s)</u> o C984@c e (If Ap 7/19/2021-7/19/2021	plicable)			
Case ID Number: CS2021 Case Payment Totals: \$888 Claim Payments: CL2021-275B Approval Date 12/10/2021 Payee: K.L. Date(s) of Service (If Ap 4/28/2021-4/28/2021	3.60 <u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	nitials: J.L. Medical Category (if applicable)	
4/14/2021-4/14/2021 CL2021-2EFC Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/06/2021 Payee: Winds Of Cha Date(s) of Service (If Ap 5/26/2021-5/26/2021 5/19/2021-5/19/2021 5/12/2021-5/12/2021 4/28/2021-4/28/2021		Mental Health g Center, Llc		
CL2021-8854 <u>Approval Date</u> 11/19/2021 Payee: Dakota Childr <u>Date(s) of Service (If Ap</u> 5/18/2020-5/18/2020	-	<u>Claim Category</u> Medical Center	Medical Category (if applicable) Hospital or Clinic	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 11/29/2021 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/9/2021-8/9/2021 Case ID Number: CS2021-28F9 Victim Initials: C.F. Case Payment Totals: \$361.18 Claim Payments: CL2022-3497 AmountPaid Claim Category Approval Date Medical Category (if applicable) 03/14/2022 \$180.59 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 10/26/2021-10/26/2021 10/18/2021-10/18/2021 CL2022-355A Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/10/2022 \$180.59 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 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:

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/202 1:05:50AN
OTE: Upon payment appro Document can be se	-	-	or processing and check issuance. ring text to search.	
CL2022-2927 Approval Date 04/14/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Centreic e (If 3/17/2022-3/17/2022 3/3/2022-3/3/2022 2/22/2022-2/22/2022	lains Children'S A Applicable)			
CL2022-870A				
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Centeic e (If 2/17/2022-2/17/2022	Applicable)	Advocacy		
CL2022-45B4				
Approval Date 02/15/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> of Gentrice (If 1/27/2022-1/27/2022 1/13/2022-1/13/2022 1/4/2022-1/4/2022	Applicable)	Advocacy		
CL2022-05C4 Approval Date 01/21/2022	<u>AmountPaid</u> \$348.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s) oCoete(if</u> 12/29/2021-12/29/20 12/9/2021-12/9/2021	lains Children'S A Applicable) 21			
CL2021-9F65				
<u>Approval Date</u> 11/17/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P Date(s) o F9ef@c e (If 10/25/2021-10/25/20	f Applicable)	Advocacy		
ase ID Number: CS20)21-2BA5	Victim Ir	nitials: E.A.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2021-B7B3 Approval Date 06/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi <u>Date(s) of Service (If</u> 4/27/2021-4/27/2021	Applicable)	v Center		

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS20	21-2C14	Victim Ir	nitials: M.W.	
Case Payment Totals: \$1	,812.00			
Claim Payments:				
CL2022-ADC5				
<u>Approval Date</u> 03/23/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla Date(s) o Coenteic e (If / 2/16/2022-2/16/2022		dvocacy		
CL2022-D6B6				
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o Contrac (If / 1/24/2022-1/24/2022	<u>Applicable)</u>			
CL2022-ECE8				
<u>Approval Date</u> 01/21/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o C3etteic e (If / 12/20/2021-12/20/202 12/2/2021-12/2/2021				
CL2021-0F57				
<u>Approval Date</u> 12/16/2021	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s) oCSenteice (If</u> 11/12/2021-11/12/202	Applicable)	dvocacy		
CL2021-21F9				
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla Date(s) o Contrac e (If / 10/25/2021-10/25/202 9/1/2021-9/1/2021	ains Children'S A Applicable)			
CL2021-5562				
<u>Approval Date</u> 09/17/2021	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Coeteice (If <i>J</i> 8/3/2021-8/3/2021		dvocacy		
CL2021-58B6				
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898	sation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	

			Victims Compensation	
Cla	im Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appr Document can be s		-	for processing and check issuance. ring text to search.	
08/17/2021 Payee: Northern F Date(s) o Csenteic e (1 7/19/2021-7/19/202 ⁻ 7/7/2021-7/7/2021 6/29/2021-6/29/202 ⁻	<u>f Applicable)</u> 1	Mental Health dvocacy		
CL2021-0E58				
<u>Approval Date</u> 07/19/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern F <u>Date(s)</u> o Ceeteic e (1 6/14/2021-6/14/202	f Applicable)	dvocacy		
Case ID Number: CS2	021-2C49	Victim Ir	nitials: J.J.	
Case Payment Totals: \$	3,280.00			
Claim Payments:				
CL2022-698E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/03/2022 Payee: J.J.	\$3,280.00	Wage Loss		
1 ayoo. •.•.				
Case ID Number: CS2	021-2EEB	Victim Ir	nitials: R.B.	
Case Payment Totals: \$	64,357.30			
Claim Payments:				
CL2022-2C0E				
<u>Approval Date</u> 06/09/2022 Payee: The Bone	<u>AmountPaid</u> \$3,397.30 & Joint Center	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Date(s) of Service (I 3/22/2021-3/22/202 3/9/2021-3/9/2021	f Applicable)			
CL2022-6DC4				
<u>Approval Date</u> 05/19/2022 Payee: R.B.	<u>AmountPaid</u> \$960.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS2	021-31BF	Victim Ir	nitials: L.S.	
Case Payment Totals: \$	288.00			
Claim Payments:				
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Page 276 of 725

Bismarck, ND 58502-1898

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С			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
	proval, please allow 7 searched by clicking	•	for processing and check issuance. ring text to search.	1:05:50AM
CL2021-7A3F				
Approval Date 06/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C Date(s) of Service 4/19/2021-4/19/20		Center		
Case ID Number: CS	2021-31CF	Victim II	nitials: E.H.	
Case Payment Totals:	\$7,314.66			
Claim Payments:				
CL2021-2CC0				
<u>Approval Date</u> 03/02/2021	<u>AmountPaid</u> \$570.74	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: E.H. <u>Date(s) of Service</u>				
11/19/2020-11/19/	2020			
CL2021-3790				
<u>Approval Date</u> 03/02/2021	<u>AmountPaid</u> \$1,121.98	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: E.H. <u>Date(s) of Service</u> 11/19/2020-11/19/				
CL2021-F8FF				
Approval Date 03/02/2021	<u>AmountPaid</u> \$5,621.94	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. A <u>Date(s) of Service</u> 11/19/2020-11/19/		ton		
Case ID Number: CS	2021-31D8	Victim II	nitials: L.S.	
Case Payment Totals:	\$288.00			
Claim Payments:	+_00100			
CL2022-13D5				
<u>Approval Date</u> 02/16/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C	Children'S Advocacy	Center		
<u>Date(s) of Service</u> 12/10/2021-12/10/				
Case ID Number: CS	2021-3368	Victim II	nitials: J.F.	
Case Payment Totals:	\$489.00			
Claim Payments:				
ND Crime Victims Comp	pensation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898	<u></u>	Email: <u>DOCRco</u>	mpensation@nd.gov	Page 277 of 72

Clain			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea	•	-	for processing and check issuance. ring text to search.	
CL2022-2FBA				
<u>Approval Date</u> 02/28/2022 Payee: M.F.	<u>AmountPaid</u> \$489.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If A</u> 3/1/2021-3/2/2021	pplicable)			
Case ID Number: CS202	1-3430	Victim Ir	nitials: N.D.	
Case Payment Totals: \$18	30.00			
Claim Payments:				
CL2021-BEDB				
Approval Date 08/17/2021 Payee: Northern Pla Date(s) o Centric e (If A		<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
7/20/2021-7/20/2021				
Case ID Number: CS202	1-3489	Victim Ir	nitials: K.M.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-7152	AmountPaid	Claim Category	Medical Category (if applicable)	
Approval Date 11/19/2021 Payee: Dakota Child Date(s) of Service (If A 9/2/2020-9/2/2020	\$288.00 ren'S Advocacy	Medical	Hospital or Clinic	
Case ID Number: CS202	1-3491	Victim Ir	nitials: D.M.	
Case Payment Totals: \$2 ,	480 10			
Claim Payments:	400.10			
CL2022-6085				
Approval Date 05/17/2022 Payee: Dakota Child	AmountPaid \$214.34 ren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Date(s) of Service (If A 4/4/2022-4/4/2022 3/28/2022-3/28/2022	pplicable)			
CL2021-0339				
<u>Approval Date</u> 12/03/2021	<u>AmountPaid</u> \$359.14	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	ren'S Advocacy	Center		

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

10/27/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
	nildren'S Advocacy	Center	
Date(s) of Service (-		
8/25/2020-8/25/202			
CL2021-88CB			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
10/27/2021	\$795.88	Mental Health	
Payee: Dakota Ch	nildren'S Advocacy	Center	
Date(s) of Service (-		
9/7/2021-9/7/2021	<u> </u>		
7/29/2021-7/29/202	1		
7/22/2021-7/22/202	1		
7/15/2021-7/15/202	1		
2/23/2021-2/23/202	1		
10/12/2020-10/12/2	020		
9/28/2020-9/28/202	0		
CL2021-EDAC			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/16/2021	\$822.74	Mental Health	
Payee: Dakota Ch	nildren'S Advocacy	Center	
Date(s) of Service (
5/12/2021-5/12/202			
4/26/2021-4/26/202			
4/19/2021-4/19/202	1		
4/9/2021-4/9/2021	4		
3/18/2021-3/18/202			
12/7/2020-12/7/202 12/1/2020-12/1/202			
11/25/2020-12/1/25/20			
10/22/2020-10/22/2			
10/22/2020-10/22/2	020		
se ID Number: CS2	021-351E	Victim Ir	itials: S.S.
		Victim Ir	iitials: S.S.
ase Payment Totals: \$		Victim Ir	iitials: S.S.
ase Payment Totals: s aim Payments:		Victim Ir	iitials: S.S.
se ID Number: CS2 ase Payment Totals: aim Payments: CL2021-C877 Approval Date	\$614.20		
ase Payment Totals: s aim Payments:		Victim Ir <u>Claim Category</u> Mental Health	ittials: S.S. Medical Category (if applicable)
ase Payment Totals: \$ aim Payments: CL2021-C877 <u>Approval Date</u> 08/19/2021	\$ 614.20 <u>AmountPaid</u>	<u>Claim Category</u> Mental Health	
ase Payment Totals: s aim Payments: CL2021-C877 <u>Approval Date</u> 08/19/2021	\$614.20 <u>AmountPaid</u> \$13.00 Therapy Center, Llo	<u>Claim Category</u> Mental Health	

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

North D	akota Crime	Victims Compensation	
Claim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approval, please allow 7 Document can be searched by clicking	•		
CL2021-6BF1			
Approval Date AmountPaid 07/20/2021 \$13.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Therapy Center, Llo <u>Date(s) of Service (If Applicable)</u> 6/2/2021-6/2/2021	:		
CL2021-3EDB			
Approval Date AmountPaid 06/23/2021 \$250.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Therapy Center, Lld <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			
Approval DateAmountPaid03/29/2021\$122.00Payee:The Kids Therapy Center, LloDate(s) of Service (If Applicable)	<u>Claim Category</u> Mental Health c	Medical Category (if applicable)	
2/23/2021-2/23/2021 2/9/2021-2/9/2021			
CL2021-A5B4			
Approval Date <u>AmountPaid</u> 03/01/2021 \$216.20 Payee: The Kids Therapy Center, Llo	Claim Category Mental Health	<u>Medical Category (if applicable)</u>	
Date(s) of Service (If Applicable)			
1/26/2021-1/26/2021 1/19/2021-1/19/2021 1/4/2021-1/4/2021			
Case ID Number: CS2021-35A1	Victim Ir	nitials: M.C.	
Case Payment Totals: \$288.00			
Claim Payments:			
CL2021-F339			
Approval Date AmountPaid 08/17/2021 \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plains Children'S A Date(s) o Conteic e (If Applicable) 6/23/2021-6/23/2021	dvocacy		
Case ID Number: CS2021-3608	Victim Ir	nitials: L.F.	
Case Payment Totals: \$468.00			
Claim Payments:			
ND Crime Victims Compensation, DOCR PO Box 1898	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Dage 290 of 725

Email: DOCRcompensation@nd.gov

Bismarck, ND 58502-1898

	North D	Dakota Crime \	/ictims Compensation	
Clain	n Payments: Se	ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea	-	-	or processing and check issuance. ring text to search.	
CL2021-FE06				
<u>Approval Date</u> 03/23/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Centric e (If A 2/5/2021-2/5/2021		Advocacy		
CL2021-4634				
<u>Approval Date</u> 02/12/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o f Seterc e (If A 1/11/2021-1/11/2021		\dvocacy		
Case ID Number: CS202	21-368E	Victim In	nitials: J.C.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-A980				
<u>Approval Date</u> 12/14/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o C9eteic e (If A 11/1/2021-11/1/2021		Advocacy		
Case ID Number: CS202	21-372B	Victim In	nitials: Y.M.	
Case Payment Totals: \$1(0,766.04			
Claim Payments:				
CL2021-2EBD				
<u>Approval Date</u> 12/16/2021	<u>AmountPaid</u> \$9,557.39	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Alexi	-	nson		
<u>Date(s)</u> o Addrass) (If A 3/24/2021-3/26/2021	<u>applicable)</u>			
CL2021-8006				
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$1,208.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	-	Center		
<u>Date(s) of Service (If A</u> 8/20/2021-8/20/2021	<u>pplicable)</u>			
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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/29/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 1/6/2021-1/6/2021 Victim Initials: H.H. Case ID Number: CS2021-3B28 Case Payment Totals: \$177.50 Claim Payments: CL2021-1BF9 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 11/29/2021 \$177.50 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/24/2021 \$3,620.52 Medical Hospital or Clinic Payee: Valley Oral & Facial Surgery Date(s) of Service (If Applicable) 4/20/2021-6/29/2021 CL2021-2990 AmountPaid Claim Category Medical Category (if applicable) Approval Date 08/24/2021 \$17,333.40 Medical Hospital or Clinic Payee: Altru Health System Date(s) of Service (If Applicable) 4/19/2021-5/28/2021 Case ID Number: CS2021-3CBD Victim Initials: D.H. Case Payment Totals: \$180.00 Claim Payments:

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

CL2021-6893

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. 07/03/2025 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) o CSettrice (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

Approval Date
08/18/2022AmountPaid
\$678.30Claim Category
MedicalMedical Category (if applicable)
Hospital or ClinicPayee:Metro-Area Ambulance ServiceHospital or ClinicDate(s) of Service (If Applicable)
2/16/2022-2/16/20222/16/2022

CL2022-B737

CL2022-B737 <u>Approval Date</u> 06/29/2022 Payee: Chi St. Ale <u>Date(s) of Service (I</u>		<u>Claim Category</u> Mental Health	Medical Category (if applicable)
3/25/2022-3/25/2022 2/2/2022-2/2/2022	2		
CL2022-9A00			
<u>Approval Date</u> 01/06/2022 Payee: Sanford H <u>Date(s) of Service (I</u> 5/4/2021-5/4/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-D4AC			
<u>Approval Date</u> 09/27/2021	AmountPaid \$266.61 exius Health Clinics If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-F859			
<u>Approval Date</u> 09/27/2021 Payee: Chi St. Ale <u>Date(s) of Service (I</u> 5/5/2021-5/5/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS2	021-3FF5	Victim Ir	iitials: M.J.
Case Payment Totals: \$	51,604.00		
Claim Payments:			

Claim Payments:

	North D	akota Crime V	Victims Compensation	
Cla	aim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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Document can be s	earched by clicking	CTRL+F, then ente	ring text to search.	
CL2022-7B24				
<u>Approval Date</u> 05/16/2022	<u>AmountPaid</u> \$696.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	ge Counseling Cer I <u>f Applicable)</u> 2	nter		
CL2022-267C				
<u>Approval Date</u> 01/06/2022	<u>AmountPaid</u> \$140.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Winds Of Date(s) of Service (12/9/2021-12/9/202		g Center, Llc		
CL2021-6722				
-	AmountPaid \$768.00 Change Counseling	<u>Claim Category</u> Mental Health g Center, Llc	Medical Category (if applicable)	
<u>Date(s) of Service (</u> 11/4/2021-11/4/202 10/28/2021-10/28/2 10/25/2021-10/25/2	1 021			
Case ID Number: CS2	021-403C	Victim Ir	nitials: M.G.	
Case Payment Totals:	\$5 000 00			
Claim Payments:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-				
CL2021-9CD5 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/06/2021	\$5,000.00 n Family Funeral H	Funeral		
Case ID Number: CS2	021-4069	Victim Ir	nitials: E.Y.	
Case Payment Totals:	\$4,614.21			
Claim Payments:				
CL2022-A75F				
<u>Approval Date</u> 05/17/2022	<u>AmountPaid</u> \$142.54	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Cl <u>Date(s) of Service (</u> 3/29/2022-3/29/202		Center		
CL2022-A87D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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> 02/16/2022	<u>AmountPaid</u> \$2,590.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	Center	
Date(s) of Service (If A 1/11/2022-1/11/2022	<u> </u>		
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			
0/1/2021-0/1/2021			
CL2021-F87C			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
12/03/2021	\$177.50	Mental Health	
Payee: Dakota Child <u>Date(s) of Service (If A</u> 5/18/2021-5/18/2021		Center	
CL2021-CA38			
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$1,035.98	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	iren'S Advocacy	Center	
Date(s) of Service (If A 11/2/2021-11/2/2021	<u>pplicable)</u>		
10/26/2021-10/26/2021	1		
10/12/2021-10/12/2021	1		
9/14/2021-9/14/2021			
9/7/2021-9/7/2021			
8/24/2021-8/24/2021			
CL 2021-3E4P	AmountPaid	Claim Catagory	Madical Catagory (if applicable)
CL2021-3F4B		Claim Category	Medical Category (if applicable)
<u>Approval Date</u> 04/30/2021	\$288.00	Medical	Hospital or Clinic
Approval Date	\$288.00		Hospital of Clinic
<u>Approval Date</u> 04/30/2021	\$288.00 Iren'S Advocacy		Hospital of Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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	I-406D	Victim In	itials: B.S.
Case Payment Totals: \$1,6	18.70		
Claim Payments:			
CL2022-CDFE			
<u>Approval Date</u> 04/27/2022	<u>AmountPaid</u> \$926.30	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	-	Center	
<u>Date(s) of Service (If Ap</u> 2/12/2021-2/12/2021 2/1/2021-2/1/2021	oplicable)		
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> 11/29/2021	<u>AmountPaid</u> \$692.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	-		
Date(s) of Service (If Ap 4/7/2021-4/7/2021	oplicable)		
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	I-414C	Victim In	nitials: A.H.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-3C91			
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
10/13/2021 Payee: Northern Plai	\$288.00 ns Children'S A		
Date(s) of Senterce (If Ap			
8/16/2021-8/16/2021			
Case ID Number: CS2021	I-43D7	Victim In	nitials: A.W.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-79EE			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/16/2021	\$288.00	Medical	Hospital or Clinic

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Selfeice (If Applicable) 1/13/2021-1/13/2021

	2021-444F	Victim Ir		
Case Payment Totals:	\$1,000.00			
Claim Payments:				
CL2021-3C40				
<u>Approval Date</u> 09/27/2021 Payee: Aurora M Date(s) of Service (<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
8/4/2021-8/4/2021 7/23/2021-7/23/202 7/6/2021-7/6/2021				
CL2021-E01A				
<u>Approval Date</u> 08/17/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCeetteice (</u> 7/2/2021-7/2/2021	Plains Children'S A (If Applicable)	dvocacy		
CL2021-A686				
Approval Date 06/08/2021	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Approval Date 06/08/2021	\$288.00 Plains Children'S A	Medical		
<u>Approval Date</u> 06/08/2021 Payee: Northern <u>Date(s) oC9eteice (</u> 5/5/2021-5/5/2021	\$288.00 Plains Children'S A (If Applicable)	Medical dvocacy		
Approval Date 06/08/2021 Payee: Northern Date(s) of Setteice (5/5/2021-5/5/2021	\$288.00 Plains Children'S A (If Applicable) 2021-44AF	Medical dvocacy	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Sotrice (5/5/2021-5/5/2021	\$288.00 Plains Children'S A (If Applicable) 2021-44AF	Medical dvocacy	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Sotrice (5/5/2021-5/5/2021	\$288.00 Plains Children'S A (If Applicable) 2021-44AF	Medical dvocacy	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Seterice (5/5/2021-5/5/2021	\$288.00 Plains Children'S A (If Applicable) 2021-44AF	Medical dvocacy	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Source (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u>	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Source (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cen (If Applicable)	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Setrice (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023 Payee: Yellowsto Date(s) of Service (6/12/2023-6/12/202 5/31/2023-5/31/202	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cent (If Applicable) 23 23	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Setrice (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023 Payee: Yellowsto Date(s) of Service (6/12/2023-6/12/202 5/31/2023-5/31/202 5/15/2023-5/15/202	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cent (If Applicable) 23 23	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Setrice (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023 Payee: Yellowsto Date(s) of Service (6/12/2023-6/12/202 5/31/2023-5/31/202	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cent (If Applicable) 23 23 23	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Setrice (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023 Payee: Yellowsto Date(s) of Service (6/12/2023-6/12/202 5/31/2023-5/15/202 5/15/2023-5/15/202	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cent (If Applicable) 23 23 23 23	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	
Approval Date 06/08/2021 Payee: Northern Date(s) of Setrice (5/5/2021-5/5/2021 ase ID Number: CS2 Case Payment Totals: S Claim Payments: CL2023-0D34 Approval Date 09/08/2023 Payee: Yellowsto Date(s) of Service (6/12/2023-6/12/202 5/31/2023-5/15/202 5/15/2023-5/15/202 5/12023-5/15/2023 4/17/2023-4/17/202	\$288.00 Plains Children'S A (If Applicable) 2021-44AF \$1,598.50 <u>AmountPaid</u> \$500.59 one Counseling Cent (If Applicable) 23 23 23 23	Medical Advocacy Victim Ir Claim Category Mental Health	Hospital or Clinic	

07/03/2025 1:05:50AM

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

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

\$589.11

CL2021-0DE8

06/07/2023

<u>Approval Date</u> 11/08/2021	<u>AmountPaid</u> \$508.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Billings Clinic				
Date(s) of Service (If A 6/22/2021-6/22/2021	<u>applicable)</u>			

Victim Initials: S.G.

Case ID Number: CS2021-44B5

Case Payment Totals: \$381.60

Claim Payments:

CL2022-EE79

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

Case

Claim

CL2

Approval	Date
06/01/202	1
Payee:	J.M.

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2021-48EA Victim Initials: K.B. Case Payment Totals: \$553.95 Claim Payments: CL2023-E87A Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/17/2023 \$395.82 Mental Health Payee: K.B. Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 06/29/2022 \$47.88 Payee: K.B. Date(s) of Service (If Applicable) 6/18/2020-6/18/2020 CL2022-1369 AmountPaid Claim Category Medical Category (if applicable) Approval Date 02/28/2022 \$110.25 Mental Health Payee: K.B. Date(s) of Service (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov

	North D	akota Crime V	/ictims Compensation					
Claim	07/03/2025 1:05:50AM							
NOTE: Upon payment approval, 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	11/01/2021 \$288.00 Medical Hospital or Clinic							
Payee: Dakota Child ı <u>Date(s) of Service (If A</u> 9/14/2021-9/14/2021	-	Center						
Case ID Number: CS202	1-4994	Victim In	itials: B.R.					
Case Payment Totals: \$58	0.00							
Claim Payments:								
CL2023-E6C4								
Approval Date 04/24/2023 Payee: N.R.	<u>AmountPaid</u> \$580.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)					
Case ID Number: CS202	1-4A76	Victim In	iitials: M.H.					
Case Payment Totals: \$28	8.00							
Claim Payments:								
CL2021-09BD								
<u>Approval Date</u> 10/13/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Northern Plai		dvocacy						
<u>Date(s) of Seteice (If A</u> 9/29/2021-9/29/2021	oplicable)							
Case ID Number: CS202	1-4A9B	Victim In	iitials: S.S.					
Case Payment Totals: \$52	6.24							
Claim Payments:								
CL2022-6FCC								
<u>Approval Date</u> 03/14/2022 Payee: L.S.	<u>AmountPaid</u> \$238.24	<u>Claim Category</u> Mental Health	Medical Category (if applicable)					
Date(s) of Service (If Ap	oplicable)							
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								
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)					

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 11/17/2021 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Claim Category Approval Date AmountPaid Medical Category (if applicable) 11/16/2021 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Contained (If Applicable) 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 02/23/2023 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/9/2021-3/9/2021 CL2023-9AC1 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/23/2023 \$47.90 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/22/2022-3/22/2022 CL2022-E739 Claim Category Approval Date AmountPaid Medical Category (if applicable) 03/28/2022 \$1.164.80 Mental Health Payee: Sara Stallman, Plic Date(s) of Service (If Applicable) 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 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.

03/24/2022 \$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> 11/29/2021	<u>AmountPaid</u> \$1,651.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sara Stallma	in, Plic		
Date(s) of Service (If A	<u>Applicable)</u>		
11/15/2021-11/15/202	1		
11/8/2021-11/8/2021			
10/18/2021-10/18/202	1		
10/11/2021-10/11/202	1		
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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/03/2021	\$1,556.00	Mental Health	
Payee: Sara Stalln	nan, Plic		
Date(s) of Service (If	f 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> 03/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Payee: Northern Plains Children'S Advocacy						
<u>Date(s) o£90t¢ice (l</u> 12/15/2021-12/15/20						

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

CL2022-4409				
<u>Approval Date</u> 05/13/2022	<u>AmountPaid</u> \$941.15	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Pavee: Dakota Child				
Date(s) of Service (If A	-			
4/6/2022-4/6/2022	<u></u>			
2/9/2022-2/9/2022				
2/2/2022-2/2/2022				
1/5/2022-1/5/2022				
12/16/2021-12/16/202				
11/30/2021-11/30/2021				
11/10/2021-11/10/2027	1			
Case ID Number: CS202	21-50A8	Victim Ir	nitials: A.B.	
Case Payment Totals: \$4,	,716.00			
Claim Payments:				
CL2022-FC9B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/20/2022	\$224.00	Mental Health		
Payee: Northern Pla	ains Children'S A	Advocacy		
Date(s) o	<u> Applicable)</u>			
6/22/2022-6/22/2022				
6/8/2022-6/8/2022				
CL2022-5341				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/08/2022	\$280.00	Mental Health		
Payee: Northern Pla		Advocacy		
Date(s) o Centrace (If A	<u> Applicable)</u>			
5/18/2022-5/18/2022				
5/4/2022-5/4/2022				
CL2022-3BA1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/12/2022	\$336.00	Mental Health		
Payee: Northern Pla		dvocacy		
Date(s) of Centraice (If A	<u> Applicable)</u>			
4/27/2022-4/27/2022				
4/20/2022-4/20/2022				
4/6/2022-4/6/2022				
CL2022-C422				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	

\$1,064.00

Mental Health

04/12/2022

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Csenteic**e (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

Bismarck, ND 58502-1898

GL2022-23/0				
<u>Approval Date</u> 02/11/2022	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	Plains Children'S A	dvocacy		
Date(s) of Centraice	· · · · · · · · · · · · · · · · · · ·			
1/12/2022-1/12/202	22			
1/5/2022-1/5/2022				
CL2022-7F13				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/21/2022	\$392.00	Mental Health		
Payee: Northern	Plains Children'S A	dvocacy		
Date(s) of Coenteice	(If Applicable)	-		
12/23/2021-12/23/2				
12/15/2021-12/15/2				
12/1/2021-12/1/202				
CL2021-88E5				
Approval Date	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
12/09/2021	\$448.00			
-	Plains Children'S A	Advocacy		
Date(s) of Centraice				
11/24/2021-11/24/2				
11/17/2021-11/17/2				
11/10/2021-11/10/2	.021			
11/3/2021-11/3/202	:1			
CL2021-E40B				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/26/2021	\$336.00	Mental Health		
Pavee: Northern	Plains Children'S A	dvocacv		
Date(s) of Centraice				
10/27/2021-10/27/2				
10/13/2021-10/13/2				
10/6/2021-10/6/202				
10/0/2021-10/0/202	21			
CL2021-A654				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation DOCR	Phone [.] (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		· · ·	mpensation@nd.gov	_
			<u> </u>	Dogo 204

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 10/13/2021 \$448.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$448.00 Mental Health 09/17/2021 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$336.00 Mental Health 08/11/2021 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 7/21/2021-7/21/2021 7/14/2021-7/14/2021 6/30/2021-6/30/2021 CL2021-2391 Medical Category (if applicable) Approval Date AmountPaid Claim Category 07/19/2021 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Containe (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid Mental Health 11/03/2023 \$200.00 Payee: Nuvation Health Services, P.C.

North Dakota Crime Victims Compensation

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

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

CI 2023-8DE6

CL2023-8DE6				
<u>Approval Date</u> 10/23/2023	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Nuvation He		С.		
Date(s) of Service (If A	<u>Applicable)</u>			
9/11/2023-10/11/2023 8/28/2023-8/28/2023				
0/20/2023-0/20/2023				
CL2023-C975				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/11/2023	\$400.00	Mental Health		
Payee: Nuvation He		.		
Date(s) of Service (If A 10/3/2023-10/3/2023	<u>Applicable)</u>			
9/27/2023-9/27/2023				
9/18/2023-9/18/2023				
7/25/2023-7/25/2023				
CL2023-2B12				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/24/2023	\$200.00	Mental Health		
Payee: Nuvation He		С.		
Date(s) of Service (If A 7/5/2023-7/5/2023	<u>Applicable)</u>			
6/28/2023-6/28/2023				
CL2023-8A5B				
<u>Approval Date</u> 06/05/2023	<u>AmountPaid</u> \$216.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Nuvation He	• • • • •	C.		
Date(s) of Service (If A				
5/25/2023-5/25/2023				
5/18/2023-5/18/2023				
5/11/2023-5/11/2023				
CL2023-A14D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/10/2023	\$288.00	Mental Health		
Payee: Nuvation He		C.		
Date(s) of Service (If A 5/2/2023-5/2/2023	<u>Applicable)</u>			
4/25/2023-4/25/2023				
4/18/2023-4/18/2023				
3/29/2023-3/29/2023				
CL2023-706B Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens	ation, DOCR	· · ·	28-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	<u>mpensation@nd.gov</u>	Page 206 of

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 He		С.	
Date(s) of Service (If	<u>Applicable)</u>		
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			
L2022-4289			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
06/20/2022	\$1,184.00	Mental Health	
Payee: Nuvation He	alth Services, P	.C.	
Date(s) of Service (If			
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			
L2022-1C87			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/25/2022	\$1,560.00	Wage Loss	
Payee: K.L.			
e ID Number: CS20	21-536B	Victim Ir	itials: D.H.
se Payment Totals: \$1	,120.00		
im Payments:			
L2021-A7D3			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/27/2021	\$256.00	Mental Health	
Payee: Winds Of Cl	hange Counselin	g Center, Llc	
Date(s) of Service (If	Applicable)		
8/11/2021-8/11/2021			
			Madical October (if an all a bla)
L2021-3172 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
Approval Date 08/03/2021	\$864.00	Mental Health	
Approval Date	\$864.00	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.

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

Approval Date 11/03/2021	<u>AmountPaid</u> \$1,331.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A	pplicable)		
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> 06/23/2021	<u>AmountPaid</u> \$230.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Ch	ildren'S Advocacy		
Date(s) of Service (If	Applicable)		
5/16/2021-5/16/2021			
5/10/2021-5/10/2021			
CL2021-F13C			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Ch	ildren'S Advocacy	Center	
<u>Date(s) of Service (I</u> 11/5/2020-11/5/2020			
CL2021-3854			
<u>Approval Date</u> 03/23/2021	<u>AmountPaid</u> \$346.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Ch	ildren'S Advocacy	Center	
	Applicable)		
Date(s) of Service (It			
Date(s) of Service (In 2/12/2021-2/12/2021			

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: \$14,1	02.77			
Claim Payments:				
CL2022-0981				
	AmountPaid 374.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Therapy Solution <u>Date(s) of Service (If App</u> 3/24/2022-3/24/2022 3/7/2022-3/7/2022				
CL2022-7280				
	AmountPaid \$149.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Therapy Solution				
Date(s) of Service (If App 5/6/2022-5/6/2022	licable)			
CL2021-3B83				
	AmountPaid \$1,686.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Institute Of Fac Date(s) of Service (If App 1/26/2021-1/26/2021				
CL2021-EC27				
	<u>AmountPaid</u> \$1,397.50	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Chi St. Alexius Date(s) of Service (If App 1/26/2021-1/26/2021	Health Clinics			
CL2021-F00B				
	\$10,314.87 Health	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
1/26/2021-1/26/2021				
CL2021-FFCE				
	AmountPaid	Claim Category	Medical Category (if applicable)	
04/22/2021 \$ Payee: Institute Of Fac Date(s) of Service (If App 1/14/2021-1/14/2021		Medical	Hospital or Clinic	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 08/11/2021 \$310.22 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

Approval Date 02/03/2022	<u>AmountPaid</u> \$14,221.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Altru Health System					
Date(s) of Service (If A 3/25/2021-3/26/2021	pplicable)				

ase ID Number: CS	2021-589B	Victim Ir	nitials: E.C.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2021-5E9A			
<u>Approval Date</u> 09/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
	(If Applicable)		
<u>Date(s) of Setterce</u> 8/9/2021-8/9/2021 ase ID Number: CS		Victim Ir	nitials: B.S.
8/9/2021-8/9/2021	2021-5A26	Victim Ir	nitials: B.S.
8/9/2021-8/9/2021 ase ID Number: CS	2021-5A26	Victim Ir	nitials: B.S.
ase ID Number: CS	2021-5A26	Victim Ir	nitials: B.S.
8/9/2021-8/9/2021 ase ID Number: CS Case Payment Totals: Claim Payments:	2021-5A26	Victim Ir Claim Category Medical	nitials: B.S. <u>Medical Category (if applicable)</u> Hospital or Clinic
8/9/2021-8/9/2021 ase ID Number: CS Case Payment Totals: Claim Payments: CL2022-8D7A <u>Approval Date</u> 05/13/2022	2021-5A26 \$288.00 <u>AmountPaid</u>	<u>Claim Category</u> Medical	Medical Category (if applicable)

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07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 01/21/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 11/4/2021-11/4/2021 Case ID Number: CS2021-62AC Victim Initials: M.G. Case Payment Totals: \$288.00 Claim Payments: CL2021-7982 AmountPaid Claim Category Medical Category (if applicable) Approval Date Hospital or Clinic 02/12/2021 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Setence (If Applicable) 1/5/2021-1/5/2021 Case ID Number: CS2021-6315 Victim Initials: T.P. Case Payment Totals: \$288.00 Claim Payments: CL2021-17A1 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/28/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/8/2021-4/8/2021 Case ID Number: CS2021-64F3 Victim Initials: T.J. Case Payment Totals: \$288.00 Claim Payments: CL2021-FD4D AmountPaid Claim Category Medical Category (if applicable) Approval Date 05/07/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/3/2021-3/3/2021

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	1-69EB	Victim In	itials: A.B.
Case Payment Totals: \$1, 0	060.00		
Claim Payments:			
CL2021-79F3			
Approval Date 08/03/2021	<u>AmountPaid</u> \$304.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Aurora Menta Date(s) of Service (If A) 5/10/2021-5/10/2021 4/26/2021-4/26/2021			
CL2021-ABE9			
Approval Date 05/18/2021	<u>AmountPaid</u> \$756.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Aurora Menta	al Health, Plic		
Date(s) of Service (If A) 4/12/2021-4/12/2021 3/30/2021-3/30/2021	pplicable)		
3/23/2021-3/23/2021			
3/18/2021-3/18/2021 3/4/2021-3/4/2021			
Case ID Number: CS202		Victim In	itials: J.S.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-88D5			
<u>Approval Date</u> 06/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A 5/10/2021-5/10/2021	pplicable)		
Case ID Number: CS202	1-6B32	Victim In	itials: S.H.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-8729			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/19/2021 Payee: Dakota Child	\$288.00 ren'S Advocacy	Medical Center	Hospital or Clinic
<u>Date(s) of Service (If A</u> 2/3/2020-2/3/2020	-		

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 06/16/2021 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date Mental Health 12/16/2021 \$180.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 11/5/2021-11/5/2021 Case ID Number: CS2021-6C23 Victim Initials: R.R. Case Payment Totals: \$57.60 Claim Payments: CL2021-6C23 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/12/2021 \$57.60 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 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 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2021-7	076	Victim In	itials: P.C.
Case Payment Totals: \$860.0	0		
Claim Payments:			
CL2022-2AE8			
02/11/2022 \$	<u>mountPaid</u> 112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plains <u>Date(s)</u> o Centaic e (If Appli 1/11/2022-1/11/2022		lvocacy	
CL2022-1028			
	<u>mountPaid</u> 280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plains		lvocacy	
Date(s) of Settrice (If Appli 12/30/2021-12/30/2021 12/7/2021-12/7/2021	<u>cable)</u>		
CL2021-DE3F			
	<u>mountPaid</u> 180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plains Date(s) o Contended (If Appli 11/29/2021-11/29/2021		lvocacy	
CL2021-7D75			
	<u>mountPaid</u> 288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plains Date(s) o C9eteic e (If Appli 7/6/2021-7/6/2021		lvocacy	
ase ID Number: CS2021-7	'106	Victim In	nitials: M.S.
Case Payment Totals: \$995.4	0		
Claim Payments:			
CL2023-E07B			
	<u>mountPaid</u> 10.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids Therap	-		
Date(s) of Service (If Appli 12/19/2022-12/19/2022 12/5/2022-12/5/2022	<u>cable)</u>		
CL2022-0750			
Approval Date A	<u>mountPaid</u>	Claim Category	Medical Category (if applicable)
	- 0000		0.0405.4.000.445.0000
ND Crime Victims Compensation PO Box 1898	I, DUCK		8-6195; 1-800-445-2322 npensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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** <u>Date(s) of Service (If Applicable)</u> 11/14/2022-11/14/2022 10/17/2022-10/17/2022

CL2022-EAC4

Bismarck, ND 58502-1898

	AmountPaid 60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Thera				
Date(s) of Service (If App				
9/21/2022-9/21/2022	<u></u>			
8/30/2022-8/30/2022				
8/17/2022-8/17/2022				
CL2022-290C				
	AmountPaid 200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Thera				
Date(s) of Service (If App				
4/19/2022-4/19/2022	<u></u>			
CL2021-242D				
	AmountPaid	Claim Category	Medical Category (if applicable)	
	6134.20	Mental Health		
Payee: The Kids Thera	py Center, Llc			
Date(s) of Service (If App	licable)			
5/3/2021-5/3/2021				
4/27/2021-4/27/2021				
4/19/2021-4/19/2021				
CL2021-9249				
	AmountPaid	Claim Category	Medical Category (if applicable)	
05/12/2021 \$ Payee: The Kids Thera	521.20	Mental Health		
Date(s) of Service (If App 4/6/2021-4/6/2021	licable)			
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				
ase ID Number: CS2021-	71B9	Victim In	itials: C.A.	
Case Payment Totals: \$2,88	4.33			
Claim Payments:				
CL2023-3F99				
	AmountPaid	Claim Category	Medical Category (if applicable)	
<u></u>		<u> </u>		
ND Crime Victims Compensation	on, DOCR	Phone: (701)-328	8-6195; 1-800-445-2322	
PO Box 1898			npensation@nd.gov	Daga 205

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/23/2022	\$1,208.65	Mental Health	
Payee: Dakota Cl	hildren'S Advocacy	Center	
Date(s) of Service (If Applicable)		
11/16/2021-11/16/2	021		
11/8/2021-11/8/202	1		
11/3/2021-11/3/202	1		
10/25/2021-10/25/2	.021		
10/11/2021-10/11/2	021		
10/6/2021-10/6/202	21		
9/14/2021-9/14/202	21		

Case ID Number: CS2021-721E

Victim Initials: T.H.

Case Payment Totals: \$288.00

Claim Payments:

CL2021-B17D

Approval Date 07/19/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ains Children'S A	dvocacy	
Date(s) o Centeic e (If A	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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/19/2021	\$72.00	Mental Health	
Payee: Playworks	s Individual & Fami	ly Therapy	
Date(s) of Service (If Applicable)		
3/1/2021-3/1/2021			
2/22/2021-2/22/202	1		
2/15/2021-2/15/202	1		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS202	21-729A	Victim Ir	nitials: E.H.
Case Payment Totals: \$5	,088.00		
Claim Payments:			
CL2022-8C03			
Approval Date 10/13/2022 Payee: Decoteau Tr <u>Date(s)</u> o P8actrice , (File 9/15/2022-9/15/2022		<u>Claim Category</u> Mental Health Care &	Medical Category (if applicable)
CL2022-DC3E			
Approval Date 09/15/2022	<u>AmountPaid</u> \$220.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Decoteau Tr	auma-Informed	Care &	
<u>Date(s)</u> o P5actice ,(P14 8/15/2022-8/15/2022	oplicable)		
CL2022-3063			
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) o Csetteic e (If A 4/29/2022-4/29/2022 4/20/2022-4/20/2022 4/7/2022-4/7/2022	Applicable)		
CL2022-303C			
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$784.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Cserveice (If A 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		Advocacy	
CL2022-3DDE			
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$1,008.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla		dvocacy	
<u>Date(s)</u> o Ceetteic e (If A 2/24/2022-2/24/2022	Applicable)		
2/17/2022-2/17/2022			
2/9/2022-2/9/2022			
_,,,			
2/3/2022-2/3/2022 2/4/2022-2/4/2022 1/26/2022-1/26/2022			

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

NOTE: Upon psyment approval, please allow 7-10 pusiness days for processing and check issuance. Document can be searched by cicking CTRL+F, then entering text to search. CU202::329 Anaroval Date AmountPaid Anaroval Date AmountPaid Advocacy Medical Category (if applicable) Payes: Northern Plains Children'S Advocacy Medical Category (if applicable) Medical Category (if applicable) 120/02/2011-120/02/2011 S32.00 Mental Health Payes: Northern Plains Children'S Advocacy Medical Category (if applicable) 120/2021-12/3/2021 S32.00 Mental Health Payes: Northern Plains Children'S Advocacy Medical Category (if applicable) 11/12/2021-11/12/2021 11/12/2021 11/12/2021-11/12/2021 Mental Health Payes: Northern Plains Children'S Advocacy Medical Category (if applicable) 10/2021-0590 S224.00 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/202021-0590 S24.00 Approval Date AmountPaid Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 10/202021-092/2021 S24.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Categ	Claim			Victims Compensation	07/03/2025 1:05:50AM		
AnountPail AnountPail Claim Category (f applicable) 01/21/2022 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1-12/2020/1 12/2020/1 12/2020/1-12/2020/1 12/2020/1 12/2020/1-12/2020/1 12/2020/1 12/2020/1-12/2020/1 12/2020/1 12/2020/1-12/2020/1 12/2020/1 11/22/2021-11/1/2020/1 Mental Health 11/22/2021-11/1/2020/1 Mental Health 11/22/2021-11/1/2020/1 Mental Health 11/22/2021-11/1/2020/1 Mental Health 11/22/2021-10/2020/1 Mental Health 11/22/2021-10/2020/1 S224.00 Mental Health Medical Category (f applicable) 10/2020/21-10/2020/21 S224.00 10/2020/21-10/2020/21 S224.00 Mental Health Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oBettee (If Applicable) Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oBettee (If Applicable)		DTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.					
Paves: Northern Plains Children'S Advocacy Date(s) of Cleater, (if Applicable) 12/30/2021-12/30/2021 12/30/2021-12/30/2021 12/8/2021-12/30/2021 12/8/2021-12/30/2021 12/8/2021-12/15/2021 12/8/2021-12/15/2021 12/8/2021-12/15/2021 12/8/2021-12/15/2021 11/2/2021-11/2/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 11/12/2021-11/12/2021 10/14/2021-10/14/2021 CL2021-00/20/201 10/14/2021-10/14/2021 CL2021-00/20/201 10/14/2021 10/	Approval Date			Medical Category (if applicable)			
Approval Date 12/15/2021 AmountPaid \$332.00 Claim Category (Menial Health) Medical Category (if applicable) Payee: 11/22/2021-11/12/2021 11/12/2021 Medical Category (if applicable) 11/22/2021-11/12/2021 Medical Category (if applicable) 11/22/2021-10/24/2021 Medical Category (if applicable) 10/24/2021-10/24/2021 Medical Category (if applicable) 10/24/2021-10/24/2021 Medical Category (if applicable) 10/24/2021-10/24/2021 Medical Category (if applicable) 10/14/2021-10/14/2021 Medical Category (if applicable) 10/14/2021-10/24/2021 Medical Category (if applicable) 9/06/2021-09/09/2021 Medical Category (if applicable) 9/06/2021-09/09/2021 Medical Category (if applicable) 9/06/2021-9/09/2021 Medical Category (if applicable) 9/07/2021 S224.00	Payee: Northern Pla <u>Date(s)</u> o Centeice (If A 12/30/2021-12/30/202 ⁻¹ 12/23/2021-12/23/202 ⁻¹ 12/15/2021-12/15/202 ⁻¹	ins Children'S A pplicable) 1 1					
Date(s) of Deturine (if Applicable) 11/22/2021-11/1/22/2021 11/22/2021-11/1/22/2021 11/1/22/2021-11/1/22/2021 11/1/2021-11/1/2021 Medical Category (if applicable) 11/26/2021 AmountPaid Payee: Northern Plains Children'S Advocacy Date(s) of Detutes (if Applicable) 10/29/2021-10/29/2021 10/29/2021-10/29/2021 10/13/2021 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Detutes (if Applicable) 10/29/2021-10/29/2021 10/13/2021 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Detutes (if Applicable) 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/16/2021-9/16/2021 9/2021-9/2/2021 Date(s) of Detutes (if Applicable) 9/30/2021-9/2/2021 S224.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Detutes (if Applicable) 9/30/2021-9/2/2021 S224.00 Mental Health Payee: Northern Plains Children'S Advocacy	Approval Date			Medical Category (if applicable)			
Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Date(s) of Conterner Plains Children'S Advocacy Date(s) of Conterner Plains Children'S Advocacy Date(s) of Conterner Plains Children'S Advocacy Medical Category (if applicable) Northerner 10/14/2021-10/14/2021 Medical Category (if applicable) Northerner Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/13/2021 S336.00 Mental Health Medical Category (if applicable) 10/13/2021 S336.00 Mental Health Medical Category (if applicable) 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/30/2021-9/30/2021 Medical Category (if applicable) 9/16/2021-9/16/2021 S224.00 Mental Health Medical Category (if applicable) 9/18/2021-8/18/2021 S224.00 Mental Health Medical Category (if applicable) 8/18/2021-8/18/2021 S222.00 Mental Health Medical Category (if applicable) 8/18/2021-8/18/2021 S292.00 Mental Health Medical Category (if applicable) 9/18/2021-8/18/2021 S292.00 Mental Health Medical Category (if applicable)	<u>Date(s)</u> o Centeic e (If A 11/22/2021-11/22/2021 11/12/2021-11/12/2021	pplicable)	dvocacy				
Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/13/2021 \$336.00 Mental Health Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Date(s) of Centrice (if Applicable) 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/30/2021-9/30/2021 9/16/2021-9/16/2021 9/16/2021 9/2/2021 Medical Category (if applicable) 09/17/2021 \$224.00 Mental Health Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 09/17/2021 \$224.00 Mental Health Medical Category (if applicable) 8/18/2021-8/18/2021 8/18/2021-8/18/2021 8/18/2021-8/18/2021 Medical Category (if applicable) 8/18/2021-8/14/2021 4/2021 Medical Category (if applicable) Medical Category (if applicable) 08/12/2021 AmountPaid Claim Category Medical Category (if applicable) 08/12/2021 \$292.00 Mental Health Medical Category (if applicable) 08/12/2021 \$292.00 Mental Health Medical Category (if applicable) 08/12/2021	Approval Date 11/26/2021 Payee: Northern Pla Date(s) o Coeteric e (If A 10/29/2021-10/29/2021	\$224.00 ins Children'S A pplicable) 1	Mental Health	<u>Medical Category (if applicable)</u>			
Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/17/2021 \$224.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coefficient (If Applicable) 8/18/2021-8/18/2021 8/18/2021-8/18/2021 8/18/2021 8/4/2021-8/4/2021 Vertication Approval Date AmountPaid Claim Category 08/12/2021 \$292.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) Medical Category (if applicable)	Approval Date 10/13/2021 Payee: Northern Pla Date(s) of Sentraice (If A 9/30/2021-9/30/2021 9/16/2021-9/16/2021	\$336.00 ins Children'S A	Mental Health	Medical Category (if applicable)			
Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/12/2021 \$292.00 Mental Health Payee: Northern Plains Children'S Advocacy	Approval Date 09/17/2021 Payee: Northern Pla Date(s) of Coefficience (If A 8/18/2021-8/18/2021	\$224.00 ins Children'S A	Mental Health	Medical Category (if applicable)			
Date(s) of Coeffec (If Applicable) 7/20/2021-7/20/2021 7/8/2021-7/8/2021	Approval Date 08/12/2021 Payee: Northern Pla Date(s) of Content of A 7/20/2021-7/20/2021	\$292.00 ins Children'S A	Mental Health	Medical Category (if applicable)			

			Victims Compensation	/- /			
Cla	im Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM			
	DTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.						
CL2021-5907							
<u>Approval Date</u> 07/19/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Northern F Date(s) o C9eteic e (I 5/24/2021-5/24/2021	f Applicable)	dvocacy					
Case ID Number: CS2	021-72CC	Victim Ir	nitials: C.D.				
Case Payment Totals: \$	288.00						
Claim Payments:							
CL2021-3715							
Approval Date 11/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Dakota Ch <u>Date(s) of Service (I</u>	-	Center					
9/21/2020-9/21/2020							
Case ID Number: CS2	021-731D	Victim Ir	nitials: A.V.				
Case Payment Totals: \$	348.00						
Claim Payments:							
CL2022-05D4	AmountDaid	Claim Catagony	Madical Catagory (if applicable)				
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern P		dvocacy					
<u>Date(s) oCeetteice (li</u> 1/7/2022-1/7/2022	f Applicable)						
CL2022-3FB1							
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)				
01/21/2022 Payee: Northern P	\$180.00	Mental Health					
Date(s) o Ceetkeic e (li		luvocacy					
12/3/2021-12/3/2021							
Case ID Number: CS2	021-737A	Victim Ir	nitials: V.V.				
Case Payment Totals: \$	6,332.91						
Claim Payments:							
CL2022-7195							
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)				
01/27/2022 Payee: V.V.	\$300.00	Medical	Hospital or Clinic				
<u>Date(s) of Service (l</u> 8/6/2021-11/13/2021							

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CI			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment app Document can be s	1.03.30AW			
CL2022-B950				
<u>Approval Date</u> 01/27/2022	<u>AmountPaid</u> \$172.15	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Petersen <u>Date(s) of Service (</u> 8/6/2021-11/13/202	(If Applicable)			
CL2021-6828				
<u>Approval Date</u> 12/16/2021	<u>AmountPaid</u> \$3,453.90	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Mckenzie Date(s) of Service (6/7/2021-6/7/2021	County Healthcare	e System		
CL2021-EBAB				
<u>Approval Date</u> 12/16/2021	<u>AmountPaid</u> \$2,406.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Al <u>Date(s)</u> o Meeticat) (5/28/2021-5/28/202		ton (Mercy		
Case Payment Totals: Claim Payments: CL2022-1F64 <u>Approval Date</u> 04/25/2022 Payee: A.S.	\$300.00 <u>AmountPaid</u> \$300.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS2	2021-754A	Victim Ir	nitials: B.L.	
Case Payment Totals:	\$1,200.00			
Claim Payments: CL2021-BE33 <u>Approval Date</u> 11/29/2021 Payee: B.L.	<u>AmountPaid</u> \$1,200.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS2	2021-7576	Victim Ir	nitials: T.M.	
Case Payment Totals:	\$404.00			
Claim Payments:				
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	

Bismarck, ND 58502-1898

	North D	Dakota Crime \	Victims Compensation				
Clain	n Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM			
	DTE: Upon payment approval, 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							
Approval Date 11/29/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 10/14/2021-10/14/202 10/5/2021-10/5/2021	Applicable)	Advocacy					
CL2021-0379							
Approval Date 10/13/2021 Payee: Northern Pla Date(s) oCentreice (If A 9/27/2021-9/27/2021		<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)				
Case ID Number: CS202	21-775B	Victim Ir	nitials: E.S.				
Case Payment Totals: \$2	,652.73						
Claim Payments:							
CL2022-CFE6							
Approval Date 04/27/2022	AmountPaid \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Child Date(s) of Service (If A 2/22/2021-2/22/2021	-	Center					
CL2022-08C3							
<u>Approval Date</u> 03/16/2022	<u>AmountPaid</u> \$2,417.63	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Child	-	Center					
Date(s) of Service (If A 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	<u>Applicable)</u>						
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 Approval Date 06/18/2021	<u>AmountPaid</u> \$177.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Dakota Child	dren'S Advocacy	v Center					
ND Crime Victims Compens	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322				

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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.

Date(s) of Service (If Applicable) 4/5/2021-4/5/2021

PO Box 1898

Bismarck, ND 58502-1898

	021-7761	Victim Ir	nitials: G.P.
Case Payment Totals: \$	\$288.00		
Claim Payments:			
CL2021-EBA2			
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch <u>Date(s) of Service (1</u> 11/10/2021-11/10/20	If Applicable)	r Center	
Case ID Number: CS2	021-77AB	Victim Ir	nitials: A.B.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2021-5B5D			
<u>Approval Date</u> 09/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F	•	dvocacy	
Date(s) o C9eteic e (1 7/27/2021-7/27/202			
Case ID Number: CS2	021-79A7	Victim Ir	nitials: F.V.
		Victim Ir	nitials: F.V.
Case Payment Totals: \$		Victim Ir	nitials: F.V.
Case Payment Totals: \$ Claim Payments:		Victim Ir	nitials: F.V.
Case Payment Totals: \$ Claim Payments: CL2022-B419 Approval Date	53,708.00 <u>AmountPaid</u>	<u>Claim Category</u>	nitials: F.V. Medical Category (if applicable)
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022	\$3,708.00 <u>AmountPaid</u> \$520.00		
Case Payment Totals: \$ Claim Payments: CL2022-B419 Approval Date	\$3,708.00 <u>AmountPaid</u> \$520.00 \$ & Blohm <u>If Applicable</u>) 021	<u>Claim Category</u>	
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20	\$3,708.00 <u>AmountPaid</u> \$520.00 \$ & Blohm <u>If Applicable</u>) 021	<u>Claim Category</u>	
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20 CL2021-F959	AmountPaid \$520.00 \$ & Blohm If Applicable) 021 021	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20	\$3,708.00 <u>AmountPaid</u> \$520.00 \$ & Blohm <u>If Applicable</u>) 021	<u>Claim Category</u>	
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (II</u> 12/29/2021-12/29/20 12/15/2021-12/15/20 CL2021-F959 <u>Approval Date</u>	AmountPaid \$520.00 \$ & Blohm If Applicable) 021 021 021 MountPaid \$260.00 \$ & Blohm If Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20 CL2021-F959 <u>Approval Date</u> 12/16/2021 Payee: Chambers <u>Date(s) of Service (I</u> 11/18/2021-11/18/20	AmountPaid \$520.00 \$ & Blohm If Applicable) 021 021 021 MountPaid \$260.00 \$ & Blohm If Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20 CL2021-F959 <u>Approval Date</u> 12/16/2021 Payee: Chambers <u>Date(s) of Service (I</u>	AmountPaid \$520.00 \$ & Blohm If Applicable) 021 021 021 MountPaid \$260.00 \$ & Blohm If Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
Case Payment Totals: \$ Claim Payments: CL2022-B419 <u>Approval Date</u> 01/20/2022 Payee: Chambers <u>Date(s) of Service (I</u> 12/29/2021-12/29/20 12/15/2021-12/15/20 CL2021-F959 <u>Approval Date</u> 12/16/2021 Payee: Chambers <u>Date(s) of Service (I</u> 11/18/2021-11/18/20 CL2021-80C9	\$3,708.00 <u>AmountPaid</u> \$520.00 \$ & Blohm If Applicable) 021 021 <u>AmountPaid</u> \$260.00 \$ & Blohm If Applicable) 021	<u>Claim Category</u> Mental Health <u>Claim Category</u> Mental Health	Medical Category (if applicable) Medical Category (if applicable)

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 11/18/2021 \$192.00 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 8/5/2021-8/5/2021 CL2021-97F4 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/18/2021 \$260.00 Mental Health Payee: Chambers & Blohm Date(s) of Service (If Applicable) 10/28/2021-10/28/2021 CL2021-C1DE Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 11/18/2021 \$260.00 Payee: Chambers & Blohm Date(s) of Service (If Applicable) 10/14/2021-10/14/2021 CL2021-6084 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$780.00 Mental Health 10/25/2021 Payee: Chambers & Blohm Date(s) of Service (If Applicable) 9/30/2021-9/30/2021 9/23/2021-9/23/2021 9/15/2021-9/15/2021 CL2021-4C5E Medical Category (if applicable) Approval Date **AmountPaid** Claim Category Mental Health 08/19/2021 \$576.00 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 7/22/2021-7/22/2021 7/12/2021-7/12/2021 7/1/2021-7/1/2021 CL2021-C6B3 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/06/2021 \$860.00 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Ir	nitials: K.L.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2021-8F05		
Approval Date AmountF		Medical Category (if applicable)
06/24/2021 \$288.00 Payee: Dakota Children'S Adv	Medical	Hospital or Clinic
Date(s) of Service (If Applicable) 4/23/2021-4/23/2021		
Case ID Number: CS2021-7A12	Victim Ir	nitials: B.B.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2021-2F6E		
Approval Date AmountF 10/20/2021 \$288.00 Payee: Dakota Children'S Adve Date(s) of Service (If Applicable) 6/28/2021-6/28/2021	Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
0/20/2021-0/20/2021		
Case ID Number: CS2021-7A95	Victim Ir	nitials: J.W.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2021-3502		
<u>Approval Date</u> <u>AmountF</u> 06/22/2021 \$288.00	Paid <u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Children'S Adv	ocacy Center	
Date(s) of Service (If Applicable) 4/28/2021-4/28/2021		
Case ID Number: CS2021-7C0B	Victim Ir	nitials: T.B.
Case Payment Totals: \$2,812.00		
Claim Payments:		
CL2022-768B		
Approval Date AmountF 02/15/2022 \$224.00	Paid <u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plains Childre	en'S Advocacy	
Date(s) o Ceeteice (If Applicable)		

DTE: Upon payment approval, p Document can be searche CL2022-BA2F <u>Approval Date</u> <u>A</u> 01/21/2022 \$2 Payee: Northern Plains <u>Date(s) oCsetteice (If Applit 12/15/2021-12/15/2021 12/1/2021-12/1/2021</u>	ayments: Ser please allow 7- ed by clicking C <u>mountPaid</u> 224.00 Children'S Ad	tvice Providers & 10 business days fo CTRL+F, then enter <u>Claim Category</u> Mental Health		07/03/2025 1:05:50AN
Document can be searcher CL2022-BA2F <u>Approval Date</u> <u>A</u> 01/21/2022 \$2 Payee: Northern Plains <u>Date(s) of Coenteice (If Applited)</u> 12/15/2021-12/15/2021 12/1/2021-12/1/2021	ed by clicking (<u>mountPaid</u> 224.00 Children'S Ad	CTRL+F, then enter Claim Category Mental Health	ing text to search.	
Approval Date A 01/21/2022 \$2 Payee: Northern Plains Date(s) of Content of the plain of the plai	224.00 Children'S Ad	Mental Health		
01/21/2022 \$2 Payee: Northern Plains Date(s) o Coenteice (If Appli 12/15/2021-12/15/2021 12/1/2021-12/1/2021	224.00 Children'S Ad	Mental Health		
Date(s) o Centeic e (If Appli 12/15/2021-12/15/2021 12/1/2021-12/1/2021			Medical Category (if applicable)	
		vocacy		
CL2021-48A4				
12/15/2021 \$4 Payee: Northern Plains		<u>Claim Category</u> Mental Health vocacy	Medical Category (if applicable)	
Date(s) o C3eateic e (If Appli 11/24/2021-11/24/2021 11/17/2021-11/17/2021 11/10/2021-11/10/2021 11/3/2021-11/3/2021	icable)			
CL2021-C894				
11/29/2021 \$	<u>mountPaid</u> 504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plains <u>Date(s)</u> o Centeice (If Appli 10/27/2021-10/27/2021 10/20/2021-10/20/2021 10/13/2021-10/13/2021 10/6/2021-10/6/2021		vocacy		
CL2021-74C9				
	<u>mountPaid</u> 448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plains <u>Date(s)</u> o Centeic e (If Appli 9/22/2021-9/22/2021 9/15/2021-9/15/2021 9/9/2021-9/9/2021 9/1/2021-9/1/2021		vocacy		
CL2021-9CF6				
	<u>mountPaid</u> 448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plains <u>Date(s)</u> o CSenteice (If Appli 8/18/2021-8/18/2021 8/11/2021-8/11/2021 8/4/2021-8/4/2021 7/28/2021-7/28/2021		vocacy		
CL2021-3842				
	mountPaid	Claim Category	Medical Category (if applicable)	

Cla	im Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se		-	for processing and check issuance. ring text to search	
08/19/2021	\$336.00	Mental Health		
Payee: Northern P				
<u>Date(s)</u> o C3ettrice (If 7/21/2021-7/21/2021 7/14/2021-7/14/2021 6/30/2021-6/30/2021	Applicable)			
CL2021-B641				
<u>Approval Date</u> 07/19/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o C3etteic e (If 6/10/2021-6/10/2021	Applicable)	dvocacy		
Case ID Number: CS20)21-7EB5	Victim Ir	nitials: N.C.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2021-B1B9				
<u>Approval Date</u> 08/17/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P <u>Date(s)</u> o Ceete (II 7/13/2021-7/13/2021	f Applicable)	dvocacy		
Case ID Number: CS20	021-7ECF	Victim Ir	nitials: K.K.	
Case Payment Totals: \$	1,444.00			
Claim Payments:				
CL2022-A0D5				
Approval Date 06/06/2022	<u>AmountPaid</u> \$284.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau 1 <u>Date(s)</u> o PSectice,(R 5/11/2022-5/11/2022 5/3/2022-5/3/2022	lep plicable)	Care &		
CL2022-8A99				
<u>Approval Date</u> 05/09/2022	<u>AmountPaid</u> \$188.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau 1 <u>Date(s)</u> o PSactice,(R 4/27/2022-4/27/2022	lAc plicable)	Care &		
CL2022-2686				
Approval Date 04/18/2022	<u>AmountPaid</u> \$972.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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) oPsectice, (PlApplicable) 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

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/27/2022	\$134.78	Mental Health	
Payee: Dakota Childr	en'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 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 06/23/2021 \$648.76 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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$105.72 Mental Health 06/22/2021 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/21/2020-9/21/2020 Victim Initials: D.G. Case ID Number: CS2021-81C3 Case Payment Totals: \$288.00 Claim Payments: ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov Page 317 of 725 Bismarck, ND 58502-1898

Clai			/ictims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be sea	1.03.50AM			
CL2021-12CD <u>Approval Date</u> 09/29/2021 Payee: Northern Pl <u>Date(s) oC9eteice (If</u> 8/9/2021-8/9/2021		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	21-82F4	Victim Ir	iitials: A.M.	
Case Payment Totals: \$6	94.38			
Claim Payments:				
CL2021-272D				
<u>Approval Date</u> 06/23/2021 Payee: Dakota Chil <u>Date(s) of Service (If</u> , 5/27/2021-5/27/2021	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-D28C Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/15/2021 Payee: Dakota Chil Date(s) of Service (If, 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	-	Mental Health Center		
CL2021-3E15				
<u>Approval Date</u> 04/30/2021 Payee: Dakota Chil	AmountPaid \$91.42 dren'S Advocacy	Claim Category Mental Health Center	Medical Category (if applicable)	
Date(s) of Service (If. 3/4/2021-3/4/2021	-			
Case ID Number: CS20	21-837B	Victim Ir	iitials: J.A.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2021-1BBC				
<u>Approval Date</u> 06/23/2021 Payee: Dakota Chil	AmountPaid \$288.00 dren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 4/27/2021-4/27/2021	-			

Claim Payments: Service Providers & Personal Reimbursements, by Case

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PO Box 1898

Bismarck, ND 58502-1898

Case ID Number: CS202	1-84DE	Victim Ir	nitials: J.T.
Case Payment Totals: \$73	1.33		
Claim Payments:			
CL2021-4A75			
<u>Approval Date</u> 05/06/2021	<u>AmountPaid</u> \$731.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If Ap	oplicable)		
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: CS202	1-862C	Victim Ir	nitials: H.H.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-8EBA			
<u>Approval Date</u> 11/01/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child			
Date(s) of Service (If A) 2/10/2021-2/10/2021	-		
Case ID Number: CS202	1-88A5	Victim Ir	nitials: A.B.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-1AC3			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/09/2021 Payee: Northern Plai	\$288.00 ns Children'S A	Medical	Hospital or Clinic
<u>Date(s)</u> o £36/4 %ce (If A) 11/4/2021-11/4/2021		avocacy	
Case ID Number: CS202	1-88B2	Victim Ir	nitials: A.F.
Case Payment Totals: \$1,6	670.92		
Claim Payments:			
CL2022-52C7			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compensa	ition, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 07/20/2022 \$983.56 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/21/2021 \$632.90 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/2/2021-8/2/2021 7/27/2021-7/27/2021 7/21/2021-7/21/2021 7/13/2021-7/13/2021 6/16/2021-6/16/2021 6/11/2021-6/11/2021 5/28/2021-5/28/2021 CL2021-90FA AmountPaid Claim Category Medical Category (if applicable) Approval Date 06/23/2021 \$54.46 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/27/2021-4/27/2021 Case ID Number: CS2021-8951 Victim Initials: J.M. Case Payment Totals: \$288.00 Claim Payments: CL2021-6666 Claim Category Medical Category (if applicable) Approval Date AmountPaid 08/11/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/23/2021-2/23/2021 Case ID Number: CS2021-8AD8 Victim Initials: H.B. Case Payment Totals: \$1,020.00 Claim Payments: CL2022-9351 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 03/22/2022 \$168.00

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Coeffice (If Applicable) 2/17/2022-2/17/2022

CL2022-DB2F

Approval Date	AmountPaid	Claim Category
02/11/2022	\$852.00	Mental Health

Medical Category (if applicable)

Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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

Medical Category (if applicable) Approval Date AmountPaid Claim Category 08/17/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (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

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/01/2024	\$152.75	Mental Health	
Payee: The Kids	Therapy Center, Lle	C	
Data(a) of Comilar	(If Americania)		

Date(s) of Service (If Applicable) 4/5/2023-4/5/2023

CL2023-B81B

<u>Approval Date</u> 07/28/2023 Payee: The Kids Tl	<u>AmountPaid</u> \$152.75 herapy Center, Llc	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) of Service (If 5/30/2023-5/30/2023			
CL2023-B696			
<u>Approval Date</u> 06/27/2023	<u>AmountPaid</u> \$152.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids T	herapy Center, Llc		
<u>Date(s) of Service (If</u> 4/26/2023-4/26/2023	<u>^</u>		
ND Crime Victims Compen	sation, DOCR	Phone: (701)-328	-6195; 1-800-445-2322
PO Box 1898		Email: DOCRcom	ppensation@nd.gov

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.

Bismarck, ND 58502-1898

A second second Decision	A		Markerst Order with the Physics A	
<u>Approval Date</u> 05/04/2023 Payee: The Kids Th	<u>AmountPaid</u> \$101.69 erapy Center, LIc	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (If A</u> 3/8/2023-3/8/2023				
CL2023-A888				
Approval Date 03/29/2023	AmountPaid \$152.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Th <u>Date(s) of Service (If A</u> 2/13/2023-2/13/2023				
CL2023-3052				
Approval Date 03/17/2023 Payee: The Kids The Date(s) of Service (If A 1/11/2023-1/11/2023 12/19/2022-12/19/202	Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2023-8179				
Approval Date 02/06/2023 Payee: The Kids The Date(s) of Service (If A 12/5/2022-12/5/2022		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
L2022-69FD				
Approval Date 12/27/2022 Payee: The Kids The Date(s) of Service (If A 11/2/2022-11/2/2022 10/18/2022-10/18/202 10/4/2022-10/4/2022 8/23/2022-8/23/2022	Applicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2022-2395				
<u>Approval Date</u> 09/15/2022 Payee: The Kids Th	AmountPaid \$305.50 erapy Center LIC	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (If A</u> 8/3/2022-8/3/2022 7/20/2022-7/20/2022				
CL2022-6E41				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Mental Health 08/18/2022 \$305.50 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 08/02/2022 \$152.75 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 5/24/2022-5/24/2022 CL2022-0A03 Approval Date Claim Category AmountPaid Medical Category (if applicable) 05/16/2022 \$305.50 Mental Health Pavee: 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/18/2022 \$305.50 Mental Health 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 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 02/28/2022 \$209.00 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/20/2022 \$152.75 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 11/30/2021-11/30/2021 CL2021-7881 AmountPaid Approval Date Claim Category Medical Category (if applicable) \$305.50 Mental Health 11/18/2021 Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 10/4/2021-10/4/2021 9/21/2021-9/21/2021

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

	North Da	akota Crime \	/ictims Compensation	
Clain	n Payments: Se	rvice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea		-	or processing and check issuance. ring text to search.	
CL2021-358A				
<u>Approval Date</u> 10/25/2021	AmountPaid \$152.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids Th <u>Date(s) of Service (If A</u> 9/13/2021-9/13/2021				
CL2021-423B				
<u>Approval Date</u> 09/20/2021	<u>AmountPaid</u> \$305.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The				
Date(s) of Service (If A 8/10/2021-8/10/2021 7/28/2021-7/28/2021	Applicable)			
CL2021-6D30				
Approval Date 08/19/2021	<u>AmountPaid</u> \$305.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The	erapy Center, Llc			
Date(s) of Service (If A	<u>Applicable)</u>			
7/5/2021-7/5/2021 6/17/2021-6/17/2021				
Case ID Number: CS202	21-8E8F	Victim In	nitials: K.A.	
Case Payment Totals: \$28	88.00			
Claim Payments:				
CL2021-2C2F				
Approval Date 05/07/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chilo	dren'S Advocacy	Center		
<u>Date(s) of Service (If A</u> 4/7/2021-4/7/2021	<u>Applicable)</u>			
Case ID Number: CS202	21-8FC4	Victim In	iitials: A.A.	
Case Payment Totals: \$28	88.00			
Claim Payments:				
CL2021-9C5C				
<u>Approval Date</u> 11/18/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chilo	dren'S Advocacy	Center		
<u>Date(s) of Service (If A</u> 7/15/2020-7/15/2020	<u>Applicable)</u>			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	1-90BF	Victim Ir	itials: J.M.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2022-7E2B			
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla <u>Date(s)</u> o Ceeteic e (If A 12/21/2021-12/21/202	pplicable)	Advocacy	
Case ID Number: CS202	1-9252	Victim Ir	iitials: T.K.
Case Payment Totals: \$2 ,	333.31		
Claim Payments:			
CL2021-A950			
Approval Date 10/28/2021	<u>AmountPaid</u> \$289.94	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	Center	
Date(s) of Service (If A 6/28/2021-6/28/2021 5/24/2021-5/24/2021 5/17/2021-5/17/2021	pplicable)		
CL2021-2E34			
<u>Approval Date</u> 06/22/2021	<u>AmountPaid</u> \$280.32	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	-	Center	
Date(s) of Service (If A 4/26/2021-4/26/2021 4/19/2021-4/19/2021 4/12/2021-4/12/2021	<u>pplicable)</u>		
CL2021-3F31 <u>Approval Date</u> 06/07/2021	<u>AmountPaid</u> \$207.32	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: J.K.			
Date(s) of Service (If A 5/26/2021-5/26/2021	pplicable)		
5/12/2021-5/12/2021			
CL2021-3AED			
<u>Approval Date</u> 05/13/2021	<u>AmountPaid</u> \$450.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: J.K.			
Date(s) of Service (If A 4/21/2021-4/21/2021 4/14/2021-4/14/2021 4/7/2021-4/7/2021	pplicable)		
ND Crime Victims Compens	ation DOCR	Phone: (701) 22	8-6195: 1-800-445-2322

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Bismarck, ND 58502-1898

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/12/2021	\$542.68	Mental Health	<u></u>	
Payee: Pediatric P				
Date(s) of Service (If 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				
L2021-E0C9				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/07/2021	\$563.05	Mental Health		
Payee: Dakota Chi	-	Center		
Date(s) of Service (If 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				
e ID Number: CS20)21-9613	Victim Ir	nitials: G.L.	
ning Devine enter				
aim Payments: SL2022-502E Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
-	<u>AmountPaid</u> \$693.72	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi	\$693.72 ildren'S Advocacy	Mental Health	Medical Category (if applicable)	
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u>	\$693.72 ildren'S Advocacy	Mental Health	Medical Category (if applicable)	
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u> 9/7/2022-9/7/2022	\$693.72 Idren'S Advocacy Applicable)	Mental Health	Medical Category (if applicable)	
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u>	\$693.72 Ildren'S Advocacy Applicable)	Mental Health	Medical Category (if applicable)	
L2022-502E Approval Date 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u> 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022	\$693.72 Ildren'S Advocacy Applicable)	Mental Health	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (Iff 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date	\$693.72 ildren'S Advocacy Applicable) AmountPaid	Mental Health Center	<u>Medical Category (if applicable)</u>	
L2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 L2022-28CB Approval Date 08/23/2022	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74	Mental Health Center <u>Claim Category</u> Mental Health		
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u> 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 B/15/2022-8/15/2022 CL2022-28CB <u>Approval Date</u> 08/23/2022 Payee: Dakota Chi	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
L2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 L2022-28CB Approval Date 08/23/2022	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/8/2022	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
L2022-502E <u>Approval Date</u> 09/28/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u> 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB <u>Approval Date</u> 08/23/2022 Payee: Dakota Chi <u>Date(s) of Service (If</u> 8/8/2022-8/8/2022 EL2022-514F	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy Applicable)	Mental Health Center <u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/8/2022	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy	Mental Health Center <u>Claim Category</u> Mental Health		
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/8/2022 EL2022-514F Approval Date	\$693.72 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$258.74 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$638.83	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (Iff 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (Iff 8/8/2022-8/8/2022 Payee: Dakota Chi Date(s) of Service (Iff 08/23/2022 Payee: Dakota Chi Date(s) of Service (Iff 08/23/2022	\$693.72 ildren'S Advocacy Applicable) AmountPaid \$258.74 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$638.83 ildren'S Advocacy	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (Iff 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/31/2022-8/31/2022 8/31/2022-8/15/2022 B/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi 08/23/2022 Payee: Dakota Chi	\$693.72 ildren'S Advocacy Applicable) AmountPaid \$258.74 ildren'S Advocacy Applicable) AmountPaid \$638.83 ildren'S Advocacy Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/31/2022-8/15/2022 8/31/2022-8/15/2022 8/31/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/1/2022 Payee: Dakota Chi Date(s) of Service (If 8/1/2022-8/1/2022	\$693.72 ildren'S Advocacy Applicable) AmountPaid \$258.74 ildren'S Advocacy Applicable) AmountPaid \$638.83 ildren'S Advocacy Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/15/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/8/2022 EL2022-514F Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/1/2022-8/1/2022 6/14/2022-6/14/2022 6/9/2022-6/9/2022	\$693.72 ildren'S Advocacy Applicable) AmountPaid \$258.74 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$638.83 ildren'S Advocacy Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center	Medical Category (if applicable)	
EL2022-502E Approval Date 09/28/2022 Payee: Dakota Chi Date(s) of Service (If 9/7/2022-9/7/2022 8/31/2022-8/31/2022 8/31/2022-8/15/2022 EL2022-28CB Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/8/2022-8/8/2022 EL2022-514F Approval Date 08/23/2022 Payee: Dakota Chi Date(s) of Service (If 8/1/2022-8/1/2022 6/14/2022-6/14/2022	\$693.72 ildren'S Advocacy Applicable) AmountPaid \$258.74 ildren'S Advocacy Applicable) <u>AmountPaid</u> \$638.83 ildren'S Advocacy Applicable)	Mental Health Center Claim Category Mental Health Center Claim Category Mental Health Center Phone: (701)-32	Medical Category (if applicable)	Page 326

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CL2022-A481				
<u>Approval Date</u> 06/08/2022	<u>AmountPaid</u> \$190.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch		Center		
Date(s) of Service (I	f Applicable)			
5/12/2022-5/12/2022	2			
CL2022-D0A1				
<u>Approval Date</u> 06/08/2022	<u>AmountPaid</u> \$380.10	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch	ildren'S Advocacy	Center		
Date(s) of Service (I				
5/23/2022-5/23/2022 5/19/2022-5/19/2022				
5/19/2022-5/19/2022	2			
CL2022-2F48				
<u>Approval Date</u> 05/13/2022	<u>AmountPaid</u> \$967.07	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Pavee: Dakota Ch	•			
Date(s) of Service (I	-	Gentei		
5/5/2022-5/5/2022				
4/28/2022-4/28/2022	2			
4/21/2022-4/21/2022	2			
4/14/2022-4/14/2022	2			
3/10/2022-3/10/2022	2			
3/3/2022-3/3/2022				
1/19/2022-1/19/2022	2			
CL2022-A5A4				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/23/2022	\$695.52	Mental Health		
Payee: Dakota Ch	-	Center		
Date(s) of Service (1 12/20/2021-12/20/20				
11/18/2021-11/18/20				
11/11/2021-11/11/20				
10/14/2021-10/14/20				
10/6/2021-10/6/202				
CL2021-9B28				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/01/2021	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Ch	ildren'S Advocacy	Center		
Date(s) of Service (9/20/2021-9/20/202				
ase ID Number: CS2	021-9700	Victim Ir	nitials: J.R.	
		Victim II		
Case Payment Totals: \$	5230.24			
Claim Payments:				
ID Crime Victims Compe	nsation, DOCR	• •	8-6195; 1-800-445-2322	
O Box 1898		Email: DOCRco	mpensation@nd.gov	Page 327 of 7
Bismarck, ND 58502-1898	3			1 490 021 01 1

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2022-AD56				
Approval Date 05/17/2022 Payee: Dakota Child Date(s) of Service (If Aj 10/28/2021-10/28/2021 10/21/2021-10/21/2021 10/14/2021-10/14/2021 9/16/2021-9/16/2021	oplicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS202	1-97FC	Victim In	nitials: A.A.	
Casa Daymant Tatalas #00	9 NN			
Case Payment Totals: \$28	0.00			
Claim Payments:				
CL2021-012E <u>Approval Date</u> 06/08/2021 Payee: Northern Plai <u>Date(s) oCeeteice (If A</u> 5/6/2021-5/6/2021		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	1-988C	Victim In	nitials: A.L.	
Case Payment Totals: \$27	9.51			
Claim Payments:				
CL2022-32FA				
Approval Date 01/06/2022	<u>AmountPaid</u> \$279.51	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford Heal				
Date(s) of Service (If A) 3/30/2021-3/30/2021 3/3/2021-3/3/2021 2/13/2021-2/17/2021 5/11/2021-5/11/2021	oplicable)			
Case ID Number: CS202	1-98AE	Victim In	nitials: C.B.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2022-50BF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/21/2022 Payee: Northern Plai <u>Date(s) of Seterice (If A</u> 11/4/2021-11/4/2021		Medical dvocacy	Hospital or Clinic	

Claim Payments: Service Providers & Personal Reimbursements, by Case

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ase ID Number: CS202	21-98F7	Victim Ir	nitials: K.W.	
Case Payment Totals: \$4	,800.00			
Claim Payments:				
CL2023-102A				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/28/2023	\$3,573.28 drop'S Advoccov	Mental Health		
Payee: Dakota Child Date(s) of Service (If A 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 3/23/2022-3/23/2022 2/23/2022-2/23/2022 2/16/2022-2/16/2022 2/9/2022-2/9/2022 1/18/2022-1/18/2022	-	r Center		
1/12/2022-1/12/2022 1/5/2022-1/5/2022 CL2022-78B4 Approval Date 03/24/2022 Payee: Dakota Child Date(s) of Service (If / 12/20/2021-12/20/202	Applicable)	<u>Claim Category</u> Mental Health v Center	Medical Category (if applicable)	
12/3/2021-12/3/2021 CL2022-D436 <u>Approval Date</u> 02/17/2022 Payee: Dakota Child <u>Date(s) of Service (If A</u> 11/10/2021-11/10/202	Applicable)	<u>Claim Category</u> Mental Health v Center	Medical Category (if applicable)	
CL2021-04A5 <u>Approval Date</u> 12/09/2021 Payee: Dakota Chile <u>Date(s) of Service (If A</u> 11/19/2021-11/19/202	Applicable)	<u>Claim Category</u> Mental Health y Center	Medical Category (if applicable)	
CL2021-A0EE Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898 Bismarck, ND 58502-1898	ation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Page 329 o

AmountPaid Claim Category Medical Category (if applicable) \$442.63 Medical Hospital or Clinic Date(s) of Service (If Applicable) 1/13/2021-1/13/2021 Victim Initials: A.R. Case Payment Totals: \$868.16 Claim Payments: CL2022-0893 Approval Date Claim Category <u>AmountPaid</u> Medical Category (if applicable) 06/06/2022 \$868.16 Funeral Payee: J.R. Phone: (701)-328-6195; 1-800-445-2322 Email: DOCRcompensation@nd.gov

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Mental Health 11/29/2021 \$574.82

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

Case Payment Totals: \$288.00

Claim Payments:

CL2022-48B7

AmountPaid Approval Date Claim Category Medical Category (if applicable) Hospital or Clinic 03/23/2022 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) ofenteice (If Applicable)

12/15/2021-12/15/2021

Case ID Number: CS2021-9AB7

Victim Initials: B.L.

Case Payment Totals: \$509.53

Claim Payments:

CL2021-8A3B Medical Category (if applicable) Approval Date AmountPaid Claim Category 06/10/2021 \$66.90 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 1/13/2021-1/13/2021 CL2021-219C Approval Date 05/06/2021 Payee: Sanford Health

Case ID Number: CS2021-9C3B

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



Victim Initials: R.F.

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS20	21-9DF3	Victim Ir	nitials: J.S.
Case Payment Totals: \$1	,104.75		
Claim Payments:			
CL2021-14C8			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/09/2021	\$1,104.75	Medical	Hospital or Clinic
Payee: Metro-Area Date(s) of Service (If		ice	
12/23/2020-12/23/202			
Case ID Number: CS20	21-9F56	Victim Ir	nitials: C.L.
Case Payment Totals: \$5	,688.00		
Claim Payments:			
CL2022-E126			
Approval Date 07/13/2022	<u>AmountPaid</u> \$164.08	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil		Center	
Date(s) of Service (If a 6/13/2022-6/13/2022	Applicable)		
CL2022-C8C7			
<u>Approval Date</u> 04/20/2022	<u>AmountPaid</u> \$600.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	v Center	
Date(s) of Service (If 3/15/2022-3/15/2022	<u>Applicable)</u>		
3/15/2022-3/15/2022			
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> 04/19/2022	<u>AmountPaid</u> \$417.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil		Center	
Date(s) of Service (If 3/25/2022-3/25/2022	Applicable)		
3/25/2022-3/25/2022 3/11/2022-3/11/2022			
CL2022-6F18			
Approval Date 03/16/2022	<u>AmountPaid</u> \$208.75	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
<u>Date(s) of Service (If</u> 2/25/2022-2/25/2022	<u>Applicable)</u>		
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322
PO Box 1898		Email: DOCRcor	mpensation@nd.gov

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CL2022-5783				
<u>Approval Date</u> 02/16/2022	<u>AmountPaid</u> \$766.43	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 1/21/2022-1/21/2022 1/14/2022-1/14/2022 1/7/2022-1/7/2022	-	⁷ Center		
12/30/2021-12/30/202	21			
CL2022-932F				
<u>Approval Date</u> 01/12/2022	<u>AmountPaid</u> \$383.22	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 12/17/2021-12/17/202 12/3/2021-12/3/2021	Applicable)	r Center		
CL2021-470F				
<u>Approval Date</u> 12/09/2021	<u>AmountPaid</u> \$191.61	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 11/19/2021-11/19/202	Applicable)	Center		
CL2021-ACA5				
<u>Approval Date</u> 11/29/2021	<u>AmountPaid</u> \$752.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil		Center		
Date(s) of Service (If 11/4/2021-11/4/2021	<u>Applicable)</u>			
10/22/2021-10/22/202	21			
10/15/2021-10/15/202 6/30/2021-6/30/2021	21			
CL2021-399B Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/21/2021	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Chil <u>Date(s) of Service (If</u> 6/1/2021-6/1/2021		r Center		
CL2021-47B6				
<u>Approval Date</u> 10/21/2021	<u>AmountPaid</u> \$191.61	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chil Date(s) of Service (If 9/29/2021-9/29/2021	-	v Center		
CL2021-BBD9				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
	sation DOCP	Phone: (701) 22	8 6105 1 800 445 2222	
D Crime Victims Compens O Box 1898	sation, DUCK		8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	
smarck ND 58502-1898			·	Page 33

Claim Payments: Service Providers & Personal Reimbursements, by Case

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\$1.724.47 Mental Health 10/21/2021 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 Approval Date <u>AmountPai</u>d Claim Category Medical Category (if applicable) \$288.00 Hospital or Clinic 11/17/2021 Medical Pavee: Northern Plains Children'S Advocacv Date(s) of Gotterce (If Applicable) 9/22/2021-9/22/2021 CL2021-B0D9 Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category Mental Health 11/17/2021 \$180.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR

Victim Initials: A.M.

Case Payment Totals: \$4,636.54 Claim Payments: CL2021-54D0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/23/2021 \$50.00 Medical Hospital or Clinic Payee: A.M. Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-5EF6 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 03/23/2021 \$29.25 Medical Hospital or Clinic Payee: A.M. Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-6D7E AmountPaid Claim Category Medical Category (if applicable) Approval Date \$40.00 Medical Hospital or Clinic 03/23/2021 Payee: A.M. Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-768B Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/23/2021 \$70.75 Medical Hospital or Clinic Payee: A.M. Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-86C5 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 03/23/2021 \$148.60 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-BC92 AmountPaid Approval Date Claim Category Medical Category (if applicable) 03/23/2021 \$291.66 Hospital or Clinic Medical Payee: Fm Ambulance Date(s) of Service (If Applicable) 5/23/2020-5/23/2020

Date(s) of Service (If Applicable)

11/8/2021-11/8/2021

Case ID Number: CS2021-A451

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 03/23/2021 Medical Hospital or Clinic \$2,014.84 Payee: Sanford Health Date(s) of Service (If Applicable) 5/23/2020-5/23/2020 CL2021-CF3E <u>AmountPaid</u> Medical Category (if applicable) Approval Date Claim Category 03/23/2021 \$1,991.44 Medical Hospital or Clinic Pavee: Sanford Health Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/21/2022 \$404.06 Medical Hospital or Clinic Payee: C.H. Date(s) of Service (If Applicable) 8/13/2020-8/13/2020 CL2022-5E3C AmountPaid Claim Category Medical Category (if applicable) Approval Date 03/07/2022 \$1,825.85 Medical Hospital or Clinic Payee: Williston Ambulance Service Date(s) of Service (If Applicable) 8/13/2020-8/13/2020 CL2022-9BE3 Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 03/07/2022 \$902.90 Payee: C.H. Date(s) of Service (If Applicable) 8/13/2020-8/13/2020 CL2021-1A93 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/16/2021 \$935.20 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 8/14/2020-8/14/2020 CL2021-2857 Claim Category Medical Category (if applicable) Approval Date AmountPaid

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$8,642.36 Medical Hospital or Clinic 12/16/2021 Payee: Trinity Hospital Date(s) of Service (If Applicable) 8/14/2020-8/18/2020 CL2021-743C AmountPaid Medical Category (if applicable) Approval Date Claim Category 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) Mental Health 04/29/2021 \$48.76 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 Medical Category (if applicable) Claim Category Approval Date AmountPaid 05/06/2021 \$695.50 Mental Health 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 Medical Category (if applicable) Approval Date AmountPaid Claim Category 07/19/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy

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

6/2/2021-6/2/2021

Date(s) of Genterce (If Applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202 ²	1-A7F6	Victim Ir	itials: B.A.
Case Payment Totals: \$93	4.68		
Claim Payments:			
CL2022-9793			
Approval Date 08/02/2022 Payee: Lynelle Amen Date(s) of Service (If Ap 5/2/2022-5/2/2022 2/3/2022-2/3/2022 1/20/2022-1/20/2022 1/6/2022-1/6/2022		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
CL2022-9379			
Approval Date 04/25/2022 Payee: Lynelle Amen Date(s) of Service (If Ar 12/23/2021-12/23/2021 12/9/2021-12/9/2021 11/18/2021-11/18/2021 11/4/2021-11/4/2021	=	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
CL2022-AD76			
<u>Approval Date</u> 01/20/2022	<u>AmountPaid</u> \$484.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Lynelle Amen	=		
Date(s) of Service (If Ap 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	oplicable)		
Case ID Number: CS202 [,]	1-A8A1	Victim Ir	nitials: M.S.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-6BF5			
<u>Approval Date</u> 12/15/2021	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai <u>Date(s)</u> o Ceeteic e (If A <u>r</u> 11/30/2021-11/30/2021		uvocacy	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2	021-A9B9	Victim Ir	nitials: W.K.	
Case Payment Totals:	\$948.00			
Claim Payments:				
CL2023-5672				
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I <u>Date(s)</u> o Ceatric e (1 7/17/2023-7/17/2023	lf Applicable)	Advocacy		
CL2023-A0D4				
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I	Plains Children'S A	Advocacy		
<u>Date(s)</u> o Centeic e (1 6/26/2023-6/26/2023 5/23/2023-5/23/2023	3			
CL2022-EE20				
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I		dvocacy		
<u>Date(s)</u> o Centeic e (1 1/13/2022-1/13/2023				
CL2022-07D9				
<u>Approval Date</u> 01/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern I <u>Date(s)</u> o Centeic e (12/16/2021-12/16/2	lf Applicable)	Advocacy		
Case ID Number: CS2	021-AA1E	Victim Ir	nitials: A.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2021-CF7B				
<u>Approval Date</u> 09/29/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern I	Plains Children'S A	dvocacy		
<u>Date(s)</u> o C90t@c e (7/28/2021-7/28/202				
Case ID Number: CS2	021-AC74	Victim Ir	nitials: G.D.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe	nsation, DOCR	• •	8-6195; 1-800-445-2322	
PO Box 1898	_	Email: <u>DOCRcor</u>	<u>mpensation@nd.gov</u>	Page 338 of 725

	North E	Dakota Crime	Victims Compensation	
Clai			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se		-	for processing and check issuance. ring text to search.	
CL2021-B8EC				
<u>Approval Date</u> 05/12/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P		dvocacy		
<u>Date(s)</u> o Centeic e (If 3/30/2021-3/30/2021				
Case ID Number: CS20)21-AD63	Victim Ir	nitials: D.H.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2021-0288				
Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
11/01/2021 Payee: Dakota Chi	\$288.00 ildren'S Advocacy	Medical Center	Hospital or Clinic	
Date(s) of Service (If				
6/22/2021-6/22/2021				
Case ID Number: CS20 Case Payment Totals: \$ Claim Payments: CL2021-09CA Approval Date 10/18/2021 Payee: Northern P Date(s) oCeeteice (If 8/30/2021-8/30/2021 Case ID Number: CS20 Case Payment Totals: \$	288.00 AmountPaid \$288.00 Iains Children'S A f Applicable)	<u>Claim Category</u> Medical Advocacy	hitials: B.S. <u>Medical Category (if applicable)</u> Hospital or Clinic hitials: A.A.	
Claim Payments:				
CL2021-9743				
Approval Date 05/12/2021 Payee: Northern P Date(s) o Centre (If 3/29/2021-3/29/2021	<u>fApplicable)</u>	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20)21-B2AD	Victim Ir	nitials: I.O.	
Case Payment Totals: \$	693.50			
Claim Payments:				
CL2022-F669				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comper	nsation, DOCR	()	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

	North Da	akota Crime \	/ictims Compensation	
Clai	m Payments: Sei	rvice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	-	-	or processing and check issuance. ring text to search.	
06/20/2022 Payee: Open Rang Date(s) of Service (If 3/23/2022-3/23/2022 3/16/2022-3/16/2022 3/9/2022-3/9/2022	-	Mental Health e r		
CL2021-3013				
Approval Date 11/18/2021 Payee: Dakota Chil Date(s) of Service (If 10/5/2020-10/5/2020	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	21-B3F9	Victim In	iitials: E.M.	
Case Payment Totals: \$4	168 00			
Claim Payments:				
CL2021-2057				
Approval Date 10/13/2021 Payee: Northern Pl Date(s) o Coenteic e (If		<u>Claim Category</u> Mental Health Ivocacy	Medical Category (if applicable)	
9/1/2021-9/1/2021				
CL2021-3330 <u>Approval Date</u> 09/29/2021 Payee: Northern Pl <u>Date(s)</u> o ⊆®eteic e (If 7/28/2021-7/28/2021		<u>Claim Category</u> Medical Ivocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	21-B544	Victim In	iitials: J.I.	
Case Payment Totals: \$7	,471.00			
Claim Payments:				
CL2022-1C92 Approval Date 02/07/2022	<u>AmountPaid</u> \$380.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Consulting <u>Date(s) of Service (If</u> 7/4/2021-7/4/2021	-			
CL2022-2F40				
Approval Date 02/07/2022 Payee: Essentia He <u>Date(s) of Service (If</u> 7/4/2021-7/4/2021		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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-C250 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 02/07/2022 Medical Hospital or Clinic \$1,337.60 Pavee: Jamestown Area Ambulance Date(s) of Service (If Applicable) 7/4/2021-7/4/2021 CL2022-CA24 AmountPaid Approval Date Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 11/29/2021 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/14/2020-9/14/2020

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CL2021-E036				
Approval Date 04/30/2021 Payee: Dakota Chi Date(s) of Service (If 4/12/2021-4/12/2021 4/6/2021-4/6/2021 3/25/2021-3/25/2021	f Applicable)	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-9D45				
<u>Approval Date</u> 04/20/2021 Payee: Dakota Chi <u>Date(s) of Service (If</u> 1/13/2021-1/13/2021	Applicable)	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
1/6/2021-1/6/2021 12/22/2020-12/22/20 12/7/2020-12/7/2020				
Case Payment Totals: \$2 Claim Payments: CL2021-3C13	288.00		nitials: C.W.	
Case Payment Totals: \$2 Claim Payments:	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable)	<u>Claim Category</u> Medical	nitials: C.W. <u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 <u>Approval Date</u> 05/19/2021 Payee: Dakota Chi <u>Date(s) of Service (If</u> 2/12/2021-2/12/2021	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable)	<u>Claim Category</u> Medical Center	Medical Category (if applicable)	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 <u>Approval Date</u> 05/19/2021 Payee: Dakota Chi <u>Date(s) of Service (If</u> 2/12/2021-2/12/2021	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable) 021-B6D8	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 Approval Date 05/19/2021 Payee: Dakota Chi Date(s) of Service (If 2/12/2021-2/12/2021	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable) 021-B6D8	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 <u>Approval Date</u> 05/19/2021 Payee: Dakota Chi <u>Date(s) of Service (If</u> 2/12/2021-2/12/2021	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable) 021-B6D8	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 Approval Date 05/19/2021 Payee: Dakota Chi Date(s) of Service (If 2/12/2021-2/12/2021 Case ID Number: CS20 Case Payment Totals: \$4 Claim Payments: CL2022-6CB8 Approval Date 03/21/2022 Payee: K.L.	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy f Applicable) 021-B6D8 4,270.00 <u>AmountPaid</u> \$250.00	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Claim Payments: CL2021-3C13 <u>Approval Date</u> 05/19/2021 Payee: Dakota Chii <u>Date(s) of Service (Iff</u> 2/12/2021-2/12/2021 Case ID Number: CS20 Case Payment Totals: \$4 Claim Payments: CL2022-6CB8 <u>Approval Date</u> 03/21/2022	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy <u>f Applicable</u>) D21-B6D8 4,270.00 <u>AmountPaid</u> \$250.00 <u>f Applicable</u>) 21 21 21	<u>Claim Category</u> Medical Center Victim Ir <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$2 Claim Payments: CL2021-3C13 Approval Date 05/19/2021 Payee: Dakota Chi Date(s) of Service (If 2/12/2021-2/12/2021 Case ID Number: CS20 Case Payment Totals: \$4 Claim Payments: CL2022-6CB8 Approval Date 03/21/2022 Payee: K.L. Date(s) of Service (If 11/23/2021-11/23/2021 11/18/2021-11/18/2021 11/16/2021-11/18/2021 11/11/2021-11/19/2021	288.00 <u>AmountPaid</u> \$288.00 ildren'S Advocacy <u>f Applicable</u>) D21-B6D8 4,270.00 <u>AmountPaid</u> \$250.00 <u>f Applicable</u>) 21 21 21	<u>Claim Category</u> Medical Center Victim Ir <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

\$4,020.00 Wage Loss 11/29/2021

Payee: B.F.

Victim Initials: K.U. Case ID Number: CS2021-B973 Case Payment Totals: \$7,314.94 Claim Payments: CL2023-1E5C Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/06/2023 Mental Health \$23.04 Payee: Northland Health Center Date(s) of Service (If Applicable) 8/29/2022-8/29/2022 8/5/2022-8/5/2022 CL2022-C16C Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/27/2022 \$40.00 Mental Health Pavee: Northland Health Center Date(s) of Service (If Applicable) 8/29/2022-8/29/2022 8/5/2022-8/5/2022 CL2022-895C Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/13/2022 \$1,993.73 Medical Hospital or Clinic Payee: K.U. Date(s) of Service (If Applicable) 3/28/2022-3/30/2022 CL2022-79D6 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 09/07/2022 \$42.72 Mental Health Payee: Northland Health Center Date(s) of Service (If Applicable) 7/18/2022-7/18/2022 CL2022-C153 <u>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date Mental Health 08/18/2022 \$126.08 Payee: Northland Health Center Date(s) of Service (If Applicable) 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov Bismarck, ND 58502-1898

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: 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 1/13/2022 1/13/2022 2.1/13/2022 2.1/13/2022 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2	Claim Category Medical Claim Category Mental Health Claim Category Mental Health	Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Medical Category (if applicable)
4/25/2022-4/25/2022 3/30/2022-3/30/2022 1/13/2022-1/13/2022 1/13/2022-1/13/2022 L2022-FE57 Approval Date AmountPaid 03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 AmountPaid Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022-1/19/2022	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
3/30/2022-3/30/2022 1/13/2022-1/13/2022 2222-FE57 Approval Date AmountPaid 03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 222-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 22.22.22.22.22.22 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
1/13/2022-1/13/2022 L2022-FE57 Approval Date AmountPaid 03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022-1/19/2022	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
L2022-FE57 Approval Date AmountPaid 03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022-1/19/2022	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
Approval Date AmountPaid 03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 EL2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 EL2022-32D9 AmountPaid Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
03/24/2022 \$101.12 Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022-1/19/2022	Medical <u>Claim Category</u> Mental Health <u>Claim Category</u>	Hospital or Clinic
Payee: K.U. Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)	<u>Claim Category</u> Mental Health Claim Category	Medical Category (if applicable)
Date(s) of Service (If Applicable) 6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) 1/19/2022-1/19/2022	Mental Health	
6/16/2021-6/18/2021 L2022-C650 Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 AmountPaid Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)	Mental Health	
Approval Date AmountPaid 03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 1/19/2022-1/19/2022 \$28.67 Payee: Northland Health Center 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable) \$28.67	Mental Health	
03/17/2022 \$28.67 Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)	Mental Health	
Payee: Northland Health Center Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 2L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)	Claim Category	Medical Category (if applicable)
Date(s) of Service (If Applicable) 1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)		Medical Category (if applicable)
1/19/2022-1/19/2022 L2022-32D9 Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)		Medical Category (if applicable)
Approval Date AmountPaid 02/28/2022 \$28.67 Payee: Northland Health Partners Date(s) of Service (If Applicable)		Medical Category (if applicable)
02/28/2022\$28.67Payee:Northland Health PartnersDate(s) of Service (If Applicable)		Medical Category (if applicable)
Date(s) of Service (If Applicable)		
L2021-CBE9		
Approval Date AmountPaid	Claim Category	Medical Category (if applicable)
12/06/2021 \$1,188.00	Mental Health	
Payee: Northern Plains Children'S	Advocacy	
Date(s) o Centerce (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		
L2021-1F6C		
Approval Date AmountPaid	Claim Category	Medical Category (if applicable)
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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2021-7B4F <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/18/2021 Medical Hospital or Clinic \$17.62 Payee: K.U. Date(s) of Service (If Applicable) 5/24/2021-5/24/2021 CL2021-B55D <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/18/2021 \$870.13 Medical Hospital or Clinic Payee: K.U. Date(s) of Service (If Applicable) 5/24/2021-5/26/2021 CL2021-D33A Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 11/18/2021 \$20.00 Payee: Northland Health Center Date(s) of Service (If Applicable) 8/25/2021-8/25/2021 CL2021-37D7 Approval Date Claim Category Medical Category (if applicable) AmountPaid 10/25/2021 \$20.00 Mental Health Payee: Northland Health Center Date(s) of Service (If Applicable) 9/14/2021-9/14/2021 CL2021-68E3 Claim Category Approval Date AmountPaid Medical Category (if applicable) \$968.99 Mental Health 10/25/2021

Payee: Northland Health Center

07/03/2025 1:05:50AM

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

Date(s) of Service (If Applicable) 8/11/2021-8/11/2021 8/4/2021-8/4/2021 7/27/2021-7/27/2021 7/12/2021-7/12/2021 7/6/2021-7/6/2021 7/1/2021-7/1/2021 6/22/2021-6/22/2021 6/9/2021-6/9/2021 5/24/2021-5/24/2021 5/14/2021-5/14/2021 4/15/2021-4/15/2021 4/7/2021-4/7/2021 3/22/2021-3/22/2021 3/2/2021-3/2/2021 2/17/2021-2/17/2021 2/8/2021-2/8/2021 12/23/2020-12/23/2020 12/11/2020-12/11/2020 11/23/2020-11/23/2020 11/11/2020-11/11/2020 11/3/2020-11/3/2020 10/23/2020-10/23/2020 10/14/2020-10/14/2020 10/8/2020-10/8/2020 9/28/2020-9/28/2020

CL2021-A11E

Approval Date 08/12/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Date(s) o Centei ce	Plains Children'S A	dvocacy		
	(IT ADDIICADIE)			

Case ID Number: CS2021-B9F0

Victim Initials: J.G.

Case Payment Totals:	\$852.10		
Claim Payments:			
CL2021-70F2			
<u>Approval Date</u> 11/19/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota C	hildren'S Advocacy	Center	
Date(s) of Service 12/15/2020-12/15/2			
CL2021-C799			
<u>Approval Date</u> 11/19/2021	<u>AmountPaid</u> \$177.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota C	hildren'S Advocacy	Center	
Date(s) of Service	(If Applicable)		
1/5/2021-1/5/2021			

Claim			/ictims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea		•	or processing and check issuance. ring text to search.	1.00.00AM
CL2021-2957				
Approval Date 06/16/2021 Payee: Dakota Child Date(s) of Service (If A 5/14/2021-5/14/2021 4/9/2021-4/9/2021	-	<u>Claim Category</u> Mental Health Center	<u>Medical Category (if applicable)</u>	
CL2021-36B9 <u>Approval Date</u> 05/07/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 2/12/2021-2/12/2021 2/1/2021-2/1/2021	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS202	1-BA45	Victim Ir	itials: A.P.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-15BE				
Approval Date 02/09/2021 Payee: Dakota Child Date(s) of Service (If A 1/7/2021-1/7/2021	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	1-BA70	Victim Ir	nitials: K.D.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2021-FA96				
<u>Approval Date</u> 05/12/2021 Payee: Northern Pla <u>Date(s) oCepteice (If A</u> 3/30/2021-3/30/2021		<u>Claim Category</u> Medical Idvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	1-BAA7	Victim Ir	iitials: S.Z.	
Case Payment Totals: \$2 ,	457.00			
Claim Payments:				
CL2022-0C92				
<u>Approval Date</u> 12/15/2022 Payee: Dakota Child	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If A</u> 8/4/2021-8/4/2021		Senter		
ND Crime Victims Compense	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

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CL2022-54AB

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/15/2022	\$2,169.00	Mental Health	
Payee: Dakota Chi	Idren'S Advocacy	Center	
Date(s) of Service (If	Applicable)		
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			
10/29/2021-10/29/20	21		
10/22/2021-10/22/20	21		
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.

laim Payments:				
CL2022-6773				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/24/2022 Payee: Aspire H	\$803.20 ealth	Medical	Dental	
<u>Date(s) of Service</u> 11/22/2021-12/13/2	(If Applicable)			
ase ID Number: CS	2021-BC4C	Victim Ir	nitials: C.B.	
		Victim Ir	nitials: C.B.	
Case Payment Totals:		Victim Ir	nitials: C.B.	
Case Payment Totals:		Victim Ir	nitials: C.B.	
Case Payment Totals: Claim Payments: CL2021-FE16 <u>Approval Date</u>	\$288.00	<u>Claim Category</u>	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2021-FE16 <u>Approval Date</u> 10/20/2021	\$288.00 <u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical		
<u>Approval Date</u> 10/20/2021	\$288.00 <u>AmountPaid</u> \$288.00 children'S Advocacy	<u>Claim Category</u> Medical	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2021-BC75		Victim Ir	nitials: D.G.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2021-5F7C				
Approval Date 07/19/2021 Payee: Elick Fund	<u>AmountPaid</u> \$1,812.50 eral Home	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
CL2021-9717 Approval Date 07/19/2021	<u>AmountPaid</u> \$3,187.50	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Payee: T.P.	\$3,107.30	i unerai		
Case ID Number: CS2	2021-BC7B	Victim Ir	nitials: M.C.	
Case Payment Totals:	\$5.000.00			
Claim Payments:				
CL2021-90CD				
<u>Approval Date</u> 02/18/2021 Payee: Korsmo F	<u>AmountPaid</u> \$5,000.00 uneral Service	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS2	2021-BFF3	Victim Ir	nitials: M.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2021-D584 <u>Approval Date</u> 10/13/2021 Payee: Northern	AmountPaid \$288.00 Plains Children'S A	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s)</u> o C90t9ic e (9/20/2021-9/20/202	If Applicable)			
Case ID Number: CS2	2021-C019	Victim Ir	nitials: A.S.	
Case Payment Totals:	\$4,100.00			
Claim Payments:				
CL2023-D12F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	240 of 72

1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 03/17/2023 \$288.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 2/20/2023-2/20/2023 11/10/2022-11/10/2022 CL2022-406C Claim Category Approval Date <u>AmountPaid</u> Medical Category (if applicable) \$100.00 Mental Health 12/13/2022 Payee: Decoteau Trauma-Informed Care & Date(s) of Date(s) of Describe, (Placplicable) 11/10/2022-11/10/2022 CL2022-F552 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/09/2022 \$236.00 Mental Health Pavee: Decoteau Trauma-Informed Care & Date(s) of Psectrice, (PlAc plicable) 10/27/2022-10/27/2022 10/11/2022-10/11/2022 CL2022-5ABA Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/13/2022 \$376.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PlApplicable) 9/13/2022-9/13/2022 8/16/2022-8/16/2022 CL2022-B2C1 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 08/02/2022 \$288.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice.(PflAcplicable) 6/14/2022-6/14/2022 5/31/2022-5/31/2022 CL2022-82FF Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/06/2022 \$940.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PlAc plicable) 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

ND Crime Victims Compensation, DOCF PO Box 1898 Bismarck, ND 58502-1898 07/03/2025

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

04/18/2022 \$288.00 Mental Health

Payee: Decoteau Trauma-Informed Care & Date(s) oPsactice, (PIAoplicable) 2/15/2022-2/15/2022

1/11/2022-1/11/2022

CL2022-3611

PO Box 1898

Bismarck, ND 58502-1898

CL2022-3611			
<u>Approval Date</u> 01/10/2022	<u>AmountPaid</u> \$1,296.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Decoteau Tra	uma-Informed C	are &	
Date(s) o Psactice , (PilAc	<u>aplicable)</u>		
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			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/07/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Childr	-	Center	
Date(s) of Service (If Ap 3/26/2021-3/26/2021	<u>plicable)</u>		
Case ID Number: CS202 ⁴	1-C23D	Victim Ir	nitials: A.A.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2021-B9DE			
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
10/19/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Childr	en'S Advocacy	Center	
<u>Date(s) of Service (If Ap</u> 6/24/2021-6/24/2021	<u>plicable)</u>		
Case ID Number: CS202	1-C340	Victim Ir	nitials: A.S.
Case Payment Totals: \$46	8.00		
Claim Payments:			
CL2022-4EA2			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/21/2022	\$180.00	Mental Health	
Payee: Northern Plai		dvocacy	
Date(s) o Coenteic e (If Ap 12/10/2021-12/10/2021			
CL2022-7A03			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compensa	tion. DOCR	Phone: (701)-32	8-6195: 1-800-445-2322

Email: DOCRcompensation@nd.gov

<u>Date(s)</u> of-selfrence (1) 11/23/2021-11/23/20				
Case ID Number: CS2	021-C398	Victim Ir	nitials: K.V.	
Case Payment Totals: \$	51,028.00			
Claim Payments:				
CL2021-D645				
<u>Approval Date</u> 10/11/2021	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F <u>Date(s)</u> o Ceeter (1 9/20/2021-9/20/202 9/7/2021-9/7/2021	f Applicable)	dvocacy		
CL2021-8C7F				
<u>Approval Date</u> 09/17/2021	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F	Plains Children'S A	dvocacy		
<u>Date(s)</u> o Ceetair () 8/23/2021-8/23/202 8/16/2021-8/16/202 8/3/2021-8/3/2021	1			
CL2021-2298				
<u>Approval Date</u> 08/12/2021	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F	Plains Children'S A	dvocacy		
<u>Date(s)</u> o Coenteic e (1 7/19/2021-7/19/2021				
CL2021-873B				
<u>Approval Date</u> 08/12/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern F <u>Date(s)</u> o C90t#c e (1 6/16/2021-6/16/202	lf Applicable)	dvocacy		
Case ID Number: CS2	021-C4BB	Victim Ir	nitials: R.E.	
Case Payment Totals: \$	345.60			
Claim Payments:				
CL2021-8438				
<u>Approval Date</u> 10/28/2021	<u>AmountPaid</u> \$57.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch	-	Center		
Date(s) of Service (I 3/25/2021-3/25/202				
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	D 050 (7

Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

Medical

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

\$288.00

Payee: Northern Plains Children'S Advocacy

01/21/2022

Bismarck, ND 58502-1898

07/03/2025 1:05:50AM

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2021-3945 Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 06/23/2021 \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/25/2021-3/25/2021 Case ID Number: CS2021-CB13 Victim Initials: K.G. Case Payment Totals: \$288.00 Claim Payments: CL2021-25B5 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 09/29/2021 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softence (If Applicable) 8/9/2021-8/9/2021 Case ID Number: CS2021-CB84 Victim Initials: E.P. Case Payment Totals: \$288.00 Claim Payments: CL2021-9027 AmountPaid Claim Category Medical Category (if applicable) Approval Date 09/29/2021 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 8/16/2021-8/16/2021 Case ID Number: CS2021-CB87 Victim Initials: A.P. Case Payment Totals: \$288.00 Claim Payments: CL2021-36AD Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 10/18/2021 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/1/2021-9/1/2021 Case ID Number: CS2021-CC15 Victim Initials: S.M. Case Payment Totals: \$288.00 Claim Payments:

Claim			Victims Compensation Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be searc	•	•	or processing and check issuance. ing text to search.	
CL2022-96A3 <u>Approval Date</u> 01/21/2022 Payee: Northern Plain <u>Date(s) oCenteice (If Ap</u> 11/1/2021-11/1/2021		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2021	I-CD09	Victim In	itials: T.L.	
Case Payment Totals: \$15 9	9.01			
Claim Payments:				
CL2023-CC75				
Approval Date 03/23/2023 Payee: Trinity Oral & Date(s) of Service (If Ap 12/3/2021-12/3/2021	•••	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Case ID Number: CS2021	I-CE4B	Victim In	itials: C.M.	
Case Payment Totals: \$28	B. 00			
Claim Payments:				
CL2021-874F				
<u>Approval Date</u> 11/16/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s)</u> o C9eteic e (If Ap 9/23/2021-9/23/2021		dvocacy		
Case ID Number: CS2021	I-CF0F	Victim In	itials: W.E.	
Case Payment Totals: \$1,6	44.00			
Claim Payments:				
CL2022-1126				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/14/2022 Payee: Northern Plain Date(s) of Sentrace (If Ap 1/3/2022-1/3/2022		Mental Health Ivocacy		
CL2021-E234				
Approval Date 12/14/2021 Payee: Northern Plain <u>Date(s) oCoetteice (If Ap</u> 11/23/2021-11/23/2021		<u>Claim Category</u> Mental Health Ivocacy	Medical Category (if applicable)	
11/10/2021-11/10/2021 11/5/2021-11/5/2021				
ND Crime Victims Compensa	tion, DOCR	Phone: (701)-328	3-6195; 1-800-445-2322	

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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.

Bismarck, ND 58502-1898

CL2021-A19D			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/19/2021	\$684.00	Mental Health	
Payee: Northern P <u>Date(s)</u> o Ceetteic e (If		Auvocacy	
10/27/2021-10/27/20			
10/11/2021-10/11/202	21		
10/5/2021-10/5/2021			
9/21/2021-9/21/2021			
CL2021-6325			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
10/13/2021 Payee: Northern P	\$288.00	Medical	Hospital or Clinic
Date(s) o f 90 fei ce (If		Auvocacy	
9/8/2021-9/8/2021			
Case ID Number: CS20)21-CF84	Victim Ir	nitials: K.A.
Casa Paymant Tatala: \$	200 00		
Case Payment Totals: \$2 Claim Payments:	200.00		
-			
CL2021-ED41 Approval Date	AmountPaid	Claim Catagory	Modical Category (if applicable)
07/19/2021	\$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern P	lains Children'S A	Advocacy	'
Date(s) o f@effeic e (If 5/19/2021-5/19/2021	<u>Applicable)</u>		
Case ID Number: CS20	021-CFE2	Victim Ir	nitials: M.B.
Case Payment Totals: \$2	241.83		
Claim Payments:			
CL2021-BEDC			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/18/2021	\$241.83	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If</u> 9/3/2020-9/3/2020	<u>Applicable)</u>		
Case ID Number: CS20	21 0050	Victim Ir	nitials: D.I.
Case Payment Totals: \$4	1,958.46		
Claim Payments:			
CL2023-22B3			
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compen	sation, DOCR	, ,	8-6195; 1-800-445-2322
PO Box 1898		Email: DOCRco	mpensation@nd.gov

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM					
NOTE: Upon payment approv Document can be sea			or processing and check issuance.		
07/31/2023 Payee: Beyond Hea <u>Date(s) of Service (If /</u> 3/31/2022-3/31/2022	\$158.46 Ithcare	Medical	Hospital or Clinic		
CL2022-A3F1					
Approval Date 03/31/2022 Payee: D.I.	<u>AmountPaid</u> \$4,800.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)		
Case ID Number: CS202	21-D3AF	Victim Ir	nitials: S.D.		
Case Payment Totals: \$9	75.24				
Claim Payments:					
CL2022-0C7D					
<u>Approval Date</u> 10/10/2022 Payee: Chambers & <u>Date(s) of Service (If A</u> 5/18/2022-5/18/2022 5/9/2022-5/9/2022		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>		
CL2022-BDCF					
Approval Date 09/15/2022 Payee: Chambers & Date(s) of Service (If A 7/12/2022-7/12/2022 6/28/2022-6/28/2022		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>		
CL2022-15F1					
Approval Date 08/29/2022 Payee: Chambers & Date(s) of Service (If A 7/19/2022-7/19/2022		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
CL2022-A65E					
<u>Approval Date</u> 06/20/2022 Payee: Chambers & <u>Date(s) of Service (If A</u> 4/27/2022-4/27/2022		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
CL2022-5282 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. \$153.74 Mental Health 05/19/2022 Payee: Chambers & Blohm Date(s) of Service (If Applicable) 4/7/2022-4/7/2022 CL2021-7ED7 AmountPaid Medical Category (if applicable) Approval Date Claim Category 11/18/2021 \$61.10 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 8/4/2021-8/4/2021 7/28/2021-7/28/2021 CL2021-8362 AmountPaid Claim Category Medical Category (if applicable) Approval Date 08/19/2021 \$413.38 Mental Health Pavee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 6/28/2021-6/28/2021 6/7/2021-6/7/2021 6/3/2021-6/3/2021 5/26/2021-5/26/2021 5/13/2021-5/13/2021 5/5/2021-5/5/2021 3/16/2021-3/16/2021 3/10/2021-3/10/2021 Case ID Number: CS2021-D48F Victim Initials: N.S. Case Payment Totals: \$288.00 Claim Payments: CL2021-408F AmountPaid Approval Date Claim Category Medical Category (if applicable) 06/08/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) ofenteice (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/18/2022 \$356.80 Mental Health

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

5/4/2022-5/4/2022 4/27/2022-4/27/2022 4/20/2022-4/20/2022

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L2022-5E7A Approval Date 04/20/2022	<u>AmountPaid</u> \$600.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
Date(s) of Service (If 3/15/2022-3/15/2022	Applicable)		
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			
L2022-F5C3			
Approval Date 04/19/2022	<u>AmountPaid</u> \$570.14	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
Date(s) of Service (If	Applicable)		
4/6/2022-4/6/2022 3/30/2022-3/30/2022			
3/23/2022-3/23/2022			
L 2022-C4DD Approval Date	AmountPaid	Claim Category	Medical Cotogony (if applicable)
03/24/2022	\$190.05	Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
Date(s) of Service (If	Applicable)		
3/16/2022-3/16/2022			
L2022-95EA			
Approval Date 03/16/2022	<u>AmountPaid</u> \$190.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chil	dren'S Advocacy	Center	
Date(s) of Service (If 2/25/2022-2/25/2022	<u>Applicable)</u>		
L2022-9F63			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/03/2022 Payee: Dakota Chil	\$190.05 Idren'S Advocacy	Mental Health	
Date(s) of Service (If	-		
2/11/2022-2/11/2022			
L2022-52DD			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/16/2022 Payee: Dakota Chil	\$362.72 Idren'S Advocacy	Mental Health	
Date(s) of Service (If	-		
1/21/2022-1/21/2022	<i>t</i>		
1/2 1/2022-1/2 1/2022			

CI			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2022-73CD				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/12/2022 Pavee: Dakota C	\$518.02 hildren'S Advocacy	Mental Health		
<u>Date(s) of Service (</u> 12/17/2021-12/17/2 12/10/2021-12/10/2 12/3/2021-12/3/202	(<u>If Applicable)</u> 2021 2021	Genter		
CL2021-C254				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/07/2021	\$172.67	Mental Health		
-	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 11/19/2021-11/19/2				
CL2021-F673				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/07/2021	\$690.66	Mental Health		
Payee: Dakota C	hildren'S Advocacy	Center		
Date(s) of Service (
10/29/2021-10/29/2				
10/22/2021-10/22/2 10/15/2021-10/15/2				
10/15/2021-10/15/2				
CL2021-72E3	American	Claim Catagory	Madiaal Catagory (if anyliashia)	
<u>Approval Date</u> 12/03/2021	<u>AmountPaid</u> \$177.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy			
Date(s) of Service (-			
7/23/2021-7/23/202				
CL2021-1ACF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/01/2021	\$288.00	Medical	Hospital or Clinic	
-	hildren'S Advocacy	Center		
<u>Date(s) of Service (</u> 6/22/2021-6/22/202				
CL2021-FB1B				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/01/2021	\$1,381.34	Mental Health		
	hildren'S Advocacy	Center		
-	-			

NOTE: Upon payment approval, 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 07/26/2021 \$308.59 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 1/17/2021-1/17/2021 CL2021-DC4B Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/26/2021 \$218.98 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 1/16/2021-1/16/2021 CL2021-E4B6 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/26/2021 \$286.32 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 1/16/2021-1/16/2021 CL2021-E927 AmountPaid Claim Category Medical Category (if applicable) Approval Date \$1.298.10 Medical Hospital or Clinic 07/26/2021 Payee: Sanford Health Date(s) of Service (If Applicable) 1/16/2021-1/16/2021 CL2021-EBD1 AmountPaid Approval Date Claim Category Medical Category (if applicable) \$128.02 07/26/2021 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 1/19/2021-1/19/2021

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2021	-DA19	Victim In	itials: S.F.	
Case Payment Totals: \$288	.00			
Claim Payments:				
		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2021	-DE7D	Victim In	itials: Z.R.	
Case Payment Totals: \$955	.31			
Claim Payments:				
CL2021-7001				
		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2021-00D0				
Approval Date		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
01 0004 4700				
		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case ID Number: CS2021	-DF06	Victim In	itials: I.M.	
Case Payment Totals: \$1,16	68.00			
Claim Payments:				
	<u>AmountPaid</u> \$20.00 ılt, Llc	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
ND Crime Victims Compensati PO Box 1898 Bismarck, ND 58502-1898	ion, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Page 361 of 725

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Date(s) of Service (If Applicable) 9/21/2022-9/21/2022

CL2022-C9E7			
<u>Approval Date</u> 11/18/2022	AmountPaid \$20.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sarah A Per <u>Date(s) of Service (If A</u> 5/6/2022-5/6/2022			
CL2022-4C2F			
<u>Approval Date</u> 09/15/2022	<u>AmountPaid</u> \$100.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sarah A Per			
Date(s) of Service (If A 8/15/2022-8/15/2022	Applicable)		
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			
Approval Date 05/09/2022	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sarah A Per			
Date(s) of Service (If A	<u>Applicable)</u>		
4/8/2022-4/8/2022 3/25/2022-3/25/2022			
CL2022-BD87			
Approval Date 03/28/2022	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sarah A Per	+		
Date(s) of Service (If A	Applicable)		
3/11/2022-3/11/2022 2/25/2022-2/25/2022			
2/11/2022-2/11/2022			
CL2022-3349			
Approval Date 02/28/2022	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sunrise Wel			
Date(s) of Service (If A			
12/30/2021-12/30/202 12/17/2021-12/17/202			
CL2022-3D59			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/28/2022 Payee: Sarah A Per	\$40.00 rault, Llc	Mental Health	
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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) 1/28/2022-1/28/2022 1/14/2022-1/14/2022

CL2022-9B04

Bismarck, ND 58502-1898

CL2022-9B04				
<u>Approval Date</u> 01/20/2022	<u>AmountPaid</u> \$100.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sunrise W		World Hould		
Date(s) of Service (I 12/3/2021-12/3/2021 11/19/2021-11/19/20 11/5/2021-11/5/2021 10/22/2021-10/22/20 10/8/2021-10/8/2021	<u>f Applicable)</u> 1 021 1 021			
CL2021-08A0				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/29/2021	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota Ch	ildren'S Advocacy	Center		
<u>Date(s) of Service (I</u> 12/28/2020-12/28/20				
CL2021-EC51				
<u>Approval Date</u> 09/27/2021	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sunrise W				
Date(s) of Service (I 8/27/2021-8/27/2021 7/30/2021-7/30/2021 7/2/2021-7/2/2021	f Applicable) 1			
CL2021-3714				
<u>Approval Date</u> 07/15/2021	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sunrise W	ellness Center, Llc			
Date(s) of Service (I	f Applicable)			
6/3/2021-6/3/2021 5/27/2021-5/27/2021	1			
CL2021-1085				
<u>Approval Date</u> 06/04/2021	<u>AmountPaid</u> \$80.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sunrise W				
Date(s) of Service (I				
5/21/2021-5/21/2021	1			
5/7/2021-5/7/2021 4/30/2021-4/30/2021	1			
4/23/2021-4/23/2021				
CL2021-F197				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ID Crime Victims Compe	nsation DOCP	Phone: (701) 22	8-6195; 1-800-445-2322	
O Box 1898		· · ·	mpensation@nd.gov	Daga 202 -
inmeral ND 59502 1900	-			Page 363 o

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 04/29/2021 \$20.00 Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 4/9/2021-4/9/2021 CL2021-7EFD AmountPaid Medical Category (if applicable) Approval Date Claim Category 04/07/2021 \$140.00 Mental Health Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 3/19/2021-3/19/2021 3/12/2021-3/12/2021 3/5/2021-3/5/2021 CL2021-6869 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 03/29/2021 \$60.00 Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 2/26/2021-2/26/2021 2/12/2021-2/12/2021 2/5/2021-2/5/2021 CL2021-B091 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/01/2021 \$20.00 Mental Health Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 1/22/2021-1/22/2021 CL2021-DE78 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$20.00 Mental Health 03/01/2021 Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 1/29/2021-1/29/2021 CL2021-ECDD Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/01/2021 \$20.00 Mental Health Payee: Sunrise Wellness Center, Llc Date(s) of Service (If Applicable) 1/15/2021-1/15/2021 Case ID Number: CS2021-E025 Victim Initials: S.R. Case Payment Totals: \$535.84 Claim Payments: CL2022-3C32 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Mental Health 04/28/2022 \$535.84 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Dental 06/24/2021 \$337.00 Payee: J.L. Date(s) of Service (If Applicable) 4/19/2021-4/19/2021 CL2021-2A3A Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Dental 06/24/2021 \$1,812.32 Pavee: Crossroads Dental Date(s) of Service (If Applicable) 4/19/2021-4/19/2021 CL2021-0F78 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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

 Approval Date
 AmountPaid
 Claim Category
 Medical Category (if applicable)

 11/19/2021
 \$288.00
 Medical
 Hospital or Clinic

 Payee:
 Northern Plains Children'S Advocacy
 Date(s) of Settince (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:

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) Claim Category Approval Date <u>AmountPaid</u> 01/20/2022 Medical Hospital or Clinic \$1,727.66 Payee: M.K. Date(s) of Service (If Applicable) 11/16/2021-11/16/2021 CL2021-16BC Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category 08/19/2021 \$1,224.05 Medical Hospital or Clinic Payee: M.K. Date(s) of Service (If Applicable) 3/26/2020-4/20/2020 CL2021-14AC Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/09/2021 \$1,000.00 Medical Prescription Payee: Allina Health Pharmacy Date(s) of Service (If Applicable) 7/13/2020-3/15/2021 Case ID Number: CS2021-E655 Victim Initials: C.K. Case Payment Totals: \$288.00 Claim Payments: CL2021-5F0A AmountPaid Claim Category Medical Category (if applicable) Approval Date 07/19/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 6/14/2021-6/14/2021 Case ID Number: CS2021-E661 Victim Initials: P.H. Case Payment Totals: \$288.00 Claim Payments: CL2021-A57E Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/12/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 1/6/2021-1/6/2021 Case ID Number: CS2021-E6A7 Victim Initials: J.C. Case Payment Totals: \$2,476.00 Claim Payments: ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

			Victims Compensation	07/00/000
Cli	aim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/202 1:05:50AI
	-	7-10 business days f CTRL+F, then ente	or processing and check issuance. ring text to search.	
CL2022-8496				
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeic e (4/29/2022-4/29/202		Advocacy		
CL2022-B6E0				
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centrice (3/23/2022-3/23/202 3/9/2022-3/9/2022 3/4/2022-3/4/2022		\dvocacy		
CL2022-294D				
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCenteice (</u> 1/27/2022-1/27/202		Advocacy		
CL2021-6AFD				
<u>Approval Date</u> 12/14/2021	<u>AmountPaid</u> \$280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oC9etteice (</u> 11/17/2021-11/17/20 11/1/2021-11/1/202	021	\dvocacy		
CL2021-C117				
<u>Approval Date</u> 11/29/2021 Payee: Northern	<u>AmountPaid</u> \$112.00 Plains Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) o Centraic e (10/11/2021-10/11/2	If Applicable)	uvocacy		
CL2021-E06A				
<u>Approval Date</u> 10/13/2021	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Ceetteic e (Plains Children'S A	dvocacy		
9/28/2021-9/28/202 9/13/2021-9/13/202 9/8/2021-9/8/2021	:1			
CL2021-D72F Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 09/17/2021 \$560.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 07/19/2021 \$348.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/13/2021 Medical Hospital or Clinic \$318.41 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 05/04/2022 \$250.46 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/03/2022 \$208.75 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/8/2022-2/8/2022 CL2022-80F9 Approval Date AmountPaid Claim Category Medical Category (if applicable)

1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 02/16/2022 \$626.26 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 01/12/2022 \$460.30 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 12/16/2021 \$134.34 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/2/2021-12/2/2021 CL2021-7E41 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/29/2021 \$1.212.62 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/9/2021-11/9/2021 11/2/2021-11/2/2021 10/26/2021-10/26/2021 10/19/2021-10/19/2021 10/12/2021-10/12/2021 6/28/2021-6/28/2021 5/18/2021-5/18/2021 CL2021-B2C3 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/29/2021 \$1,907.27 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/14/2021-9/14/2021 9/7/2021-9/7/2021 8/17/2021-8/17/2021 8/10/2021-8/10/2021 8/3/2021-8/3/2021 7/20/2021-7/20/2021 7/13/2021-7/13/2021 7/6/2021-7/6/2021 6/15/2021-6/15/2021

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

6/1/2021-6/1/2021 5/24/2021-5/24/2021 07/03/2025

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea		-	for processing and check issuance. ring text to search.	1.05.30AM
CL2021-FEF9 <u>Approval Date</u> 05/04/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 4/13/2021-4/13/2021	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	1-E926	Victim Ir	nitials: T.M.	
Case Payment Totals: \$28 Claim Payments: CL2021-4534				
<u>Approval Date</u> 10/28/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/16/2021-8/16/2021	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	1-E93C	Victim Ir	nitials: B.A.	
Case Payment Totals: \$45	59.03			
Claim Payments:				
CL2021-E3B1 <u>Approval Date</u> 10/21/2021 Payee: Dakota Child <u>Date(s) of Service (If A</u> 3/3/2021-3/3/2021 2/23/2021-2/23/2021 7/23/2020-7/23/2020	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
CL2021-A973				
Approval Date 06/16/2021 Payee: Dakota Child Date(s) of Service (If A 4/15/2021-4/15/2021 4/1/2021-4/1/2021	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
Case ID Number: CS202	1-E991	Victim Ir	nitials: J.S.	
Case Payment Totals: \$39	6.85			
Claim Payments:				
CL2021-0CEB				
<u>Approval Date</u> 11/04/2021 Payee: Altru Health	<u>AmountPaid</u> \$396.85 System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ND Crime Victims Compensa PO Box 1898	ation, DOCR	. ,	8-6195; 1-800-445-2322 mpensation@nd.gov	
Bismarck, ND 58502-1898			<u>npenoulon@na.gov</u>	Page 370 of

Bismarck, ND 58502-1898

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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.

Medical Category (if applicable)

Hospital or Clinic

Case Payment Totals: \$288.00

Claim Payments:

CL2021-872F

Approval DateAmountPaidClaim Category11/18/2021\$288.00MedicalPayee:Dakota Children'S Advocacy CenterDate(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:

<u>Approval Date</u> 01/21/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
	Plains Children'S A		
Date(s) o Coete ice (avocacy	
12/17/2021-12/17/2			
12/7/2021-12/7/202			
CL2021-794F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/09/2021	\$280.00	Mental Health	
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o Centeic e ((If Applicable)		
11/5/2021-11/5/202	21		
CL2021-91B0			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/26/2021	\$404.00	Mental Health	
Payee: Northern	Plains Children'S A	Advocacy	
Date(s) o Centeic e ((If Applicable)		
10/27/2021-10/27/2	2021		
10/5/2021-10/5/202	21		
9/21/2021-9/21/202	21		
CL2021-A26B			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Hospital or Clinic \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 9/16/2021-9/16/2021 Victim Initials: M.W. Case ID Number: CS2021-EC2E Case Payment Totals: \$8,535.02 Claim Payments: CL2021-E4B7 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/07/2021 Hospital or Clinic \$84.38 Medical Payee: Sanford Health Date(s) of Service (If Applicable) 8/3/2021-8/3/2021 CL2021-0433 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 08/23/2021 \$1,241.36 Medical Hospital or Clinic Payee: A.P. Date(s) of Service (If Applicable) 7/1/2021-7/31/2021 CL2021-DFBD Approval Date AmountPaid Claim Category Medical Category (if applicable) \$33.60 Medical Hospital or Clinic 08/12/2021 Payee: Sanford Health Date(s) of Service (If Applicable) 7/7/2021-7/7/2021 CL2021-F480 AmountPaid Medical Category (if applicable) Approval Date Claim Category 06/24/2021 \$1,241.36 Medical Hospital or Clinic Payee: A.P. Date(s) of Service (If Applicable)

CL2021-68F4

6/1/2021-6/30/2021

GL2021-00F4			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/09/2021	\$2,482.72	Medical	Hospital or Clinic
Payee: A.P.			
Date(s) of Service (If A	pplicable)		
4/1/2021-5/1/2021			
CL2021-C7C0			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/27/2021	\$1,030.00	Medical	Hospital or Clinic
Payee: A.P.			
Date(s) of Service (If A	pplicable)		

8/26/2020-9/27/2020

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

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se		•	for processing and check issuance. ring text to search.	1.03.30AM
CL2021-CCA6				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/27/2021	\$21.60	Medical	Hospital or Clinic	
Payee: Sanford He Date(s) of Service (If 9/4/2020-9/4/2020				
CL2021-662A				
<u>Approval Date</u> 04/06/2021 Payee: A.P.	<u>AmountPaid</u> \$2,400.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS20	21-ED36	Victim Ir	nitials: S.A.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2022-3A39				
Approval Date 09/28/2022 Payee: Dakota Chil	AmountPaid \$288.00 Idren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 8/24/2021-8/24/2021	Applicable)			
Case ID Number: CS20	21-ED3D	Victim Ir	nitials: B.H.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2022-1108				
<u>Approval Date</u> 03/03/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi	•			
Date(s) of Service (If 10/28/2021-10/28/202	Applicable)			
Case ID Number: CS20	21-EE19	Victim Ir	nitials: G.W.	
Case Payment Totals: \$6	691.53			
Claim Payments:				
CL2021-4CF3				
<u>Approval Date</u> 06/18/2021 Payee: Dakota Chi l	<u>AmountPaid</u> \$691.53 Idren'S Advocacy	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/07/2023	\$1,054.08	Mental Health	
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A	<u>pplicable)</u>		
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	2		

CL2023-E9A6

CL2023-E9A6				
<u>Approval Date</u> 06/29/2023	<u>AmountPaid</u> \$1,395.90	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	ren'S Advocacy	Center		
Date(s) of Service (If A	-			
3/29/2023-3/29/2023	<u>spireusier</u>			
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/30/2023	\$1,054.08	Mental Health		
Payee: Dakota Child	ren'S Advocacy	Center		
Date(s) of Service (If Ap	<u>pplicable)</u>			
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	<u>)</u>			
CL2022-3F40				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		· · ·	mpensation@nd.gov	Dage 274 of
Bismarck, ND 58502-1898			· · · · · · · · · · · · · · · · · · ·	Page 374 of

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 07/22/2022 \$321.50 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 05/18/2022 \$214.34 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/27/2022 \$107.17 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/7/2022-4/7/2022 CL2022-84D7 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> \$428.67 Mental Health 03/23/2022 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/16/2021 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) ofenteice (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 AmountPaid Approval Date Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov

Bismarck, ND 58502-1898

07/03/2025 1:05:50AM

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

10/25/2021	\$507.94	Medical	Hospital or Clinic	
Payee: Chatter Pedi			•	
Date(s) of Service (If A				
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	AmountPaid	Claim Catagory	Medical Category (if applicable)	
<u>Approval Date</u> 05/05/2021	\$273.78	<u>Claim Category</u> Medical	Hospital or Clinic	
Payee: Chatter Pedi	atric Therapy #1	84736		
Date(s) of Service (If A	<u>Applicable)</u>			
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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/04/2021	\$273.78	Medical	Hospital or Clinic	
Payee: Chatter Pedi	atric Therapy #1	84736		
Date(s) of Service (If A	<u> (pplicable)</u>			
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				
2/4/2021-2/4/2021 2/23/2021-2/23/2021				
2/23/2021-2/23/2021 2/2/2021-2/2/2021				
2/23/2021-2/23/2021		Victim Ir	itials: P.H.	
2/23/2021-2/23/2021 2/2/2021-2/2/2021	-	Victim Ir	itials: P.H.	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202	-	Victim Ir	itials: P.H.	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28	-	Victim Ir	itials: P.H.	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28 aim Payments: CL2021-7C4C Approval Date	88.00 AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28 aim Payments: CL2021-7C4C <u>Approval Date</u> 10/13/2021	88.00 <u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical		
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28 aim Payments: CL2021-7C4C <u>Approval Date</u> 10/13/2021 Payee: Northern Pla	88.00 <u>AmountPaid</u> \$288.00 sins Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable)	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28 aim Payments: CL2021-7C4C <u>Approval Date</u> 10/13/2021	88.00 <u>AmountPaid</u> \$288.00 sins Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable)	
2/23/2021-2/23/2021 2/2/2021-2/2/2021 se ID Number: CS202 ase Payment Totals: \$28 aim Payments: CL2021-7C4C <u>Approval Date</u> 10/13/2021 Payee: Northern Pla <u>Date(s) oC90160ce (If A</u>	88.00 <u>AmountPaid</u> \$288.00 sins Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS2	2021-F2C7	Victim Ir	nitials: D.G.
Case Payment Totals:	\$1,873.68		
laim Payments:			
CL2021-BD75 Approval Date 12/06/2021 Payee: Chi St. Al Date(s) of Service 2/14/2021-2/15/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-E99F			
Approval Date 12/06/2021 Payee: Chi St. Al Date(s) of Service 2/14/2021-2/15/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-1B9D			
<u>Approval Date</u> 12/02/2021 Payee: D.G. <u>Date(s) of Service</u> 2/15/2021-2/15/202		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-BF72			
<u>Approval Date</u> 12/02/2021 Payee: D.G. <u>Date(s) of Service</u> 2/14/2021-2/15/202		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-D66F			
<u>Approval Date</u> 12/02/2021 Payee: D.G. <u>Date(s) of Service</u> 2/19/2021-2/19/202	<u>AmountPaid</u> \$166.15 (<u>If Applicable)</u> 21	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2021-FE95			
Approval Date 12/02/2021 Payee: D.G. Date(s) of Service	AmountPaid \$139.68 (If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payment Totals: \$288 Claim Payments: CL2021-11DA	.00		
-			
CL2021-11DA			
08/19/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plain Date(s) o Centeic e (If Ap 7/20/2021-7/20/2021		dvocacy	
Case ID Number: CS2021	-F3BB	Victim In	nitials: C.B.
Case Payment Totals: \$288	3.00		
Claim Payments:			
CL2021-E9BD			
	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childre	-	Center	
<u>Date(s) of Service (If Ap</u> 12/14/2020-12/14/2020	plicable)		
Case ID Number: CS2021	-F3E0	Victim In	nitials: D.L.
Case Payment Totals: \$4,5 ′	13.76		
Claim Payments:			
CL2021-F27D			
02/18/2021	AmountPaid \$4,513.76	<u>Claim Category</u> Funeral	Medical Category (if applicable)
Payee: Weigel Funera	a Cremation	Service	
Case ID Number: CS2021	-F4A1	Victim In	nitials: K.O.
Case Payment Totals: \$4,34	48.00		
Claim Payments:			
CL2023-A7C7			
	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plain <u>Date(s)</u> o Centeic e (If App 12/15/2022-12/15/2022 12/7/2022-12/7/2022 12/1/2022-12/1/2022		dvocacy	

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

North Dakota Crime Victims Compensation				
Clain	n Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AN
OTE: Upon payment approv	al, please allow 7	7-10 business days f	for processing and check issuance.	1.05.50AW
Document can be sea	-	-		
CL2022-5092				
<u>Approval Date</u> 12/19/2022	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o C3etteice (If A 11/9/2022-11/9/2022 11/2/2022-11/2/2022 10/19/2022-10/19/2022	pplicable)	dvocacy		
CL2022-D37F				
Approval Date 11/30/2022 Payee: Northern Pla <u>Date(s)</u> o Ceetric e (If A 10/26/2022-10/26/2022 10/11/2022-10/11/2022	<u>pplicable)</u> 2	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-0BA3				
Approval Date 10/14/2022	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ins Children'S A	dvocacy		
Date(s) o Ceete (lf A 9/21/2022-9/21/2022 9/15/2022-9/15/2022 9/9/2022-9/9/2022	<u>pplicable)</u>			
CL2022-A5A6				
Approval Date 09/21/2022 Payee: Northern Pla Date(s) o Coete ce (If A 8/10/2022-8/10/2022		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CI 2022 7C9A				
CL2022-7C8A Approval Date 08/16/2022	<u>AmountPaid</u> \$448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o CSetteice (If A 7/27/2022-7/27/2022 7/20/2022-7/20/2022 7/13/2022-7/13/2022 7/5/2022-7/5/2022		dvocacy		
CL2022-AF39				
Approval Date 07/22/2022 Payee: Northern Pla Date(s) o Centric e (If A 6/29/2022-6/29/2022 6/22/2022-6/22/2022 6/8/2022-6/8/2022		<u>Claim Category</u> Mental Health Idvocacy	<u>Medical Category (if applicable)</u>	

North Dakota Crime Victims Compensation				
Clair	m Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/202 1:05:50AI
			or processing and check issuance.	1.05.30AI
Document can be sea	arched by clicking	CTRL+F, then ente	ring text to search.	
CL2022-9BAC				
<u>Approval Date</u> 06/15/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern PI Date(s) of Coentrice (If, 5/31/2022-5/31/2022 5/24/2022-5/24/2022	ains Children'S A	dvocacy		
CL2022-B88E				
Approval Date 05/12/2022	<u>AmountPaid</u> \$224.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl	•			
Date(s) o Centeic e (If 4/12/2022-4/12/2022 4/1/2022-4/1/2022		-		
CL2022-DDFD				
Approval Date 04/13/2022	<u>AmountPaid</u> \$448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl				
Date(s) o C9etteic e (If, 3/24/2022-3/24/2022 3/17/2022-3/17/2022 2/23/2022-2/23/2022	<u>Applicable)</u>			
CL2022-C1D6				
<u>Approval Date</u> 03/23/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl <u>Date(s)</u> o Ceeter (If, 2/28/2022-2/28/2022		dvocacy		
CL2022-33BC				
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$256.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern PI Date(s) of Coefficience (If 1/28/2022-1/28/2022 1/7/2022-1/7/2022	ains Children'S A			
CL2022-C78B				
<u>Approval Date</u> 01/21/2022	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl Date(s) o Csetteic e (If, 12/6/2021-12/6/2021	ains Children'S A			
CL2021-84CE				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

Clai		akota Crime Vervice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM	
NOTE: Upon payment approval, 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	5		
Payee: Northern Pl	• • •				
Date(s) o Centraic e (If 11/29/2021-11/29/202	Applicable)				
CL2021-2DD5					
<u>Approval Date</u> 11/17/2021	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic		
Payee: Northern Pl <u>Date(s)</u> o C90/teic e (If 9/30/2021-9/30/2021		dvocacy			
CL2021-43BA					
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		
11/17/2021	\$292.00	Mental Health			
Payee: Northern Pl Date(s) o Centeic e (If		dvocacy			
10/29/2021-10/29/202					
10/13/2021-10/13/202					
Case Payment Totals: \$1		Victim Ir	nitials: T.D.		
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024	,608.69 <u>AmountPaid</u> \$1,608.69	<u>Claim Category</u> Mental Health	nitials: T.D. Medical Category (if applicable)		
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil <u>Date(s) of Service (If</u>	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil <u>Date(s) of Service (If</u> 3/23/2023-3/23/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/2/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chill Date(s) of Service (If 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	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 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	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/2/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-1/26/2023 1/19/2023-1/19/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/2/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-1/26/2023 1/19/2023-1/19/2023 1/12/2023-1/12/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/2/2023 2/23/2023-2/23/2023 2/23/2023-2/23/2023 2/17/2023-2/16/2023 1/26/2023-1/26/2023 1/19/2023-1/19/2023 1/12/2023-1/12/2023 1/5/2023-1/5/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/2/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-1/26/2023 1/19/2023-1/19/2023 1/12/2023-1/12/2023	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/23/2023 2/23/2023-2/23/2023 2/23/2023-2/23/2023 2/17/2023-2/16/2023 2/16/2023-2/16/2023 1/26/2023-1/26/2023 1/19/2023-1/12/2023 1/5/2023-1/5/2023 1/2/2022-12/8/2022	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/23/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-2/16/2023 1/26/2023-1/26/2023 1/12/2023-1/12/2023 1/5/2023-1/5/2023 12/8/2022-12/8/2022 12/1/2022-12/1/2022	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 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 1/26/2023-1/19/2023 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	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy	<u>Claim Category</u> Mental Health			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/23/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-2/16/2023 1/26/2023-1/26/2023 1/26/2023-1/26/2023 1/26/2023-1/19/2023 1/5/2023-1/5/2023 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	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy <u>Applicable</u>)	<u>Claim Category</u> Mental Health Center			
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 Approval Date 01/08/2024 Payee: Dakota Chill Date(s) of Service (If 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 1/26/2023-1/19/2023 1/12/2023-1/19/2023 1/5/2023-1/5/2023 1/2/2022-12/8/2022 12/1/2022-12/1/2022 1/20/2022-1/20/2022 1/20/2022-1/20/2022 1/20/2022-1/20/2022 1/20/2022-1/20/2022	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy <u>Applicable</u>) 21-F4D8	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
Approval Date 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 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 1/12/2023-1/12/2023 1/5/2023-1/5/2023 1/5/2023-1/5/2023 1/5/2022-12/8/2022 1/20/2022-1/20/2022	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy <u>Applicable</u>) 21-F4D8	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		
Case Payment Totals: \$1 Claim Payments: CL2024-AE29 <u>Approval Date</u> 01/08/2024 Payee: Dakota Chil Date(s) of Service (If 3/23/2023-3/23/2023 3/2/2023-3/23/2023 2/23/2023-2/23/2023 2/17/2023-2/17/2023 2/16/2023-2/16/2023 1/26/2023-1/26/2023 1/26/2023-1/19/2023 1/12/2023-1/19/2023 1/5/2023-1/5/2023 1/26/2022-12/8/2022 12/1/2022-12/1/2022 2/23/2022-2/23/2022 1/20/2022-1/20/2022 1/20/2022 1/20/2022-1/20/2022 1/20/202 1/20/202 1/20/202 1/20/202 1/	,608.69 <u>AmountPaid</u> \$1,608.69 dren'S Advocacy <u>Applicable</u>) 21-F4D8	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)		

Email: DOCRcompensation@nd.gov

	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM						
	proval, please allow searched by clicking	-	for processing and check issuance. ring text to search.					
10/13/2021 Payee: Northern	Payee: Northern Plains Children'S Advocacy Date(s) of Setrice (If Applicable)							
Case ID Number: CS	2021-F519	Victim Ir	nitials: E.B.					
Case Payment Totals:	\$288.00							
Claim Payments:								
CL2022-FDC8								
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Northern <u>Date(s)</u> o Centeic e 12/21/2021-12/21/		dvocacy						
Case ID Number: CS	2021-F561	Victim Ir	nitials: K.D.					
Case Payment Totals:	\$7,373.83							
Claim Payments:								
CL2022-E36A								
<u>Approval Date</u> 06/06/2022 Payee: K.D.	<u>AmountPaid</u> \$1,380.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)					
CL2022-DC4B Approval Date 02/07/2022 Payee: Sanford	AmountPaid \$3,852.58 Health	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Date(s) of Service 8/22/2021-9/3/202								
CL2022-11D1 <u>Approval Date</u> 01/10/2022 Payee: K.D.	<u>AmountPaid</u> \$2,141.25	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)					
Case ID Number: CS	2021-F5B6	Victim Ir	nitials: T.M.					
Case Payment Totals:	\$288.00							
Claim Payments:								
CL2021-1322 Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)					
ND Crime Victims Comp	ensation DOCR	Phone: (701)-32	8-6195-1-800-445-2322					

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 12/09/2021 \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 11/2/2021-11/2/2021 Victim Initials: W.E. Case ID Number: CS2021-F650 Case Payment Totals: \$1,166.20 Claim Payments: CL2022-5231 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/19/2022 Medical Hospital or Clinic \$169.24 Payee: J.O. Date(s) of Service (If Applicable) 6/24/2021-7/12/2021 CL2022-E337 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 01/27/2022 \$320.00 Medical Hospital or Clinic Payee: J.O. Date(s) of Service (If Applicable) 6/24/2021-10/21/2021 CL2022-E81C Approval Date AmountPaid Claim Category Medical Category (if applicable) \$676.96 Medical Hospital or Clinic 01/27/2022 Payee: Western Alliance Bank D/B/A Clear Date(s) oBlance (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/07/2022 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/11/2021-5/11/2021 CL2022-0A23 <u>AmountP</u>aid Approval Date Claim Category Medical Category (if applicable) 03/14/2022 \$410.40 Mental Health Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 10/8/2021-10/8/2021 10/1/2021-10/1/2021

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

9/24/2021-9/24/2021 9/17/2021-9/17/2021

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

07/03/2025

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CL2021-5010

 Approval Date
 AmountPaid
 Claim Category
 Medical Category (if applicable)

 10/25/2021
 \$152.75
 Mental Health
 Medical Category (if applicable)

 Payee:
 The Kids Therapy Center, Llc
 Medical Category (if applicable)

 Date(s) of Service (If Applicable)
 9/4/2021-9/4/2021

CL2021-7CD0

Bismarck, ND 58502-1898

CL2021-7CD0				
<u>Approval Date</u> 09/20/2021	<u>AmountPaid</u> \$1,052.52	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Kids The	rapy Center, Llc			
Date(s) of Service (If Ap	oplicable)			
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/19/2021	\$475.42	Mental Health		
Payee: The Kids The	rapy Center, Llc			
Date(s) of Service (If Ap	oplicable)			
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> 07/14/2021 Payee: The Kids The <u>Date(s) of Service (If Ap</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		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Case ID Number: CS202	1-F6DA	Victim In	itials: J.B.	
Case Payment Totals: \$1,4	62.50			
Claim Payments:				
CL2022-3340				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa	tion, DOCR		3-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRcom</u>	npensation@nd.gov	Page 384 of

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.

01/24/2022 \$1,462.50 Wage Loss

Payee: J.B.

Case ID Number: CS2021-F7C	6 Vic	tim Initials: M.A.	
Case Payment Totals: \$414.40			
Claim Payments:			
CL2022-C589			
Approval DateAmou01/06/2022\$136.Payee:Sanford HealthDate(s) of Service (If Applicab5/28/2021-5/28/2021		gory <u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2021-CF4A			
	I Gap	gory <u>Medical Category (if applicable)</u> Dental	
CL2021-BD63			
Approval DateAmou09/27/2021\$102.Payee:Valley Oral & FacialDate(s) of Service (If Applicab7/1/2021-7/1/2021	Surgery	gory <u>Medical Category (if applicable)</u> Dental	
Case ID Number: CS2021-FB1	3 Vic	tim Initials: P.C.	
Case Payment Totals: \$5,000.00			
Claim Payments: CL2021-393A	<u>intPaid Claim Cate</u>	gory <u>Medical Category (if applicable)</u>	
Case ID Number: CS2021-FCE	E Vic	tim Initials: M.P.	
Case Payment Totals: \$1,717.73			
Claim Payments:			
CL2023-9D8D Approval Date Amou	<u>intPaid</u> <u>Claim Cate</u>	gory Medical Category (if applicable)	
ND Crime Victims Compensation, D PO Box 1898 Bismarck, ND 58502-1898	•	01)-328-6195; 1-800-445-2322 CRcompensation@nd.gov	Page 385 of 1

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 03/30/2023 \$147.43 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 8/1/2022-8/1/2022 CL2022-4144 Approval Date AmountPaid Medical Category (if applicable) Claim Category 08/24/2022 \$77.50 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 6/13/2022-6/13/2022 CL2022-22E9 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/07/2022 \$145.12 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/19/2022-5/19/2022 5/9/2022-5/9/2022 CL2022-533E **AmountPaid** Claim Category Medical Category (if applicable) Approval Date Mental Health 05/18/2022 \$925.34 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/12/2022 \$134.34 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/15/2021-12/15/2021 CL2021-B257 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/01/2021 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/1/2021-10/1/2021

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS20	21-FD2C	Victim Ir	nitials: A.J.
Case Payment Totals: \$5	5,293.38		
Claim Payments:			
CL2021-644B			
<u>Approval Date</u> 08/19/2021	<u>AmountPaid</u> \$181.41	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Ophthalmo Date(s) of Service (If 3/10/2021-3/10/2021			
3/10/2021-3/10/2021			
CL2021-7736			
<u>Approval Date</u> 08/19/2021	<u>AmountPaid</u> \$848.44	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Eye	Institute		
Date(s) of Service (If 3/1/2021-3/17/2021	<u>Applicable)</u>		
CL2021-D6C9			
Approval Date 08/19/2021	<u>AmountPaid</u> \$4,263.53	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford He	alth		
Date(s) of Service (If 3/1/2021-3/28/2021	<u>Applicable)</u>		
CL2021-FA4B			
Approval Date 08/04/2021	<u>AmountPaid</u> \$0.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: A.J.			
<u>Date(s) of Service (If</u> 3/1/2021-3/1/2021	<u>Applicable)</u>		
3/17/2021-3/17/2021			
3/12/2021-3/12/2021 3/4/2021-3/4/2021			
3/9/2021-3/9/2021			
ise ID Number: CS20	21-FDA7	Victim Ir	nitials: J.S.
Case Payment Totals: \$2	288.00		
Claim Payments:			
CL2021-BF94			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Chil	-	Center	
Date(s) of Service (If			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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-F	FCD	Victim Ini	tials: I.E.
Case Payment Totals: \$288.00	D		
Claim Payments:			
CL2021-6297			
		<u>laim Category</u> ledical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plains (Date(s) of Seterce (If Applic 5/6/2021-5/6/2021		осасу	
Case ID Number: CS2022-0 ⁻	16B	Victim Ini	tials: K.M.
Case Payment Totals: \$534.10	D		
Claim Payments:			
CL2023-35C6			
		<u>laim Category</u> lental Health	Medical Category (if applicable)
Payee: Dakota Children's	S Advocacy Cer	nter	
<u>Date(s) of Service (If Applic</u> 2/27/2023-2/27/2023 1/4/2023-1/4/2023	<u>cable)</u>		
Case ID Number: CS2022-0	-	Victim Ini	tials: E.L.
Case Payment Totals: \$1,380.	.00		
Claim Payments:			
CL2023-1ADD Approval Date An	nountPaid C	laim Category	Medical Category (if applicable)
		lental Health	
Payee: St. Alexius Medic Date(s) of Service (If Applic 11/20/2022-11/23/2022			
CL2022-63AD			
Approval Date An		<u>laim Category</u> lental Health	Medical Category (if applicable)
Payee: The Kids Therapy			
Date(s) of Service (If Applic 9/19/2022-9/19/2022	<u>able)</u>		
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			
	nountPaid <u>C</u>	laim Category	Medical Category (if applicable)
ND Crime Victims Compensation	, DOCR F	Phone: (701)-328	-6195; 1-800-445-2322

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payee: The Kids T Date(s) of Service (I 8/15/2022-8/15/2022 8/8/2022-8/8/2022 8/1/2022-8/1/2022 7/27/2022-7/27/2022	2	Mental Health	
Case ID Number: CS2	022-03CC	Victim Ir	nitials: M.B.
Case Payment Totals:	\$1,274.55		
Claim Payments:			
CL2024-E9D4			
-	<u>AmountPaid</u> \$118.22 Behavioral Healthca	<u>Claim Category</u> Mental Health are	Medical Category (if applicable)
<u>Date(s)</u> o PSefetsiqi 12/11/2023-12/11/20			
CL2023-A02A			
<u>Approval Date</u> 09/18/2023	<u>AmountPaid</u> \$279.65	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Solutions <u>Date(s)</u> o Psefessiqi 7/30/2023-7/30/2023 7/8/2023-7/8/2023		are	
CL2023-C1B3			
<u>Approval Date</u> 08/23/2023	<u>AmountPaid</u> \$208.34	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Solutions <u>Date(s)</u> o P8efessi@ 4/14/2023-4/14/2023 1/30/2023-1/30/2023	3	are	
CL2023-8F45			
<u>Approval Date</u> 02/15/2023	<u>AmountPaid</u> \$668.34	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Solutions <u>Date(s)</u> o Psefeasiqi 11/22/2022-11/22/20 9/6/2022-9/6/2022 8/2/2022-8/2/2022		are	
Case ID Number: CS2	022-0410	Victim Ir	nitials: N.T.
Case Payment Totals: \$	\$5,924.00		
Claim Payments:			
CL2023-1FAD Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)

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

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 09/20/2023 \$784.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 07/18/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 6/9/2023-6/9/2023 6/2/2023-6/2/2023 CL2023-DD24 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/08/2023 \$576.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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 AmountPaid Medical Category (if applicable) Approval Date Claim Category 05/05/2023 \$616.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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 Claim Category Approval Date AmountPaid Medical Category (if applicable) 03/14/2023 \$504.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 2/24/2023-2/24/2023 2/16/2023-2/16/2023 2/10/2023-2/10/2023 CL2023-C829 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 02/08/2023 \$840.00

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 Contract (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

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CL2023-195C			
<u>Approval Date</u> 01/20/2023	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plair	ns Children'S Ad	dvocacy	
Date(s) o Centric e (If Ap 12/20/2022-12/20/2022 12/5/2022-12/5/2022 12/2/2022-12/2/2022	plicable)		
CL2022-D068			
<u>Approval Date</u> 12/19/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plair	ns Children'S Ad	dvocacy	
<u>Date(s) oCSenteice (If Ap</u> 11/18/2022-11/18/2022 11/9/2022-11/9/2022	<u>plicable)</u>		
CL2022-2557			
<u>Approval Date</u> 11/30/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plair <u>Date(s) oC9eteice (If Ap</u> 8/18/2022-8/18/2022		dvocacy	
CL2022-EE92			
<u>Approval Date</u> 11/30/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plair <u>Date(s)</u> o Centerce (If Ap 10/28/2022-10/28/2022 10/21/2022-10/21/2022 10/7/2022-10/7/2022		dvocacy	
CL2022-EC86			
<u>Approval Date</u> 10/14/2022	<u>AmountPaid</u> \$684.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plair <u>Date(s)</u> o C9ateice (If Ap 9/29/2022-9/29/2022 9/21/2022-9/21/2022 9/15/2022-9/15/2022 9/9/2022-9/9/2022		dvocacy	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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Bismarck, ND 58502-1898

Case ID Number: CS	2022-0458	Victim Ir	nitials: P.P.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2022-D7F4			
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern <u>Date(s)</u> o Centeic e 3/10/2022-3/10/20:	· · · · ·	Advocacy	
Case ID Number: CS	2022-05DB	Victim Ir	nitials: H.M.
Case Payment Totals:	\$1,083.48		
Claim Payments:			
CL2023-85F1			
<u>Approval Date</u> 02/03/2023	<u>AmountPaid</u> \$1,067.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
Payee: J.M.			
<u>Date(s) of Service</u> 5/3/2022-5/5/2022			
CL2023-B0EB			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/04/2023 Payee: Altru Hea	\$16.48	Medical	Hospital or Clinic
Date(s) of Service	-		
5/3/2022-5/3/2022	<u>,pp,</u>		
Case ID Number: CS	2022-0613	Victim II	nitials: K.M.
Case Payment Totals:	\$1,308.00		
Claim Payments:			
CL2022-7C67			
<u>Approval Date</u> 09/20/2022	AmountPaid	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
	\$168.00 Plains Children'S A		
Date(s) o Centeice		,	
8/3/2022-8/3/2022			
CL2022-A5DE			
<u>Approval Date</u> 07/20/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
-	Plains Children'S A	Advocacy	
<u>Date(s) oCeentraice</u> 6/16/2022-6/16/202			
6/10/2022-6/10/202			
6/3/2022-6/3/2022			
ND Crime Victims Comp	ensation, DOCR	. ,	8-6195; 1-800-445-2322
PO Box 1898		Email: DOCRco	mpensation@nd.gov

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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.

CL2022-74E8			
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$348.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
	Plains Children'S A		
Date(s) of Centreice (lavoolog	
4/28/2022-4/28/202			
4/19/2022-4/19/202	:2		
CL2022-06A8			
<u>Approval Date</u> 03/23/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
	Plains Children'S A		
Date(s) o f@oiteic e (,	
2/10/2022-2/10/202	:2		
ase ID Number: CS2	2022-06C2	Victim Ir	nitials: S.P.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-430F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/08/2023	\$288.00	Medical	Hospital or Clinic
	Plains Children'S A	dvocacy	
<u>Date(s)</u> o Ceeteic e (12/20/2022-12/20/2			
12/20/2022-12/20/2	.022		
ase ID Number: CS2	2022-08DD	Victim Ir	nitials: A.W.
Case Payment Totals:	\$6,674.53		
Claim Payments:			
CL2024-8D06			
Approval Date	<u>AmountPaid</u>	Claim Category	<u>Medical Category (if applicable)</u>
06/25/2024	\$144.81	Medical System	Hospital or Clinic
Date(s) of Service (County Healthcare	System	
11/9/2023-11/9/202			
9/30/2023-9/30/202	23		
CL2024-1069			
		Claim Category	Medical Category (if applicable)
Approval Date 01/04/2024	<u>AmountPaid</u> \$348.42	Medical	Hospital or Clinic

NOTE: Upon payment approval, 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

Bismarck, ND 58502-1898

CL2024-76B1 <u>Approval Date</u> 01/04/2024 Payee: A.W. <u>Date(s) of Service</u> 10/8/2022-10/13/20		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2024-E5DE <u>Approval Date</u> 01/04/2024 Payee: A.W. <u>Date(s) of Service</u> 10/24/2022-12/12/2		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-2E95 <u>Approval Date</u> 07/24/2023 Payee: Mckenzie <u>Date(s) of Service</u> 3/17/2023-3/17/202 3/22/2023-3/22/202 5/19/2023-5/19/202 3/10/2023-3/10/202 4/21/2023-4/21/202 3/3/2023-3/3/2023 3/31/2023-3/31/202 2/22/2023-2/22/202	23 23 23 23 23 23 23	<u>Claim Category</u> Medical e System	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-D922 <u>Approval Date</u> 05/03/2023 Payee: Munson I <u>Date(s) of Sepilal</u> 11/23/2022-1/27/20		<u>Claim Category</u> Medical Memorial	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-483E <u>Approval Date</u> 04/17/2023 Payee: Chi St. Al <u>Date(s) of Service</u> 9/30/2022-9/30/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-B154 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ID Crime Victims Comp O Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 394

	proval, please allow 7 searched by clicking	-	for processing and check issuance. ring text to search.	
04/17/2023 Payee: Munson <u>Date(s) of Service</u> 1/23/2023-1/23/202		Medical dical Group	Hospital or Clinic	
CL2023-CC16 Approval Date 03/30/2023	<u>AmountPaid</u> \$28.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Hand & F Date(s) of Service 1/24/2023-1/24/20		re		
CL2023-3218				
<u>Approval Date</u> 03/28/2023	<u>AmountPaid</u> \$14.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: A.W. <u>Date(s) of Service</u> 10/24/2022-10/24/				
CL2023-DBE4 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/28/2023 Payee: Mary Fre Date(s) of Service 10/24/2022-10/24/		Medical I Hospital	Hospital or Clinic	
CL2023-4BCE				
Approval Date	<u>AmountPaid</u> \$578.58	<u>Claim Category</u> Travel	Medical Category (if applicable)	
03/23/2023 Payee: A.W.	<i>ver olee</i>			
Payee: A.W. CL2023-84FE			Madiaal Octoberry (if and line blad)	
Payee: A.W.	<u>AmountPaid</u> \$48.00 Iexius Health (If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: A.W. CL2023-84FE <u>Approval Date</u> 03/15/2023 Payee: Chi St. A <u>Date(s) of Service</u>	<u>AmountPaid</u> \$48.00 Iexius Health (If Applicable)	Claim Category		
Payee: A.W. CL2023-84FE <u>Approval Date</u> 03/15/2023 Payee: Chi St. A <u>Date(s) of Service</u> 9/30/2022-9/30/202 CL2023-343A <u>Approval Date</u> 03/10/2023 Payee: A.W.	<u>AmountPaid</u> \$48.00 Jexius Health (If Applicable) 22 <u>AmountPaid</u> \$35.00	Claim Category		
Payee: A.W. CL2023-84FE <u>Approval Date</u> 03/15/2023 Payee: Chi St. A <u>Date(s) of Service</u> 9/30/2022-9/30/202 CL2023-343A <u>Approval Date</u> 03/10/2023	<u>AmountPaid</u> \$48.00 Jexius Health <u>(If Applicable)</u> 22 <u>AmountPaid</u> \$35.00 (If Applicable)	<u>Claim Category</u> Medical	Hospital or Clinic	
Payee: A.W. CL2023-84FE <u>Approval Date</u> 03/15/2023 Payee: Chi St. A <u>Date(s) of Service</u> 9/30/2022-9/30/202 CL2023-343A <u>Approval Date</u> 03/10/2023 Payee: A.W. <u>Date(s) of Service</u>	<u>AmountPaid</u> \$48.00 Jexius Health <u>(If Applicable)</u> 22 <u>AmountPaid</u> \$35.00 (If Applicable)	<u>Claim Category</u> Medical	Hospital or Clinic	

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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.

9/30/2022-9/30/202	22			
L2023-F7AD				
Approval Date 03/10/2023	<u>AmountPaid</u> \$510.46	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He	1	Medical		
<u>Date(s) of Service</u> 10/8/2022-10/12/20	(If Applicable)			
L2023-1B97				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/09/2023	\$22.14	Medical	Prescription	
Payee: A.W.				
Date(s) of Service 10/7/2022-10/7/202				
L2023-6E72				
Approval Date 03/09/2023	<u>AmountPaid</u> \$1,500.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: A.W.				
<u>Date(s) of Service</u> 9/30/2022-9/30/202				
L2023-5B74				
Approval Date 03/08/2023	<u>AmountPaid</u> \$56.00	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Mary Fre	e Bed Rehabilitation	n Hospital		
<u>Date(s) of Service</u> 11/7/2022-11/7/202				
L2023-CAF8				
Approval Date 03/08/2023	<u>AmountPaid</u> \$28.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	عدہ عدہ e Bed Rehabilitatior			
Date(s) of Service 12/12/2022-12/12/2	(If Applicable)			
e ID Number: CS	2022-0962	Victim In	iitials: T.A.	
se Payment Totals:	\$288.00			
im Payments:				
L2022-0C65				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/19/2022	\$288.00	Medical	Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
Date(s) of Contract				

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

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: CS202	22-0BD1	Victim Ir	nitials: F.M.
Case Payment Totals: \$28	88.00		
Claim Payments:			
CL2022-56AD			
<u>Approval Date</u> 09/28/2022 Payee: Dakota Chilc <u>Date(s) of Service (If A</u> 9/12/2022-9/12/2022	-	<u>Claim Category</u> Medical / Center	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS202	22-0C1E	Victim Ir	nitials: B.B.
Case Payment Totals: \$73	36.00		
Claim Payments:			
CL2023-97EF			
Approval Date 12/01/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	•	/ Center	
Date(s) of Service (If A 7/22/2022-7/22/2022	Applicable)		
CL2023-44BB			
<u>Approval Date</u> 06/05/2023	<u>AmountPaid</u> \$448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sanford Hea	lth		
Date(s) of Service (If A	<u>(pplicable)</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:

			Victims Compensation & Personal Reimbursements, by Case	07/00/0005						
Clai	07/03/2025 1:05:50AM									
	NOTE: Upon payment approval, 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> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic							
Payee: Northern Pl Date(s) o Coeteic e (If		dvocacy								
3/21/2022-3/21/2022										
Case ID Number: CS20	22-0DA8	Victim Ir	nitials: L.I.							
Case Payment Totals: \$2	288.00									
Claim Payments:										
CL2022-06D2										
<u>Approval Date</u> 06/14/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic							
Payee: Northern PI	ains Children'S A	dvocacy								
Date(s) o C90feic e (If 3/14/2022-3/14/2022	<u>Applicable)</u>									
Case ID Number: CS20	22-0DB7	Victim Ir	nitials: K.M.							
Case Payment Totals: \$2	288.00									
Claim Payments:										
CL2022-7E67										
Approval Date 08/24/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic							
Payee: Dakota Chil										
Date(s) of Service (If 7/21/2022-7/21/2022	<u>Applicable)</u>									
Case ID Number: CS20	22-0FA8	Victim Ir	nitials: V.G.							
Case Payment Totals: \$2	288.00									
Claim Payments:										
CL2022-6B33										
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)							
02/15/2022	\$288.00	Medical .	Hospital or Clinic							
Payee: Northern Pl <u>Date(s)</u> o Centerc e (If 1/12/2022-1/12/2022		ldvocacy								
Case ID Number: CS20	22-1181	Victim Ir	nitials: J.B.							
Case Payment Totals: \$1	09.64									
Claim Payments:										
CL2022-E22E										
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)							
ND Crime Victims Compens	sation, DOCR	, ,	8-6195; 1-800-445-2322							

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/17/2022 \$109.64 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/6/2022-4/6/2022 Victim Initials: T.L. Case ID Number: CS2022-11DC Case Payment Totals: \$547.00 Claim Payments: CL2023-28F0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/10/2023 \$375.00 Medical Dental Payee: T.L. Date(s) of Service (If Applicable) 8/3/2022-8/3/2022 CL2023-FE1B Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 03/10/2023 \$172.00 Medical Hospital or Clinic Payee: Jamestown Regional Medical Center Date(s) of Service (If Applicable) 7/31/2022-7/31/2022 Case ID Number: CS2022-1218 Victim Initials: C.G. Case Payment Totals: \$684.00 Claim Payments: CL2022-DD03 Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/19/2022 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 8/17/2022-8/17/2022 CL2022-6954 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/16/2022 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 7/28/2022-7/28/2022 CL2022-1CD3 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 07/20/2022 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 6/24/2022-6/24/2022

North Dakota Crime Victims Compensation

07/03/2025

Claim			/ictims Compensation Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment approv Document can be sea	•	•	or processing and check issuance. ring text to search.	1:05:50AM
CL2022-C9AD Approval Date 06/08/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Ceetraic e (If A 5/27/2022-5/27/2022		dvocacy		
Case ID Number: CS202	2-1262	Victim In	nitials: P.S.	
Case Payment Totals: \$1 ,	662.01			
Claim Payments:				
CL2023-4319				
<u>Approval Date</u> 05/16/2023	<u>AmountPaid</u> \$1,525.21	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Domestic Vic	olence & Rape C	risis Center		
Date(s) of Service (If A 3/8/2023-3/8/2023	<u>pplicable)</u>			
CL2023-6CBF				
<u>Approval Date</u> 04/19/2023	<u>AmountPaid</u> \$136.80	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: P.S.				
Date(s) of Service (If A 8/24/2022-8/24/2022	pplicable)			
Case ID Number: CS202	2-131E	Victim In	iitials: A.O.	
Case Payment Totals: \$3 ,	849.76			
Claim Payments:				
CL2023-CEFF				
<u>Approval Date</u> 09/07/2023	<u>AmountPaid</u> \$3,561.76	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

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) 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/22/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Ch	ildren'S Advocacy	Center	
Date(s) of Service (I	f Applicable)		
5/3/2022-5/3/2022			

Case ID Number: CS2022-1417

Victim Initials: B.S.

Medical Category (if applicable)

Medical Category (if applicable)

Hospital or Clinic

Hospital or Clinic

Case Payment Totals: \$288.00

Claim Payments:

CL2022-26F8

Approval		<u>AmountPaid</u>	Claim Category
05/17/202	22	\$288.00	Medical
Payee:	Dakota Childi	ren'S Advocacy	Center
\mathbf{D}	CO · //CA		

AmountPaid

Date(s) of Service (If Applicable) 1/10/2022-1/10/2022

Case ID Number: CS2022-1533

Victim Initials: T.Z.

Claim Category

Medical

Case Payment Totals: \$3,277.58

Claim Payments:

CL2023-E524

Approval Date	
02/03/2023	

\$3,277.58

Payee: Altru Health System

Date(s) of Service (If Applicable) 8/19/2022-8/20/2022

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: CS2	2022-16D4	Victim Ir	nitials: J.F.
Case Payment Totals:	\$601.43		
Claim Payments:			
CL2023-DB53			
<u>Approval Date</u> 02/10/2023	<u>AmountPaid</u> \$601.43	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: F-M Amb	•		
Date(s) of Service 11/11/2022-11/11/2			
Case ID Number: CS2	2022-170B	Victim Ir	nitials: M.C.
Case Payment Totals:	\$960.00		
Claim Payments:			
CL2022-5A96			
<u>Approval Date</u> 10/27/2022	<u>AmountPaid</u> \$960.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Burc	khard Clinic		
<u>Date(s) of Service (</u> 9/14/2022-9/14/202	22		
8/31/2022-8/31/202			
8/29/2022-8/29/202 8/26/2022-8/26/202			
8/24/2022-8/24/202			
8/22/2022-8/22/202			
8/19/2022-8/19/202			
8/17/2022-8/17/202	22		
8/15/2022-8/15/202	22		
8/10/2022-8/10/202	22		
8/8/2022-8/8/2022			
8/5/2022-8/5/2022			
8/3/2022-8/3/2022 8/1/2022-8/1/2022			
7/27/2022-7/27/202	22		
7/25/2022-7/25/202			
7/20/2022-7/20/202			
7/18/2022-7/18/202	22		
7/15/2022-7/15/202	22		
7/13/2022-7/13/202			
7/11/2022-7/11/202	22		
7/8/2022-7/8/2022			
7/6/2022-7/6/2022 7/1/2022-7/1/2022			
6/29/2022-6/29/202	22		
6/27/2022-6/27/202			
6/24/2022-6/24/202	22		
6/22/2022-6/22/202			
6/20/2022-6/20/202			
6/15/2022-6/15/202	22		

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	2-1AC1	Victim In	itials: Z.F.
Case Payment Totals: \$288	3.00		
Claim Payments:			
CL2022-3D2F			
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plain Date(s) o Centeic e (If Ap 1/3/2022-1/3/2022		dvocacy	
Case ID Number: CS2022	2-1B37	Victim In	itials: B.M.
Case Payment Totals: \$4,5	43.43		
Claim Payments:			
CL2023-79D0			
<u>Approval Date</u> 06/27/2023	<u>AmountPaid</u> \$1,293.94	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	-	Center	
Date(s) of Service (If Ap 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	plicable)		
CL2023-3559 Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)
03/28/2023 Payee: Dakota Childr Date(s) of Service (If Ap 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	\$2,033.33 en'S Advocacy (Mental Health	
CL2022-CD8D Approval Date 12/14/2022	<u>AmountPaid</u> \$369.70	Claim Category Mental Health	Medical Category (if applicable)
Payee: Dakota Childr			3-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

PO Box 1898

Bismarck, ND 58502-1898

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

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Date(s) of Service (If Applicable) 9/1/2022-9/1/2022 8/15/2022-8/15/2022

CL2022-13B8

<u>Approval Date</u> 08/23/2022	<u>AmountPaid</u> \$846.46	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	Center	
Date(s) of Service (If A	pplicable)		
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			
5/24/2022-5/24/2022			
Case ID Number: CS202	2-1B6A	Victim In	itials: J.M.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2022-F913			
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ins Children'S A	dvocacy	
<u>Date(s)</u> o C98t9ic e (If A 8/29/2022-8/29/2022	<u>applicable)</u>		
Case ID Number: CS202	2-1C68	Victim In	itials: D.W.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2022-D4D1			
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ins Children'S A	dvocacy	
<u>Date(s)</u> o C90f9ic e (If A 4/5/2022-4/5/2022	<u>applicable)</u>		
Case ID Number: CS202	2-1F28	Victim In	itials: M.W.
Case Payment Totals: \$5,	000.00		
Claim Payments:			
CL2022-1A71			
<u>Approval Date</u> 11/30/2022	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)
Payee: Korsmo Fun			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case Payment Totals: \$7,573.45 Claim Payments: C12022-95CA0 Approval Date AmountPaid Data (s) of Service (If Applicable) 3/202022-3/202022 Claim Category Medical Category (If applicable) Hospital or Clinic Hospital or Clinic Hospital or Clinic Payee: J.D. Data (s) of Service (If Applicable) 3/20202-3/20/2022 Claim Category Medical Category (If applicable) Hospital or Clinic Payee: Altru Health System Date (s) of Service (If Applicable) 3/202022-3/31/2022 Claim Category Medical Category (If applicable) Approval Date AmountPaid Claim Category Wage Loss Medical Category (If applicable) Payee: J.D. Claim Payments: Claim Payment Totals: \$908.00 Claim Payments: Claim Payments: Claim Category Medical Category (If applicable) Medical Category (If applica	ase ID Number: CS2	2022-1F86	Victim Ir	nitials: J.D.	
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		AmountDaid	Claim Catagory	Medical Category (if applicable)	
	Approval Date	AmountPaid	Claim Category		
ID Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov	-	ensation, DOCR	. ,		Page 405 of

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

\$180.00 Mental Health 12/19/2022

Payee: Northern Plains Children'S Advocacy

Date(s) of Contract (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:

С

CL2023-4183				
<u>Approval Date</u> 06/18/2023	<u>AmountPaid</u> \$193.62	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	Idren'S Advocacy	Center		
Date(s) of Service (If 6/1/2023-6/1/2023	Applicable)			
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> 12/15/2022	<u>AmountPaid</u> \$230.73	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	• • • •			
Date(s) of Service (If				
8/18/2022-8/18/2022				
8/4/2022-8/4/2022				
CL2022-5885				
<u>Approval Date</u> 05/17/2022	<u>AmountPaid</u> \$77.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	•			
Date(s) of Service (If	Applicable)			
4/4/2022-4/4/2022				
CL2022-A0C9				
<u>Approval Date</u> 04/28/2022	<u>AmountPaid</u> \$438.56	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Pavee: Dakota Chi	• • • • •			
Date(s) of Service (If	-			
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> 03/16/2022	<u>AmountPaid</u> \$184.99	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Chi	ldren'S Advocacy	Center		

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.

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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/22/2023 \$174.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 1/19/2023-1/19/2023 1/6/2023-1/6/2023 CL2023-9797 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date Mental Health 01/20/2023 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) o Centerce (If Applicable) 12/13/2022-12/13/2022 CL2022-2B25 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/19/2022 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coefficie (If Applicable) 11/22/2022-11/22/2022 CL2022-3A4D Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/14/2022 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 9/27/2022-9/27/2022

9/7/2022-9/7/2022

CL2022-2FC3

Approval Date
09/21/2022AmountPaid
\$168.00Claim Category
Mental HealthMedical Category (if applicable)

Payee: Northern Plains Children'S Advocacy Date(s) of Coefficience (If Applicable)

8/8/2022-8/8/2022

CL2022-9F5F

Approval DateAmountPaidClaim CategoryMedical Category (if applicable)08/16/2022\$348.00Mental Health

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Contract (If Applicable) 7/21/2022-7/21/2022 7/15/2022-7/15/2022

CL2022-BDB4

Approval Date 08/16/2022

AmountPaid Claim Category \$288.00 Medical Payee: Northern Plains Children'S Advocacy

Medical Category (if applicable) Hospital or Clinic

Date(s) of Gotteice (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:

С

CL2022-93D0			
<u>Approval Date</u> 05/13/2022	<u>AmountPaid</u> \$777.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Ch	*		
Date(s) of Service (-	oenter	
4/27/2022-4/27/202			
4/6/2022-4/6/2022	_		
3/30/2022-3/30/202	2		
3/23/2022-3/23/202	2		
3/9/2022-3/9/2022			
3/2/2022-3/2/2022			
CL2022-1C1E			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
03/23/2022	\$695.52	Mental Health	
Payee: Dakota Ch	nildren'S Advocacy	Center	
Date(s) of Service (-		
2/23/2022-2/23/202			
2/9/2022-2/9/2022			
2/2/2022-2/2/2022			
1/19/2022-1/19/2022	2		
1/5/2022-1/5/2022	2		
CL2022-D0B0			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/16/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Ch	-	Center	
Date(s) of Service (
12/3/2021-12/3/202	1		
ase ID Number: CS2	2022-24D4	Victim In	itials: D.T.
Case Payment Totals:	\$288.00		
, J			

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

	North D	akota Crime V	Victims Compensation			
Claim	07/03/2025 1:05:50AM					
NOTE: Upon payment approval, 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> 09/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Payee: Northern Plai		dvocacy				
Date(s) o Centeic e (If A 8/29/2022-8/29/2022	pplicable)					
Case ID Number: CS202	2-26AB	Victim Ir	nitials: I.H.			
Case Payment Totals: \$28	8.00					
Claim Payments:						
CL2022-1FEE						
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Payee: Northern Plai		dvocacy				
Date(s) o C90f0 ice (If A 2/22/2022-2/22/2022	<u>pplicable)</u>					
Case ID Number: CS202 Case Payment Totals: \$80 Claim Payments: CL2023-B5BF Approval Date	-	Victim Ir	hitials: E.B. Medical Category (if applicable)			
06/19/2023 Payee: Nuvation Hea Date(s) of Service (If A 4/12/2023-4/12/2023		Mental Health C.				
Case ID Number: CS202	2-28E8	Victim Ir	nitials: K.W.			
Case Payment Totals: \$1,	776.00					
Claim Payments:						
CL2024-00AA						
Approval Date 02/13/2024	<u>AmountPaid</u> \$1,400.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Payee: Summit Cour <u>Date(s) of Service (If A</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	pplicable)					
CL2024-06C2 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
ND Crime Victims Compensa	ation DOCP	Phone: (701)-22	8-6195 1-800-445-2322			

ND Crime Victims Compensation, DOCR PO Box 1898 Bismarck, ND 58502-1898 Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Payee: Summit Co	\$80.00 punseling	Mental Health		
Date(s) of Service (If 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	Applicable)			
CL2023-55FB			Madia d Ostanama (Kanadia akta)	
<u>Approval Date</u> 02/23/2023	<u>AmountPaid</u> \$60.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: K.W. <u>Date(s) of Service (It</u> 11/10/2021-11/10/20				
CL2023-38A4				
<u>Approval Date</u> 01/27/2023	<u>AmountPaid</u> \$176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit Co Date(s) of Service (II 2/24/2022-2/24/2022 2/18/2022-2/18/2022 2/11/2022-2/18/2022 2/4/2022-2/1/2022 1/21/2022-1/21/2022 1/21/2022-1/21/2022 1/21/2021-12/1/2021 12/17/2021-12/17/200 12/17/2021-12/1/2021 11/23/2021-11/23/20 CL2023-9528 Approval Date 01/27/2023 Payee: K.W. Date(s) of Service (If 11/23/2021-2/24/202	AmountPaid \$60.00 AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
se ID Number: CS2(022-29FC	Victim Ir	itials: K.F.	
ase Payment Totals: \$	288.00			
laim Payments:				
CL2022-1083				
<u>Approval Date</u> 02/14/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P		dvocacy		
Date(s) o Centeic e (li	f Annlingh!= \			

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS20	Case ID Number: CS2022-2A75		nitials: F.M.
Case Payment Totals: \$1	1,921.04		
Claim Payments:			
CL2022-54DA			
<u>Approval Date</u> 09/12/2022	<u>AmountPaid</u> \$1,422.50	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Hospital Si <u>Date(s)</u> o Wisconsi(th 2/16/2022-2/18/2022	Applicable)	em - Western	
CL2022-B853			
<u>Approval Date</u> 09/12/2022	<u>AmountPaid</u> \$498.54	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Prevea Wes			
Date(s) of Service (If 2/18/2022-2/18/2022 2/17/2022-2/17/2022			
Case ID Number: CS20	22-2B24	Victim Ir	nitials: T.C.
Case Payment Totals: \$2	240.00		
Claim Payments:			
CL2023-99F5			
<u>Approval Date</u> 02/08/2023	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
Payee: T.C.			
Case ID Number: CS20	22-2B4C	Victim Ir	nitials: F.N.
Case Payment Totals: \$2	2,157.88		
Claim Payments:			
CL2023-DCE2			
Approval Date 06/18/2023	<u>AmountPaid</u> \$662.90	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chi <u>Date(s) of Service (If</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	-	Center	
CL2023-E71C Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compen	sation, DOCR		8-6195; 1-800-445-2322

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 03/30/2023 \$455.19 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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$486.65 Mental Health 02/23/2023 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category 11/30/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/19/2022 \$280.00 Mental Health

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o Centraice (If Applicable) 11/9/2022-11/9/2022 11/2/2022-11/2/2022

CL2022-2BBE

Approval Date 11/18/2022 AmountPaidClaim Category\$168.00Mental Health

Medical Category (if applicable)

Payee: Northern Plains Children'S Advocacy Date(s) of Coefficience (If Applicable)

10/24/2022-10/24/2022

CL2022-A6FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Med
10/18/2022	\$504.00	Mental Health	
		_	

Medical Category (if applicable)

Payee: Northern Plains Children'S Advocacy

Date(s) o**Centric**e (If Applicable) 9/29/2022-9/29/2022 9/14/2022-9/14/2022 9/8/2022-9/8/2022

CL2022-3B9B

Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 09/21/2022 \$672.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 08/17/2022 \$336.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 7/20/2022-7/20/2022 7/8/2022-7/8/2022 CL2022-68D5 Medical Category (if applicable) Approval Date AmountPaid Claim Category 07/22/2022 \$280.00 Mental Health

Payee: Northern Plains Children'S Advocacy <u>Date(s)</u> o**Ceetraice** (If Applicable) 6/21/2022-6/21/2022

CL2022-1A5E

6/10/2022-6/10/2022

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/15/2022	\$336.00	Mental Health	

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.
Dovoc Northern Blains Children's Advassory
Payee: Northern Plains Children'S Advocacy <u>Date(s)</u> o Centeic e (If Applicable) 5/25/2022-5/25/2022 5/3/2022-5/3/2022
CL2022-5739
Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/12/2022 \$180.00 Mental Health
Payee: Northern Plains Children'S Advocacy <u>Date(s) of Serverce (If Applicable)</u> 4/25/2022-4/25/2022
CL2022-FBA8
Approval DateAmountPaidClaim CategoryMedical Category (if applicable)05/11/2022\$288.00MedicalHospital or Clinic
Payee: Northern Plains Children'S Advocacy Date(s) o Centeic e (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
Approval DateAmountPaidClaim CategoryMedical Category (if applicable)04/13/2022\$288.00MedicalHospital or Clinic
Payee: Northern Plains Children'S Advocacy
Date(s) o F39f/9ic e (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

PO Box 1898

Bismarck, ND 58502-1898

Approval DateAmountPaidClaim CategoryMedical Category (if applicable)06/14/2022\$288.00MedicalHospital or ClinicPayee:Northern Plains Children'S AdvocacyHospital or Clinic

Date(s) o**Centeic**e (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 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensation, DOCR		Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Payee: Dakota Children'S Advocacy Center

<u>Date(s) of Service (If Applicable)</u> 5/27/2022-5/27/2022

Case ID Number: CS2022-2FD6

Victim Initials: J.M.

Case Payment Totals: **\$776.88**

Claim Payments:

CL2023-FFD7

Approval Date
06/18/2023AmountPaid
\$68.72Claim Category
Mental HealthMedical Category (if applicable)Payee:Dakota Children'S Advocacy CenterDate(s) of Service (If Applicable)3/30/2023-3/30/20233/23/2023-3/23/2023

CL2023-58E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
04/02/2023	\$137.44	Mental Health	
Payee: Dakota Child	lren'S Advocacy	Center	

Date(s) of Service (If Applicable) 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/03/2023	\$570.72	Medical	Hospital or Clinic	
Payee: Dakota Child	ren'S Advocacy	Center		
Date(s) of Service (If A	<u>pplicable)</u>			
12/29/2022-12/29/2022	2			
1/12/2023-1/12/2023				
12/8/2022-12/8/2022				
1/19/2023-1/19/2023				
10/26/2022-10/26/2022	2			
1/5/2023-1/5/2023				
12/1/2022-12/1/2022				

Case ID Number: CS2022-32EB

Victim Initials: K.M.

Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2022-8608			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Chil	dren'S Advocacy	Center	
Date(s) of Service (If	Applicable)		
4/27/2022-4/27/2022			

Phone: (701)-328-6195; 1-800-445-2322 Email: DOCRcompensation@nd.gov 07/03/2025 1:05:50AM

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2	2022-365E	Victim Ir	nitials: S.F.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2022-C802			
<u>Approval Date</u> 04/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern <u>Date(s)</u> o Centeic e (1/18/2022-1/18/202		Advocacy	
Case ID Number: CS2	2022-386A	Victim Ir	nitials: L.G.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2022-3571			
Approval Date 07/20/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern <u>Date(s) of99t@ce (</u> 6/22/2022-6/22/202	Plains Children'S A (If Applicable) 22	Advocacy	
Case ID Number: CS2	2022-3A4B	Victim Ir	nitials: E.F.
Case Payment Totals:	\$1,170.00		
Claim Payments:			
CL2023-8AA5			
<u>Approval Date</u> 02/22/2023	<u>AmountPaid</u> \$1,170.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: M.F.			
<u>Date(s) of Service (</u> 3/22/2021-4/9/2021			
Case ID Number: CS2	2022-3BBC	Victim Ir	nitials: H.P.
Case Payment Totals:	\$1,176.00		
Claim Payments:			
CL2024-1FA7			
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
	Plains Children'S A	dvocacy	
<u>Date(s)</u> o C9etteic e (4/11/2024-4/11/202 4/1/2024-4/1/2024			

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

	North D	akota Crimo V	Victims Compensation	
Cla			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2024-59C8				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCenteice (</u> 2/7/2024-2/7/2024		dvocacy		
CL2023-E093				
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCeetreice (</u> 7/5/2023-7/5/2023		dvocacy		
CL2023-69DB				
<u>Approval Date</u> 10/31/2023	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Csetteic e (8/15/2023-8/15/202 8/2/2023-8/2/2023	lf Applicable)	dvocacy		
CL2023-6F1F				
<u>Approval Date</u> 02/08/2023 Payee: Northern	<u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s)</u> o C9eteic e (12/20/2022-12/20/2				
Case ID Number: CS2	022-3C5B	Victim Ir	nitials: T.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-34F6	AmountDaid	Claim Catagory	Medical Catagory (if applicable)	
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C99tei ce (dvocacy		
8/25/2022-8/25/202				
Case ID Number: CS2	022-3CAE	Victim Ir	nitials: L.K.	
Case Payment Totals:	\$1,542.48			
Claim Payments:				
CL2022-4DB8				
<u>Approval Date</u> 11/17/2022 Payee: St. Alexiu	<u>AmountPaid</u> \$328.70 s Medical Center	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	

Bismarck, ND 58502-1898

	-	ervice Providers &		07/03/2025 1:05:50AM
	proval, please allow searched by clicking	-	for processing and check issuance. ring text to search.	
Date(s) of Service 3/14/2022-3/14/202				
CL2022-7E84				
<u>Approval Date</u> 11/17/2022	<u>AmountPaid</u> \$236.85	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: L.K.	<i>4200.00</i>	mouloui		
Date(s) of Service 3/14/2022-3/14/202				
CL2022-D59E				
<u>Approval Date</u> 11/17/2022	<u>AmountPaid</u> \$976.93	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	od Ambulance Serv			
<u>Date(s) of Service</u> 3/14/2022-3/14/202	(If Applicable)			
ase ID Number: CS				
ise id Number. Co.	2022-3669	Victim Ir	nitials: J.L.	
		Victim Ir	nitials: J.L.	
Case Payment Totals:		Victim Ir	nitials: J.L.	
		Victim Ir	nitials: J.L.	
Case Payment Totals:		Victim Ir	nitials: J.L.	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u>	\$288.00 <u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022	\$288.00 <u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical		
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) of Setterce</u> 4/28/2022-4/28/202	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22	<u>Claim Category</u> Medical Advocacy	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) of Seterce</u> 4/28/2022-4/28/202	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) oCenterc</u>	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) of Setterce</u> 4/28/2022-4/28/202 ase ID Number: CS Case Payment Totals:	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) of Setterce</u> 4/28/2022-4/28/202 Ase ID Number: CS Case Payment Totals: Claim Payments:	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) of Setterce</u> 4/28/2022-4/28/202 Ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-4B08 <u>Approval Date</u> 11/29/2023	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6 \$432.00 <u>AmountPaid</u>	<u>Claim Category</u> Medical Motocacy Victim Ir <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 Approval Date 06/14/2022 Payee: Northern Date(s) of Setterce 4/28/2022-4/28/202 Case Payment Totals: Claim Payments: CL2023-4B08 Approval Date 11/29/2023	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6 \$432.00 <u>AmountPaid</u> \$144.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Motocacy Victim Ir <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) oC99teice</u> 4/28/2022-4/28/202 Case Payment Totals: Claim Payments: CL2023-4B08 <u>Approval Date</u> 11/29/2023 Payee: Northern <u>Date(s) oC9etteice</u>	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6 \$432.00 <u>AmountPaid</u> \$144.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Motocacy Victim Ir <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 Approval Date 06/14/2022 Payee: Northern Date(s) of Setterce 4/28/2022-4/28/202 Case Payment Totals: Claim Payments: CL2023-4B08 Approval Date 11/29/2023 Payee: Northern Date(s) of Setterce 10/4/2023-10/4/202	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6 \$432.00 <u>AmountPaid</u> \$144.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Motocacy Victim Ir <u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2022-CEF2 <u>Approval Date</u> 06/14/2022 Payee: Northern <u>Date(s) oC90t0ice</u> 4/28/2022-4/28/202 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-4B08 <u>Approval Date</u> 11/29/2023 Payee: Northern <u>Date(s) oC90t0ice</u> 10/4/2023-10/4/202 CL2022-7C8D <u>Approval Date</u> 09/21/2022	\$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 22 2022-3ED6 \$432.00 <u>AmountPaid</u> \$144.00 Plains Children'S A (If Applicable) 23 <u>AmountPaid</u>	Claim Category Medical Victim Ir Victim Ir Claim Category Mental Health Movcacy	Medical Category (if applicable) Hospital or Clinic	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

	22-3F35	Victim Ir	nitials: K.K.
Case Payment Totals: \$5	44.00		
Claim Payments:			
CL2024-2658			
Approval Date 06/18/2024	<u>AmountPaid</u> \$456.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If <i>A</i> 4/18/2024-4/18/2024 4/11/2024-4/11/2024 4/5/2024-4/5/2024		Advocacy	
CL2023-5210			
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$88.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla	1		
<u>Date(s)</u> o C9etteic e (If A 4/26/2023-4/26/2023	Applicable)		
Case ID Number: CS20	22-3F77	Victim Ir	nitials: D B
Case ID Number: CS202 Case Payment Totals: \$1 Claim Payments: CL2023-60C6	-	Victim Ir	nitials: D.B.
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 Approval Date	928.00 AmountPaid	<u>Claim Category</u>	hitials: D.B.
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 <u>Approval Date</u> 05/04/2023	928.00 <u>AmountPaid</u> \$1,640.00		
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 <u>Approval Date</u>	928.00 <u>AmountPaid</u> \$1,640.00 Inseling	<u>Claim Category</u>	
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 <u>Approval Date</u> 05/04/2023 Payee: Summit Cou Date(s) of Service (If A 6/6/2022-6/6/2022 5/2/2022-5/2/2022 4/18/2022-4/18/2022 4/11/2022-4/18/2022 3/22/2022-3/22/2022 3/14/2022-3/14/2022	928.00 <u>AmountPaid</u> \$1,640.00 Inseling	<u>Claim Category</u>	
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 <u>Approval Date</u> 05/04/2023 Payee: Summit Cou Date(s) of Service (If A 6/6/2022-6/6/2022 5/2/2022-5/2/2022 4/18/2022-4/18/2022 4/11/2022-4/18/2022 3/22/2022-3/22/2022 3/14/2022-3/14/2022 3/7/2022-3/7/2022 CL2022-EF4B <u>Approval Date</u>	928.00 <u>AmountPaid</u> \$1,640.00 Inseling Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Case Payment Totals: \$1 Claim Payments: CL2023-60C6 <u>Approval Date</u> 05/04/2023 Payee: Summit Cou Date(s) of Service (If A 6/6/2022-6/6/2022 5/2/2022-5/2/2022 4/18/2022-4/18/2022 4/11/2022-4/18/2022 3/22/2022-3/22/2022 3/14/2022-3/14/2022 3/7/2022-3/7/2022 CL2022-EF4B	928.00 AmountPaid \$1,640.00 Inseling Applicable) Applicable	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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: CS	2022-403F	Victim In	itials: N.M.	
Case Payment Totals:	\$960.00			
Claim Payments:				
CL2023-A89B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/04/2023	\$960.00	Mental Health		
Payee: Missouri				
Date(s) of Service 2/21/2023-2/21/202				
2/7/2023-2/7/2023				
1/24/2023-1/24/202	23			
1/12/2023-1/12/202				
12/5/2022-12/5/202	22			
Case ID Number: CS	2022-436A	Victim In	itials: B.N.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-26F6				
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
<u>Date(s)</u> o C90teic e 3/21/2022-3/21/202				
Case ID Number: CS	2022-443E	Victim In	iitials: S.Q.	
Case Payment Totals:	\$2,132.08			
Claim Payments:				
CL2023-D16E				
<u>Approval Date</u> 08/04/2023	<u>AmountPaid</u> \$1,042.07	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: H.Q.				
Date(s) of Service 11/2/2022-11/2/202				
CL2023-AAE2				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/18/2023	\$8.85	Medical	Dental	
Payee: H.Q.	(15 A 1 b b b b b b b b b b			
Date(s) of Service 10/28/2022-10/28/2				
CL2023-78CD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 05/17/2023 \$833.66 Payee: Billings Clinic Date(s) of Service (If Applicable) 11/2/2022-11/2/2022 CL2023-E17F AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 <u>AmountPaid</u> Claim Category Medical Category (if applicable) 04/14/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 03/22/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (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 Date(s) of Contract (If Applicable) 3/8/2024-3/8/2024 CL2024-FBB9 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov Page 421 of 725

Bismarck, ND 58502-1898

1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/15/2024 \$720.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 03/20/2024 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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) \$144.00 Mental Health 01/29/2024 Payee: Northern Plains Children'S Advocacy Date(s) of Containe (If Applicable) 12/14/2023-12/14/2023 CL2024-88C4 Claim Category Approval Date AmountPaid Medical Category (if applicable) 01/04/2024 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Contract (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 Coeffice (If Applicable) 9/18/2023-9/18/2023 9/11/2023-9/11/2023 CL2023-900C Medical Category (if applicable) Approval Date AmountPaid Claim Category ND Crime Victims Compensation, DOCR 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

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NOTE: Upon payment approv Document can be sea	-	-	for processing and check issuance. ring text to search.	1.00.00710
09/20/2023 Payee: Northern Pla Date(s) o Centeic e (If A		Mental Health Advocacy		
8/3/2023-8/3/2023				
CL2022-4181				
<u>Approval Date</u> 11/22/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If <i>I</i> 10/31/2022-10/31/202	<u>Applicable)</u>	Advocacy		
CL2022-01C7 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
10/21/2022 Payee: Northern Pla	\$178.00 ains Children'S A	Mental Health		
<u>Date(s)</u> o Csetteic e (If A 9/20/2022-9/20/2022 9/13/2022-9/13/2022 9/6/2022-9/6/2022	Applicable)	-		
CL2022-E26E				
<u>Approval Date</u> 09/20/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If / 8/24/2022-8/24/2022		Advocacy		
Case ID Number: CS202	22-493B	Victim Ir	nitials: A.Y.	
Case Payment Totals: \$6	36.00			
Claim Payments:				
CL2022-7E15 Approval Date 03/22/2022	AmountPaid \$348.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o C9etteic e (If <i>A</i> 2/25/2022-2/25/2022 2/8/2022-2/8/2022		Advocacy		
CL2022-BE57				
Approval Date 02/15/2022 Payee: Northern Pla Date(s) of Setrice (If / 1/4/2022-1/4/2022		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/23/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 1/25/2022-1/25/2022 Victim Initials: A.L. Case ID Number: CS2022-4CA9 Case Payment Totals: \$288.00 Claim Payments: CL2022-A076 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 02/15/2022 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotteice (If Applicable) 1/12/2022-1/12/2022 Case ID Number: CS2022-4E13 Victim Initials: A.M. Case Payment Totals: \$288.00 Claim Payments: CL2022-4DBC 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 Contract (If Applicable) 5/4/2022-5/4/2022 Case ID Number: CS2022-4EB3 Victim Initials: L.B. Case Payment Totals: \$454.26 Claim Payments: CL2022-9674 Claim Category Medical Category (if applicable) Approval Date AmountPaid 03/21/2022 \$454.26 Medical Hospital or Clinic Payee: Sanford Health

North Dakota Crime Victims Compensation

Date(s) of Service (If Applicable) 10/29/2021-10/29/2021

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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	2-4EFE	Victim In	itials: R.S.
Case Payment Totals: \$1,8	12.00		
Claim Payments:			
CL2022-9965 <u>Approval Date</u> 10/18/2022 Payee: Northern Plain <u>Date(s) of Centeice (If Ap</u> 9/8/2022-9/8/2022		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)
CL2022-7CEF			
Approval Date 09/21/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Ceete (If A <u>r</u> 8/29/2022-8/29/2022		dvocacy	
CL2022-B62D			
Approval Date 07/22/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s) oCeeteice (If Ar</u> 6/10/2022-6/10/2022		dvocacy	
CL2022-F617			
Approval Date 06/15/2022	<u>AmountPaid</u> \$672.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Csetteic e (If Ap 5/31/2022-5/31/2022 5/25/2022-5/25/2022 5/13/2022-5/13/2022 5/4/2022-5/4/2022		dvocacy	
CL2022-7ABB			
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$348.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Centeic e (If Ap 4/26/2022-4/26/2022 4/22/2022-4/22/2022		dvocacy	
CL2022-23FE			
<u>Approval Date</u> 05/11/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plain		dvocacy	
<u>Date(s) o£90t¢ice (If Ar</u> 3/22/2022-3/22/2022	<u>opiicable)</u>		

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS20	22-4FDB	Victim Ir	nitials: K.M.	
Case Payment Totals: \$	1,756.00			
Claim Payments:				
CL2022-2526				
<u>Approval Date</u> 08/16/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Centeic e (If 7/19/2022-7/19/2022	Applicable)	dvocacy		
CL2022-4B7D				
<u>Approval Date</u> 07/20/2022	<u>AmountPaid</u> \$616.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P		dvocacy		
Date(s) o Centeic e (lf 6/28/2022-6/28/2022 6/21/2022-6/21/2022 6/14/2022-6/14/2022 6/9/2022-6/9/2022	<u>Applicable)</u>			
CL2022-DF54				
Approval Date 06/14/2022 Payee: Northern Pl Date(s) oCenteice (If 5/23/2022-5/23/2022 5/10/2022-5/10/2022 5/5/2022-5/5/2022		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2022-4735				
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Centeic e (If 4/20/2022-4/20/2022		dvocacy		
CL2022-0E49				
<u>Approval Date</u> 03/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P <u>Date(s) oC99f@ce (If</u> 2/10/2022-2/10/2022		dvocacy		
Case ID Number: CS20	22-5011	Victim Ir	nitials: C.J.	
Case Payment Totals: \$4	411.26			
Claim Payments:	-			
ND Crime Victims Compen PO Box 1898	sation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	D (00 (70)

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 05/01/2023 Medical Hospital or Clinic \$211.26 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 11/13/2022-11/13/2022 CL2023-BBD4 <u>AmountPaid</u> Medical Category (if applicable) Approval Date Claim Category 04/19/2023 \$200.00 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 11/13/2022-11/13/2022 Case ID Number: CS2022-50A3 Victim Initials: D.W. Case Payment Totals: \$288.00 Claim Payments: CL2022-BA54 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/22/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 6/28/2022-6/28/2022 Victim Initials: A.E. Case ID Number: CS2022-5228 Case Payment Totals: \$1,903.43 Claim Payments: CL2025-C815 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/28/2025 \$131.38 Mental Health Payee: Therapeutic Interventions Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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

NOTE: Upon payment approval, 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) 2/28/2024-2/28/2024 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> 07/17/2023	<u>AmountPaid</u> \$329.86	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Therapeutic I	nterventions		
Date(s) of Service (If Ap	<u>oplicable)</u>		
6/3/2023-6/3/2023			
2/17/2023-2/17/2023			
CL2023-6DFD			
<u>Approval Date</u> 03/14/2023	<u>AmountPaid</u> \$551.21	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Therapeutic I	nterventions		
Date(s) of Service (If Ap	<u>oplicable)</u>		
2/3/2023-2/3/2023			
1/19/2023-1/19/2023			
1/6/2023-1/6/2023			
CL2023-E56D			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plai		dvocacy	
Date(s) o £98## ce (If Ap 12/5/2022-12/5/2022	oplicable)		
12/5/2022-12/5/2022			
Case ID Number: CS202	2-52BF	Victim Ir	itials [,] H K
Case ID Number: CS202	2-52BE	Victim Ir	itials: H.K.
Case ID Number: CS2022 Case Payment Totals: \$2,5	-	Victim Ir	itials: H.K.
	-	Victim Ir	itials: H.K.
Case Payment Totals: \$2,5	-	Victim Ir	itials: H.K.
Case Payment Totals: \$2,5 Claim Payments:	-	<u>Claim Category</u>	itials: H.K. Medical Category (if applicable)
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022	596.00 <u>AmountPaid</u> \$448.00	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u>	596.00 <u>AmountPaid</u> \$448.00	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai Date(s) o Centeic e (If Ap	AmountPaid \$448.00 ns Children'S A oplicable)	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCeeteice (If Ap</u> 11/18/2022-11/18/2022	AmountPaid \$448.00 ns Children'S A oplicable)	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCsetteice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/1/2022	596.00 AmountPaid \$448.00 ns Children'S A oplicable)	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCeeteice (If Ap</u> 11/18/2022-11/18/2022	596.00 AmountPaid \$448.00 ns Children'S A oplicable)	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCsetteice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/1/2022	596.00 AmountPaid \$448.00 ns Children'S A oplicable)	<u>Claim Category</u> Mental Health	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCenterce (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/12022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u>	596.00 AmountPaid \$448.00 ns Children'S A oplicable) AmountPaid	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>	
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCsetteice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/18/2022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u> 11/22/2022	596.00 AmountPaid \$448.00 ns Children'S A oplicable) <u>AmountPaid</u> \$392.00	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) of Sectorice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/12/2022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u> 11/22/2022 Payee: Northern Plai	596.00 AmountPaid \$448.00 ns Children'S A oplicable) AmountPaid \$392.00 ns Children'S A	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCSetteice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/12022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u> 11/22/2022 Payee: Northern Plai <u>Date(s) oCSetteice (If Ap</u>	596.00 AmountPaid \$448.00 ns Children'S A oplicable) AmountPaid \$392.00 ns Children'S A	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)
Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCenteice (lf Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/1/2022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u> 11/22/2022 Payee: Northern Plai	596.00 AmountPaid \$448.00 ns Children'S A oplicable) AmountPaid \$392.00 ns Children'S A	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)
Case Payment Totals: \$2,5 Claim Payments: CL2022-1533 <u>Approval Date</u> 12/19/2022 Payee: Northern Plai <u>Date(s) oCSetteice (If Ap</u> 11/18/2022-11/18/2022 11/1/2022-11/12022 10/21/2022-10/21/2022 CL2022-BFC5 <u>Approval Date</u> 11/22/2022 Payee: Northern Plai <u>Date(s) oCSetteice (If Ap</u>	596.00 AmountPaid \$448.00 ns Children'S A oplicable) AmountPaid \$392.00 ns Children'S A	<u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)

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	North D	akota Crime V	Victims Compensation	
Clai	m Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
		•	for processing and check issuance.	
Document can be se	arched by clicking	CTRL+F, then ente	ring text to search.	
CL2022-6DDA				
<u>Approval Date</u> 10/14/2022	<u>AmountPaid</u> \$784.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o C3etteic e (If 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	lains Children'S A Applicable)	dvocacy		
CL2022-9A1A				
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Centric e (If 8/25/2022-8/25/2022 8/15/2022-8/15/2022 8/11/2022-8/11/2022	lains Children'S A Applicable)			
CL2022-2A71				
<u>Approval Date</u> 08/16/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P Date(s) o Coenteic e (If 7/22/2022-7/22/2022	Applicable)	dvocacy		
CL2022-7176				
<u>Approval Date</u> 07/20/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P <u>Date(s)</u> o Cepterc e (If 6/14/2022-6/14/2022	lains Children'S A Applicable)			
Case ID Number: CS20	22-55B2	Victim Ir	nitials: F.P.	
Case Payment Totals: \$2	2,180.00			
Claim Payments:				
CL2023-6EB1 <u>Approval Date</u> 12/18/2023 Payee: Northern P	<u>AmountPaid</u> \$144.00 lains Children'S A	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
Date(s) o Centeic e (lf 7/11/2023-7/11/2023		,		
CL2023-77CE Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/05/2023	\$392.00	Mental Health		
ND Crime Victims Compen	sation DOCR	Phone: (701)-32	8-6105-1-800-445-2322	

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Centeice** (If Applicable) 4/25/2023-4/25/2023 4/21/2023-4/21/2023 4/10/2023-4/10/2023

CL2023-AA28

CL2023-AA20			
<u>Approval Date</u> 03/14/2023	<u>AmountPaid</u> \$672.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern		dvocacy	
Date(s) o Centeice (-	
2/22/2023-3/22/202	.3		
2/13/2023-2/13/202	.3		
2/9/2023-2/9/2023			
2/1/2023-2/1/2023			
CL2023-1F17			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/09/2023	\$504.00	Mental Health	
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o Ceenteic e (If Applicable)		
1/19/2023-1/19/202			
1/12/2023-1/12/202	.3		
1/5/2023-1/5/2023			
CL2023-E5DA			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/07/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o Centeic e (
12/20/2022-12/20/2	:022		
CL2023-2F22			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
01/27/2023	\$180.00	Mental Health	
-	Plains Children'S A	dvocacy	
<u>Date(s) oCeetteice (</u> 12/6/2022-12/6/202			
12/0/2022-12/0/202	<u>۲</u>		
ise ID Number: CS2		Victim Ir	nitials: T.A.
ase Payment Totals:	\$1,496.01		
laim Payments:			
CL2023-9B56			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
03/03/2023	\$452.98	Medical	Hospital or Clinic
Payee: J.A.			
<u>Date(s) of Service (</u> 7/28/2022-7/28/202			
9/2/2022-9/2/2022	.∠		
51212022-31212022			
ID Crime Victims Compe	ensation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322
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C		Dakota Crime V ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow 7 searched by clicking		or processing and check issuance. ring text to search.	1.00.00 11
CL2023-A804				
<u>Approval Date</u> 03/03/2023	<u>AmountPaid</u> \$1,043.03	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.A. <u>Date(s) of Service</u> 7/23/2022-7/24/20				
Case ID Number: CS	2022-584D	Victim Ir	nitials: H.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-9643				
<u>Approval Date</u> 05/17/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
-	hildren'S Advocacy	Center		
Date(s) of Service 4/27/2022-4/27/20	22			
4/27/2022-4/27/20 Case ID Number: CS Case Payment Totals:	22 2022-59F3	Victim Ir	nitials: Z.J.	
4/27/2022-4/27/20 Case ID Number: CS Case Payment Totals: Claim Payments:	22 2022-59F3	Victim Ir	nitials: Z.J.	
A/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date	22 2022-59F3 \$660.96 <u>AmountPaid</u>	Claim Category	nitials: Z.J.	
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022	22 2022-59F3 \$660.96 <u>AmountPaid</u> \$660.96	<u>Claim Category</u> Mental Health		
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022	22 2022-59F3 \$660.96 <u>AmountPaid</u> \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 22 22	<u>Claim Category</u> Mental Health		
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-0/23/202 9/23/2022-9/23/202 9/12/2022-9/12/202	22 2022-59F3 \$660.96 AmountPaid \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 22	<u>Claim Category</u> Mental Health Center		
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-10/14/2 9/23/2022-9/23/202 9/12/2022-9/12/2022	22 2022-59F3 \$660.96 AmountPaid \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 222 222 222 222	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
4/27/2022-4/27/203 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-10/14/2 9/23/2022-9/23/202 9/12/2022-9/2/2022 9/2/2022-9/2/2022	22 2022-59F3 \$660.96 AmountPaid \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 222 222 222 222	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-10/21/2 10/14/2022-9/23/202 9/22/2022-9/22/2022 Case ID Number: CS Case Payment Totals:	22 2022-59F3 \$660.96 AmountPaid \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 222 222 222 222	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
4/27/2022-4/27/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-10/21/2 10/14/2022-9/23/202 9/22/2022-9/22/2022 Case ID Number: CS Case Payment Totals: Claim Payments:	22 2022-59F3 \$660.96 AmountPaid \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 222 222 222 222	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
A/27/2022-4/27/203 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-CBAE Approval Date 12/15/2022 Payee: Dakota C Date(s) of Service 10/21/2022-10/21/2 10/14/2022-10/21/2 10/14/2022-9/12/202 9/22/2022-9/2/2022 Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-D224 Approval Date 04/19/2022	22 2022-59F3 \$660.96 <u>AmountPaid</u> \$660.96 Children'S Advocacy (If Applicable) 2022 2022 2022 22 20 2022-5AA6 \$288.00 <u>AmountPaid</u>	<u>Claim Category</u> Mental Health Center Victim Ir <u>Claim Category</u> Medical	Medical Category (if applicable)	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/22/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 2/22/2022-2/22/2022 Case ID Number: CS2022-5D1B Victim Initials: K.C. Case Payment Totals: \$288.00 Claim Payments: CL2022-A7A1 Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 05/11/2022 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Setence (If Applicable) 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 Claim Category Approval Date AmountPaid Medical Category (if applicable) 01/29/2024 \$50.89 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 11/15/2023-11/15/2023 CL2024-1CFC Claim Category Medical Category (if applicable) Approval Date AmountPaid 01/04/2024 \$108.45 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/9/2023-10/9/2023 9/26/2023-9/26/2023 CL2023-903A Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 12/01/2023 \$15.25 Payee: Northern Plains Children'S Advocacy Date(s) of Coentreice (If Applicable) 8/18/2023-8/18/2023

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	North D	akota Crime V	Victims Compensation	
Cla	aim Payments: Se	rvice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2023-2DBA				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeic e (7/10/2023-7/10/202 3/22/2023-3/22/202	3	dvocacy		
CL2023-0CCC				
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeic e (6/5/2023-6/5/2023	Plains Children'S A If Applicable)	dvocacy		
CL2023-3899				
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centerce (5/23/2023-5/23/2023 5/3/2023-5/3/2023	Plains Children'S A If Applicable)	dvocacy		
CL2023-5C65				
Approval Date 05/05/2023 Payee: Northern Date(s) of Settrice (4/28/2023-4/28/202 4/18/2023-4/18/202 4/12/2023-4/12/202	3 3	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2023-16E9				
Approval Date 03/14/2023		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-79FB				
<u>Approval Date</u> 04/14/2022 Payee: Northern <u>Date(s)</u> o Centerce (3/2/2022-3/2/2022	AmountPaid \$288.00 Plains Children'S A If Applicable)	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	022-5F9E	Victim Ir	nitials: E.S.	
Case Payment Totals:	\$725.89			
Claim Payments:				
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 422 a

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
	-			1:05:50AM
NOTE: Upon payment appro Document can be se			for processing and check issuance. ring text to search.	
CL2024-3C47				
<u>Approval Date</u> 04/25/2024	<u>AmountPaid</u> \$725.89	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Williston An Date(s) of Service (If				
9/15/2022-9/15/2022	<u>Applicable)</u>			
Case ID Number: CS20	22-60CB	Victim Ir	nitials: M.N.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2022-93AE				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)	
09/28/2022 Payee: Dakota Chi	\$288.00 Idren'S Advocacy (Hospital or Clinic	
<u>Date(s) of Service (If</u> 7/8/2022-7/8/2022				
Case ID Number: CS20	22-61C6	Victim Ir	nitials: B.C.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
-				
CL2022-31F1 Approval Date 12/14/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi <u>Date(s) of Service (If</u> 11/9/2022-11/9/2022	-	Center		
Case ID Number: CS20	22-61D4	Victim Ir	nitials: K.M.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2022-BE2F				
<u>Approval Date</u> 04/28/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi	Idren'S Advocacy	Center		
<u>Date(s) of Service (If</u> 11/30/2021-11/30/202				
Case ID Number: CS20	22-6380	Victim Ir	nitials: M.D.	
Case Payment Totals: \$2	2,249.30			
Claim Payments:				
CL2022-38DF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compen PO Box 1898	sation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 434 of 725

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 05/12/2022 \$2,249.30 Payee: Sanford Health Date(s) of Service (If Applicable) 2/12/2022-2/12/2022 Victim Initials: M.H. Case ID Number: CS2022-63BC Case Payment Totals: \$288.00 Claim Payments: CL2022-CF9D Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/14/2022 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Contained (If Applicable) 5/18/2022-5/18/2022 Victim Initials: S.F. Case ID Number: CS2022-6424 Case Payment Totals: \$1,476.00 Claim Payments: CL2022-CB5E Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 11/30/2022 \$504.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contracte (If Applicable) 10/31/2022-10/31/2022 10/20/2022-10/20/2022 10/3/2022-10/3/2022 CL2022-6660 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/14/2022 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 9/19/2022-9/19/2022 9/8/2022-9/8/2022 CL2022-FD32 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 09/21/2022 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 8/23/2022-8/23/2022 CL2022-744D Approval Date AmountPaid Claim Category Medical Category (if applicable) \$180.00 08/16/2022 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Containe (If Applicable) 7/29/2022-7/29/2022 ND Crime Victims Compensation, DOCR

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2022-8655 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/20/2022 Medical Hospital or Clinic \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 04/26/2023 \$895.94 Payee: Sanford Health Date(s) of Service (If Applicable) 6/3/2022-6/3/2022 CL2023-530E Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/30/2023 \$1,535.49 Mental Health Payee: L.W. Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/06/2022 \$200.00 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 5/25/2022-5/26/2022 CL2022-AA68 Approval Date AmountPaid Medical Category (if applicable) Claim Category 09/15/2022 \$346.80 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 6/2/2022-6/2/2022 5/25/2022-5/25/2022 5/26/2022-5/26/2022

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

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

Approval Date 08/29/2022	<u>AmountPaid</u> \$1.080.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: L.W.	ψ1,000.00	Montal Health	
Date(s) of Service (If A	onlicable)		
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			
L 2022-5E83 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/18/2022	\$200.00	Medical	Hospital or Clinic
Payee: Sanford Heal	lth		
<u>Date(s) of Service (If A</u> 4/14/2022-4/14/2022	<u>pplicable)</u>		
L2022-D77F			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/02/2022	\$170.46	Medical	Hospital or Clinic
Payee: Essentia Hea	alth		
<u>Date(s) of Service (If A</u> 5/6/2022-5/6/2022	<u>applicable)</u>		
e ID Number: CS202	2-660B	Victim In	itials: S.L.
e Payment Totals: \$5 4	40.00		
im Payments:			
L2023-DAD6			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/25/2023	\$96.00	Mental Health	
Payee: Chi St. Alexi	us Health		
Date(s) of Service (If A	<u>pplicable)</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			
5/1/2025-5/1/2025			

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.

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Claim			/ictims Compensation	07/03/2025 1:05:50AM				
	NOTE: Upon payment approval, 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 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)					
12/01/2023 Payee: Dakota Childi	\$288.00 ren'S Advocacy	Medical Center	Hospital or Clinic					
Date(s) of Service (If A) 2/14/2022-2/14/2022	-							
Case ID Number: CS202	2-6B11	Victim In	itials: O.F.					
Case Payment Totals: \$1,3	866.08							
Claim Payments:								
CL2023-1CE1								
<u>Approval Date</u> 03/22/2023	<u>AmountPaid</u> \$406.08	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Sanford Healt								
<u>Date(s) of Service (If A</u> 6/9/2022-6/9/2022	oplicable)							
CL2023-D488								
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)					
02/03/2023	\$864.00	Medical	Hospital or Clinic					
Payee: Beyond Bour Date(s) of Service (If A								
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> 08/29/2022	<u>AmountPaid</u> \$96.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Beyond Bour	1	Medical						
Date(s) of Service (If A) 7/8/2022-7/8/2022								
Case ID Number: CS202	2-6B3F	Victim In	itials: B.K.					
Case Payment Totals: \$28	8.00							
Claim Payments:								
CL2022-2B85								
<u>Approval Date</u> 11/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Northern Plai	1							
Date(s) o C99teic e (If A) 10/11/2022-10/11/2022								
ND Crime Victims Compensa	tion, DOCR	Phone: (701)-328	3-6195; 1-800-445-2322					
PO Box 1898		• •	npensation@nd.gov	Page 439 of 725				
Bismarck, ND 58502-1898								

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	2-6C94	Victim In	itials: C.G.	
Case Payment Totals: \$1, 0	008.00			
Claim Payments:				
CL2024-89EB Approval Date 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Centraic e (If A 2/23/2024-2/23/2024 2/9/2024-2/9/2024		dvocacy		
CL2024-E22B				
<u>Approval Date</u> 03/20/2024	<u>AmountPaid</u> \$432.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai <u>Date(s)</u> o Centric e (If A 1/26/2024-1/26/2024 1/19/2024-1/19/2024 12/18/2023-12/18/2023	pplicable)	dvocacy		
CL2022-5ABF				
<u>Approval Date</u> 07/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plat <u>Date(s)</u> o F90t@ce (If A 5/4/2022-5/4/2022		dvocacy		
Case ID Number: CS202	2-6D34	Victim In	itials: K.S.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2022-2F7A				
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s)</u> o C9ete ice (If A 2/15/2022-2/15/2022	ins Children'S A			
Case ID Number: CS202	2-6DE6	Victim In	itials: A.R.	
Case Payment Totals: \$32	20.00			
Claim Payments:				
CL2024-0657				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898	ation, DOCR		3-6195; 1-800-445-2322 npensation@nd.gov	
		<u>2001(001</u>		Page 440 of 725

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Hospital or Clinic 11/22/2022 \$406.36 Payee: Altru Health System Date(s) of Service (If Applicable) 5/14/2022-5/14/2022 CL2022-E75A Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/09/2022 \$105.87 Medical Hospital or Clinic Pavee: Essentia Health Date(s) of Service (If Applicable) 5/16/2022-5/16/2022 CL2022-C48B Claim Category **AmountPaid** Medical Category (if applicable) Approval Date 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 01/04/2024 \$144.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 8/14/2023-8/14/2023 CL2023-E3C1 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/18/2023 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coentraice (If Applicable) 6/26/2023-6/26/2023

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

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CL2023-649E				
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	Plains Children'S A	dvocacy		
Date(s) o Centeic e 6/5/2023-6/5/2023				
CL2023-72B2				
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Plains Children'S A			
<u>Date(s)</u> o Centric e 5/8/2023-5/8/2023				
51012025-51012025				
CL2023-5143				
<u>Approval Date</u> 05/05/2023	<u>AmountPaid</u> \$280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern	Plains Children'S A	dvocacy		
<u>Date(s)</u> o Centraic e 4/24/2023-4/24/20				
4/3/2023-4/3/2023				
CL2023-E89A				
<u>Approval Date</u> 01/23/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern	Plains Children'S A	dvocacy		
Date(s) of Contrace	(If Applicable)			
	2022			
12/19/2022-12/19/ 11/28/2022-11/28/2				
11/28/2022-11/28/2	2022		Madical Catagory (if applicable)	
11/28/2022-11/28/2		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022	2022 <u>AmountPaid</u>	Mental Health	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northern <u>Date(s) oCentrate</u>	2022 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D Approval Date 12/19/2022 Payee: Northerm	2022 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northern <u>Date(s) oCentrate</u>	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22	Mental Health		
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) of Setterce</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u>	2022 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u>	Mental Health dvocacy <u>Claim Category</u>	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) oCenterce</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22	Mental Health dvocacy <u>Claim Category</u> Mental Health		
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) oCeetetice</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm <u>Date(s) oCeetetice</u>	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health		
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) oCenterce</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health		
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) oCeetetice</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm <u>Date(s) oCeetetice</u>	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) oCenterce</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm <u>Date(s) oCenterce</u> 10/3/2022-10/3/20 CL2022-E642 <u>Approval Date</u>	2022 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u>	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u>		
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) of Sectence</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm <u>Date(s) of Sectence</u> 10/3/2022-10/3/20 CL2022-E642 <u>Approval Date</u> 10/14/2022	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable) 22	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
11/28/2022-11/28/2 CL2022-4E8D <u>Approval Date</u> 12/19/2022 Payee: Northerm <u>Date(s) of Sectence</u> 11/7/2022-11/7/202 CL2022-F730 <u>Approval Date</u> 11/30/2022 Payee: Northerm <u>Date(s) of Sectence</u> 10/3/2022-10/3/20 CL2022-E642 <u>Approval Date</u> 10/14/2022	AmountPaid \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable) 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (If Applicable)	Mental Health dvocacy <u>Claim Category</u> Mental Health dvocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Cla	im Payments: Se	Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM					
TE: Upon payment appro	oval, please allow 7	7-10 business days f	or processing and check issuance.	1.00.00A			
Document can be se	earched by clicking	CTRL+F, then ente	ring text to search.				
CL2022-94FD							
Approval Date 09/21/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern P <u>Date(s)</u> o Centeic e (If 8/29/2022-8/29/2022 8/22/2022-8/22/2022	<u>f Applicable)</u> 2	dvocacy					
CL2022-98ED							
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Northern P <u>Date(s)</u> o C9eteic e (l' 6/14/2022-6/14/2022	f Applicable)	dvocacy					
CL2022-E554							
<u>Approval Date</u> 08/16/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
00/10/2022							
Payee: Northern P	Plains Children'S A	dvocacy					
Payee: Northern P <u>Date(s)</u> o Ceete ice (It	f Applicable)	dvocacy					
Payee: Northern P	<u>f Applicable)</u> 2		iitials: K.P.				
Payee: Northern P <u>Date(s) oC9et(aice (li</u> 7/29/2022-7/29/2022	<u>f Applicable)</u> 2 022-703D 51,345.67	Victim Ir	nitials: K.P.				
Payee: Northern P <u>Date(s) oCsentaice (If</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023	<u>f Applicable)</u> 2 022-703D 61,345.67 <u>AmountPaid</u> \$67.26	Victim Ir <u>Claim Category</u> Mental Health					
Payee: Northern P <u>Date(s) oCsentaice (III</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u>	<u>f Applicable)</u> 2 022-703D 51,345.67 <u>AmountPaid</u> \$67.26 ediatric Therapy #1	Victim Ir <u>Claim Category</u> Mental Health					
Payee: Northern P <u>Date(s) oCserverce (II</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (II</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023	<u>f Applicable)</u> 2 022-703D 51,345.67 <u>AmountPaid</u> \$67.26 ediatric Therapy #1 <u>f Applicable</u>)	Victim Ir Claim Category Mental Health 84736	Medical Category (if applicable)				
Payee: Northern P <u>Date(s) oCserverce (III</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (III</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023 CL2023-D7B0 <u>Approval Date</u> 04/12/2023	<u>AmountPaid</u> <u>AmountPaid</u> 51,345.67 <u>AmountPaid</u> 57.26 51,345.67 <u>AmountPaid</u> <u>51,345.67</u> <u>AmountPaid</u> <u>51,345.67</u>	Victim Ir Claim Category Mental Health 84736 <u>Claim Category</u> Mental Health					
Payee: Northern P <u>Date(s) oCserverce (II</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (II</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023 CL2023-D7B0 <u>Approval Date</u>	<u>AmountPaid</u> <u>AmountPaid</u> 51,345.67 <u>AmountPaid</u> 57.26 51,345.67 <u>AmountPaid</u> 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,3	Victim Ir Claim Category Mental Health 84736 <u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern P <u>Date(s) oCSentreice (II</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (II</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023 CL2023-D7B0 <u>Approval Date</u> 04/12/2023 Payee: Chatter Pe <u>Date(s) of Service (III</u> 3/22/2023-3/22/2023 3/8/2023-3/8/2023	<u>AmountPaid</u> <u>AmountPaid</u> 51,345.67 <u>AmountPaid</u> 57.26 51,345.67 <u>AmountPaid</u> 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,3	Victim Ir Claim Category Mental Health 84736 <u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern P <u>Date(s) oCserteice (If</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (If</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023 CL2023-D7B0 <u>Approval Date</u> 04/12/2023 Payee: Chatter Pe <u>Date(s) of Service (If</u> 3/22/2023-3/8/2023 3/8/2023-3/8/2023 3/1/2023-3/1/2023	<u>f Applicable)</u> 2 022-703D 61,345.67 <u>AmountPaid</u> \$67.26 ediatric Therapy #1 <u>f Applicable</u>) ediatric Therapy #1 <u>f Applicable</u>) 3	Victim Ir <u>Claim Category</u> Mental Health 84736 <u>Claim Category</u> Mental Health 84736	Medical Category (if applicable) Medical Category (if applicable)				
Payee: Northern P <u>Date(s) oCservice (III</u> 7/29/2022-7/29/2022 se ID Number: CS20 ase Payment Totals: \$ aim Payments: CL2023-BE72 <u>Approval Date</u> 06/07/2023 Payee: Chatter Pe <u>Date(s) of Service (III</u> 5/3/2023-5/3/2023 4/5/2023-4/5/2023 CL2023-D7B0 <u>Approval Date</u> 04/12/2023 Payee: Chatter Pe <u>Date(s) of Service (III</u> 3/22/2023-3/22/2023 3/8/2023-3/8/2023 3/1/2023-3/1/2023	<u>AmountPaid</u> <u>AmountPaid</u> 51,345.67 <u>AmountPaid</u> 57.26 51,345.67 <u>AmountPaid</u> 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,345.67 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,347.77 51,3	Victim Ir Claim Category Mental Health 84736 <u>Claim Category</u> Mental Health	Medical Category (if applicable)				

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

NOTE: Upon payment approval, 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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/03/2023	\$84.62	Mental Health		
-	ediatric Therapy #1	184736		
Date(s) of Service (11/21/2022-11/21/2				
11/11/2022-11/21/2				
10/13/2022-10/13/2				
CL2023-29E4				
<u>Approval Date</u> 02/03/2023	<u>AmountPaid</u> \$68.35	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Chatter P	ediatric Therapy #1	184736		
Date(s) of Service (
12/8/2022-12/8/202				
12/1/2022-12/1/202				
11/3/2022-11/3/202	2			
CL2022-3A8B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/17/2022	\$283.64	Mental Health		
-	ediatric Therapy #1	184736		
Date(s) of Service (
10/6/2022-10/6/202 9/29/2022-9/29/202				
	. L			
ase ID Number: CS2	2022-71A6	Victim Ir	nitials: W.A.	
Case Payment Totals:	\$3,712.00			
Claim Payments:				
CL2023-660C				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/07/2023	\$1,112.00	Medical	Hospital or Clinic	
Payee: Carringto	n Health Center			
<u>Date(s) of Service (</u> 9/20/2022-9/20/202				
CL2023-4480				
<u>Approval Date</u> 02/22/2023	<u>AmountPaid</u> \$2,600.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.B.	ψ2,000.00	Medical		
	nestion DOOD		0.0405.4.000.445.0000	
ND Crime Victims Compe	ensation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	
PO Box 1898 Biomarak, ND 58502 190	0	Email. DUCKCO	mpensation@nu.gov	Page 444 of 7

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

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	22-73D4	Victim Ir	nitials: L.R.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2022-414E				
<u>Approval Date</u> 10/14/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Cepteice (If A 9/19/2022-9/19/2022		dvocacy		
Case ID Number: CS202	22-73EE	Victim Ir	nitials: T.E.	
Case Payment Totals: \$2	0,396.42			
Claim Payments:				
CL2023-ADE6				
<u>Approval Date</u> 02/22/2023	<u>AmountPaid</u> \$126.50	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Alexi		5		
<u>Date(s) of Service (If A</u> 6/27/2022-6/27/2022	<u>Applicable)</u>			
CL2023-81E2				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/04/2023 Payee: Chi St. Alexi	\$20,269.92 ius Health	Medical	Hospital or Clinic	
<u>Date(s) of Service (If /</u> 6/27/2022-6/28/2022				
Case ID Number: CS202	22-749B	Victim Ir	nitials: H.A.	
Case Payment Totals: \$4	,102.94			
Claim Payments:				
CL2023-F127				
<u>Approval Date</u> 06/18/2023	<u>AmountPaid</u> \$702.72	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child <u>Date(s) of Service (If A</u> 3/29/2023-3/29/2023 3/22/2023-3/22/2023 3/16/2023-3/16/2023 3/9/2023-3/9/2023	dren'S Advocacy			
CL2023-06E7				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898	sation, DOCR	· · ·	8-6195; 1-800-445-2322 mpensation@nd.gov	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

11/23/2022-11/23/2022

CL2023-2918

Approval Date
02/23/2023AmountPaid
\$702.72Claim Category
Mental HealthMedical Category (if applicable)Payee:Dakota Children'S Advocacy CenterDate(s) of Service (If Applicable)2/8/2023-2/8/20232/8/2023-2/8/20231/24/2023-1/24/20231/18/2023-1/18/2023

CL2022-43FA

CL2022-43FA			
<u>Approval Date</u> 12/15/2022	<u>AmountPaid</u> \$1,405.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Chile	dren'S Advocacy	Center	
Date(s) of Service (If A	Applicable)		
11/15/2022-11/15/202	2		
11/7/2022-11/7/2022			
10/27/2022-10/27/202	22		
10/21/2022-10/21/202	22		
10/10/2022-10/10/202	22		
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 Chile	dren'S Advocacy	Center	
Date(s) of Service (If A	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: CS202	22-75F3	Victim Ir	nitials: M.L.
Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2022-53CA			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/13/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern Pla	ains Children'S A	dvocacy	
Date(s) of Setence (If A	Applicable)		
2/14/2022-2/14/2022			
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322
PO Box 1898	,		mpensation@nd.gov
1 O DOX 1030			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS	2022-779D	Victim Ir	nitials: E.O.	
Case Payment Totals:	\$7,865.68			
Claim Payments:				
CL2023-7C21				
<u>Approval Date</u> 03/10/2023	<u>AmountPaid</u> \$610.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He				
Date(s) of Service 11/6/2021-11/6/202				
CL2023-B76D				
<u>Approval Date</u> 03/10/2023	<u>AmountPaid</u> \$517.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity M	edical Group		·	
<u>Date(s) of Service</u> 12/21/2021-12/21/				
CL2023-DFC7				
<u>Approval Date</u> 03/10/2023	<u>AmountPaid</u> \$397.76	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity M	-			
Date(s) of Service 10/29/2021-10/29/				
CL2022-1B99				
<u>Approval Date</u> 05/09/2022	<u>AmountPaid</u> \$3,538.08	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He		Medical		
Date(s) of Service				
11/6/2021-11/6/202	21			
CL2022-ABA4				
<u>Approval Date</u> 05/09/2022	<u>AmountPaid</u> \$2,801.84	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity He		Medical		
Date(s) of Service 12/21/2021-12/21/				
Case ID Number: CS	2022-77F9	Victim Ir	nitials: M.A.	
Case Payment Totals:	\$1,823.47			
Claim Payments:				
CL2022-3339				
<u>Approval Date</u> 07/07/2022	<u>AmountPaid</u> \$1,823.47	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	ea Ambulance Servi			
Date(s) of Service 4/10/2022-4/10/20	(If Applicable)			
ND Crime Victims Comp	ensation, DOCR	. ,	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-189	98	Email: <u>DOCRco</u> i	mpensation@nd.gov	Page 447 of 72
Distriction, ND 30302-103				

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2	2022-7AB7	Victim Ir	nitials: J.G.
Case Payment Totals:	\$636.00		
Claim Payments:			
CL2022-C2EF			
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern		Advocacy	
<u>Date(s) oCeenteice (</u> 4/12/2022-4/12/202			
CL2022-10BD			
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
04/13/2022 Payee: Northern I	\$180.00 Plains Childron'S /	Mental Health	
Date(s) o Ceetteic e (Auvocacy	
3/22/2022-3/22/202			
CL2022-470F			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/15/2022 Payee: Northern	\$288.00 Plains Children'S A	Medical Advocacy	Hospital or Clinic
Date(s) o Centreic e (avocacy	
1/27/2022-1/27/202			
Case ID Number: CS2	2022-7C78	Victim Ir	nitials: S.T.
Case Payment Totals:	\$2,662.00		
Claim Payments:			
CL2024-B93B			
<u>Approval Date</u> 10/23/2024	<u>AmountPaid</u> \$324.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Laidlaw C	hristian Counselin	g Llc	
Date(s) of Service (
10/15/2024-10/15/2 9/24/2024-9/24/202			
9/24/2024-9/24/202	4		
CL2024-39BA			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/15/2024	\$216.00	Mental Health	
Payee: Laidlaw C Date(s) of Service (
8/6/2024-8/6/2024	<u>II Applicable)</u>		
7/16/2024-7/16/202	24		
CI 2024 C28A			
CL2024-C38A	AmountDaid	Claim Catagory	Modical Catagony (if applicable)
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322
PO Box 1898	,		mpensation@nd.gov

	North D	akota Crime	Victims Compensation	
Claim	n Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/202 1:05:50A
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Document can be searched by clicking CTRL+F, then entering text to search. 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 05/17/2024 Payee: Laidlaw Chri Date(s) of Service (If A 5/14/2024-5/14/2024	-	<u>Claim Category</u> Mental Health g Llc	Medical Category (if applicable)	
CL2024-E53A <u>Approval Date</u> 04/25/2024 Payee: Laidlaw Chri <u>Date(s) of Service (If A</u> 4/23/2024-4/23/2024	-	<u>Claim Category</u> Mental Health g Llc	Medical Category (if applicable)	
CL2024-9013				
<u>Approval Date</u> 04/04/2024 Payee: Laidlaw Chri <u>Date(s) of Service (If A</u> 4/2/2024-4/2/2024	-	<u>Claim Category</u> Mental Health g Llc	Medical Category (if applicable)	
CL2024-C1BF				
<u>Approval Date</u> 03/14/2024 Payee: Laidlaw Chri	<u>AmountPaid</u> \$108.00 stian Counseling	<u>Claim Category</u> Mental Health g Llc	Medical Category (if applicable)	
Date(s) of Service (If A 3/12/2024-3/12/2024	-	-		
CL2024-A785				
Approval Date 02/21/2024 Payee: Laidlaw Chri Date(s) of Service (If A 2/20/2024-2/20/2024	-	<u>Claim Category</u> Mental Health g Llc	Medical Category (if applicable)	
CL2024-E872				
<u>Approval Date</u> 02/07/2024 Payee: Laidlaw Chri	AmountPaid \$108.00 stian Counseling	<u>Claim Category</u> Mental Health a Llc	Medical Category (if applicable)	
Date(s) of Service (If A 2/6/2024-2/6/2024		-		
CL2024-28D5				
<u>Approval Date</u> 01/26/2024	<u>AmountPaid</u> \$54.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Laidlaw Chri		g Llc		

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health \$108.00 01/16/2024 Payee: Laidlaw Christian Counseling Llc Date(s) of Service (If Applicable) 1/9/2024-1/9/2024 CL2023-1A11 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 12/22/2023 \$108.00 Payee: Laidlaw Christian Counseling Llc Date(s) of Service (If Applicable) 12/12/2023-12/12/2023 CL2023-F8AC Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 10/10/2023 \$108.00 Pavee: Laidlaw Christian Counseling Llc Date(s) of Service (If Applicable) 9/18/2023-9/18/2023 CL2023-4100 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 09/29/2023 \$108.00 Payee: Laidlaw Christian Counseling Llc Date(s) of Service (If Applicable) 9/25/2023-9/25/2023

CI	laim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AN	
IOTE: Upon payment approval, 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					
Approval Date 09/12/2023 Payee: Laidlaw 0 Date(s) of Service 9/11/2023-9/11/202 8/28/2023-8/28/202	23	<u>Claim Category</u> Mental Health g Llc	<u>Medical Category (if applicable)</u>		
CL2023-F537					
Approval Date 08/28/2023	<u>AmountPaid</u> \$108.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Laidlaw (Date(s) of Service 8/28/2023-8/28/202	Christian Counseling (If Applicable)	g Llc			
CL2023-D482					
<u>Approval Date</u> 08/22/2023	<u>AmountPaid</u> \$232.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Date(s) of Service	Christian Counselin (If Applicable)	g Lic			
8/21/2023-8/21/202 8/14/2023-8/14/202					
	23	Victim Ir	nitials: M.K.		
8/14/2023-8/14/202	23 2022-7FE3	Victim Ir	nitials: M.K.		
8/14/2023-8/14/202	23 2022-7FE3	Victim Ir	nitials: M.K.		
8/14/2023-8/14/202 se ID Number: CS2 case Payment Totals:	23 2022-7FE3	Victim Ir	nitials: M.K.		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments:	23 2022-7FE3	Victim Ir Claim Category Medical	nitials: M.K. <u>Medical Category (if applicable)</u> Hospital or Clinic		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF <u>Approval Date</u> 09/20/2023	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable)	<u>Claim Category</u> Medical	Medical Category (if applicable)		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF <u>Approval Date</u> 09/20/2023 Payee: Northern <u>Date(s) of Service</u>	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable)	<u>Claim Category</u> Medical	Medical Category (if applicable)		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF <u>Approval Date</u> 09/20/2023 Payee: Northern <u>Date(s) of Service</u> 7/21/2023-7/21/202	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable)	<u>Claim Category</u> Medical	Medical Category (if applicable)		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF Approval Date 09/20/2023 Payee: Northern Date(s) of Service 7/21/2023-7/21/202 CL2023-FB66 Approval Date 09/18/2023 Payee: Logan He	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 ealth	<u>Claim Category</u> Medical a Consultants	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF Approval Date 09/20/2023 Payee: Northern Date(s) of Service 7/21/2023-7/21/202 CL2023-FB66 Approval Date 09/18/2023	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 salth (If Applicable)	<u>Claim Category</u> Medical a Consultants	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF Approval Date 09/20/2023 Payee: Northern Date(s) of Service 7/21/2023-7/21/202 CL2023-FB66 Approval Date 09/18/2023 Payee: Logan He Date(s) of Service	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 salth (If Applicable)	<u>Claim Category</u> Medical a Consultants	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF Approval Date 09/20/2023 Payee: Northern Date(s) of Service 7/21/2023-7/21/202 CL2023-FB66 Approval Date 09/18/2023 Payee: Logan He Date(s) of Service 7/21/2023-7/21/202	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 salth (If Applicable)	<u>Claim Category</u> Medical a Consultants	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: claim Payments: CL2023-D7FF <u>Approval Date</u> 09/20/2023 Payee: Northern <u>Date(s) of Service</u> 7/21/2023-7/21/202 CL2023-FB66 <u>Approval Date</u> 09/18/2023 Payee: Logan He <u>Date(s) of Service</u> 7/21/2023-7/21/202 CL2023-C4B3 <u>Approval Date</u> 07/28/2023	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 ealth (If Applicable) 23 <u>AmountPaid</u> \$696.00 far Nose & Throat He (If Applicable)	Claim Category Medical a Consultants Claim Category Medical	Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Hospital or Clinic		
8/14/2023-8/14/202 ase ID Number: CS2 case Payment Totals: CL2023-D7FF <u>Approval Date</u> 09/20/2023 Payee: Northern <u>Date(s) of Service</u> 7/21/2023-7/21/202 CL2023-FB66 <u>Approval Date</u> 09/18/2023 Payee: Logan He <u>Date(s) of Service</u> 7/21/2023-7/21/202 CL2023-C4B3 <u>Approval Date</u> 07/28/2023 Payee: Glacier E <u>Date(s) oNSekvice</u>	23 2022-7FE3 \$11,133.09 <u>AmountPaid</u> \$1,040.00 Rockies Anesthesia (If Applicable) 23 <u>AmountPaid</u> \$7,373.22 ealth (If Applicable) 23 <u>AmountPaid</u> \$696.00 far Nose & Throat He (If Applicable)	Claim Category Medical a Consultants Claim Category Medical	Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Hospital or Clinic		

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Clain			Victims Compensation & Personal Reimbursements, by Case	07/03/202 1:05:50A
DTE: Upon payment approv Document can be sea			for processing and check issuance. ring text to search.	
05/01/2023 Payee: Glacier Ear I <u>Date(s)</u> o N96k vice (If <i>/</i> 3/23/2023-3/23/2023	Hospital or Clinic			
CL2023-FF04 <u>Approval Date</u> 04/11/2023 Payee: M.K.	AmountPaid \$866.40	<u>Claim Category</u> Travel	Medical Category (if applicable)	
CL2023-16CB <u>Approval Date</u> 03/28/2023 Payee: Clinical Path <u>Date(s) of Service (If A</u> 10/1/2022-10/1/2022		<u>Claim Category</u> Medical s	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-6A84 <u>Approval Date</u> 03/20/2023 Payee: M.K. <u>Date(s) of Service (If A</u> 11/9/2022-11/9/2022	AmountPaid \$50.00 Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-C806 <u>Approval Date</u> 03/07/2023 Payee: Glacier Ear I <u>Date(s) oNSekvice (If /</u> 11/9/2022-11/9/2022		<u>Claim Category</u> Medical ead And	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2023-37B9 <u>Approval Date</u> 02/14/2023 Payee: M.K.	<u>AmountPaid</u> \$900.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
ase ID Number: CS202 Case Payment Totals: \$1		Victim Ir	nitials: S.K.	
Claim Payments:	-			
CL2022-A8BB <u>Approval Date</u> 12/13/2022 Payee: Soul Survive <u>Date(s) of Service (If A</u> 10/24/2022-10/24/202	Applicable)	<u>Claim Category</u> Mental Health rvices, Pc	<u>Medical Category (if applicable)</u>	
12/13/2022 Payee: Soul Survive Date(s) of Service (If A	\$44.80 or Counseling Se Applicable) 2	Mental Health rvices, Pc	8-6195; 1-800-445-2322	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2022-35AF <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 11/17/2022 Mental Health \$44.80 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 9/21/2022-9/21/2022 CL2022-9894 AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 10/10/2022 \$44.80 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/20/2023 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 12/9/2022-12/9/2022 CL2022-4247 Claim Category Medical Category (if applicable) Approval Date AmountPaid 12/19/2022 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 11/17/2022-11/17/2022 10/9/2022-10/9/2022 CL2022-9E6C Approval Date AmountPaid Claim Category Medical Category (if applicable) \$336.00 Mental Health 11/30/2022 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 10/27/2022-10/27/2022 10/7/2022-10/7/2022 CL2022-AA81 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/14/2022 \$504.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 9/29/2022-9/29/2022 9/23/2022-9/23/2022 9/8/2022-9/8/2022

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CL2022-3C45				
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla Date(s) o C&exteic e (If A 8/31/2022-8/31/2022 8/25/2022-8/25/2022 8/8/2022-8/8/2022	ins Children'S A	dvocacy		
CL2022-67F0				
<u>Approval Date</u> 08/16/2022 Payee: Northern Pla <u>Date(s) oCeeteice (If A</u> 7/5/2022-7/5/2022		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2022-0D4C				
Approval Date 07/20/2022 Payee: Northern Pla Date(s) o Coerteice (If A 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		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-3624 <u>Approval Date</u> 06/15/2022 Payee: Northern Pla <u>Date(s) of Setterce (If A</u> 5/17/2022-5/17/2022		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-94D5 <u>Approval Date</u> 05/12/2022 Payee: Northern Pla <u>Date(s) of Sectrace (If A</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		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-9DD9 Approval Date 04/13/2022	<u>AmountPaid</u> \$840.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Payee: Northern Plains Children'S Advocacy

Date(s) of Containe (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> 03/23/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern	Plains Children'S A	dvocacy		
Date(s) o Centeic e 2/23/2022-2/23/202				
CL2022-78F0				
<u>Approval Date</u> 02/15/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	

Case ID Number: CS2022-81BD

Date(s) of Gotterce (If Applicable)

Victim Initials: A.B.

Case Payment Totals: \$288.00

1/3/2022-1/3/2022

Claim Payments:

CL2022-BC5C

Claim Category Approval Date AmountPaid Medical Category (if applicable) 08/22/2022 \$288.00 Hospital or Clinic Medical 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>	Medical Category (if applicable)
05/02/2023	\$1,008.00	Wage Loss	
Payee: B.J.			

CL2023-21DD				
<u>Approval Date</u> 04/01/2023	<u>AmountPaid</u> \$2,151.77	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Ho	spital			
<u>Date(s) of Service (</u> 11/13/2022-11/14/2				
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-189	18	Email: DOCRcor	mpensation@nd.gov	Page 455 of

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.

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
04/01/2023 Payee: Trinity Ho	\$648.23 spital	Medical	Hospital or Clinic	
Date(s) of Service (11/13/2022-11/13/2	(If Applicable)			
se ID Number: CS2	2022-850D	Victim Ir	itials: C.J.	
ase Payment Totals:	\$3,636.00			
aim Payments:				
CL2023-38DD				
-	AmountPaid \$456.00 Plains Children'S A	<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
Date(s) o Contract (c) o Contract (c	23			
CL2023-3121				
<u>Approval Date</u> 10/31/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oCenteice (</u> 9/25/2023-9/25/202 9/11/2023-9/11/202	23	\dvocacy		
CL2023-DA5A				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$624.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centerce (8/23/2023-8/23/202 8/14/2023-8/14/202 3/27/2023-3/27/202 3/20/2023-3/20/202	23 23 23	dvocacy		
CL2023-DC73				
Approval Date 07/18/2023 Payee: Northern Date(s) oCenterce (6/20/2023-6/20/202 6/13/2023-6/13/202	23	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
21 2022 7525				
CL2023-7F65 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 06/08/2023 \$792.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 03/14/2023 \$504.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coentraine (If Applicable) 2/28/2023-2/28/2023 2/13/2023-2/13/2023 2/6/2023-2/6/2023 CL2023-F8CB AmountPaid Medical Category (if applicable) Approval Date Claim Category \$684.00 Mental Health 02/16/2023 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Victim Initials: M.L. Case ID Number: CS2022-85B5 Case Payment Totals: \$727.57 Claim Payments: CL2023-195D Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/24/2023 Hospital or Clinic \$42.46 Medical Payee: Trinity Medical Group Date(s) of Service (If Applicable) 12/29/2021-12/29/2021 CL2023-1B1A Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date Medical Dental 05/24/2023 \$450.00 Payee: M.L.

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u> 07/03/2025

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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) 12/29/2021-12/29/2021 CL2023-E1A0 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Medical Dental 05/24/2023 \$85.53 Payee: Minot Dental Partners Date(s) of Service (If Applicable) 2/16/2022-2/16/2022 Victim Initials: K.B. Case ID Number: CS2022-8685 Case Payment Totals: \$3,260.00 Claim Payments: CL2024-5907 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 06/18/2024 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 4/5/2024-4/5/2024 CL2024-9009 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/15/2024 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 3/14/2024-3/14/2024 CL2024-0D4A Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/21/2024 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 12/14/2023-12/14/2023 CL2023-97EB Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 12/01/2023 \$600.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 10/24/2023 \$288.00 Mental Health

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) o**Ceetaic**e (If Applicable) 8/18/2023-8/18/2023 8/1/2023-8/1/2023

CL2023-98F8			
Approval Date 07/18/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla	• • • • • •	dvocacy	
<u>Date(s)</u> o Centeic e (If / 6/9/2023-6/9/2023 6/2/2023-6/2/2023	<u>Applicable)</u>		
CL2023-F743			
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$432.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Coetteice (If <i>J</i> 5/26/2023-5/26/2023 5/18/2023-5/18/2023 5/8/2023-5/8/2023		\dvocacy	
CL2023-80AE			
Approval Date 03/14/2023	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Coetraice (If <i>J</i> 2/21/2023-2/21/2023		Advocacy	
CL2023-3341			
<u>Approval Date</u> 02/07/2023	<u>AmountPaid</u> \$424.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> of Content of (15) 2/1/2023-2/1/2023 1/19/2023-1/19/2023 12/29/2022-12/29/202	Applicable)	\dvocacy	
CL2022-1DEA			
<u>Approval Date</u> 11/18/2022	<u>AmountPaid</u> \$292.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pl		dvocacy	
Date(s) of Setteice (If / 10/17/2022-10/17/202 9/16/2022-9/16/2022			
CL2022-6778			
<u>Approval Date</u> 11/18/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla		dvocacy	
<u>Date(s)</u> o C90teic e (If, 8/18/2022-8/18/2022	Applicable)		
D Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195: 1-800-445-2322

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2022-8854		Victim In	itials: B.M.
Case Payment Totals: \$1,1	52.00		
Claim Payments:			
CL2023-70DA			
Approval Date 12/18/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Centeic e (If Ap 7/26/2023-7/26/2023 7/11/2023-7/11/2023		dvocacy	
CL2023-14A6			
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Centeic e (If Ap 8/1/2023-8/1/2023		dvocacy	
CL2023-05FE			
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$360.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Ceeteic e (If Ap 6/28/2023-6/28/2023 6/21/2023-6/21/2023		dvocacy	
CL2022-1796			
Approval Date 09/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai <u>Date(s)</u> o Centeic e (If Ap 8/15/2022-8/15/2022		dvocacy	
Case ID Number: CS2022	2-8863	Victim In	itials: P.C.
Case Payment Totals: \$4,1	80.00		
Claim Payments:			
CL2024-5C93			
<u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$456.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai		dvocacy	
<u>Date(s) oCeetteice (If Ar</u> 8/19/2024-8/19/2024	oplicable)		
8/12/2024-8/12/2024			
8/5/2024-8/5/2024			

	North E	Dakota Crime	Victims Compensation	
CI	aim Payments: S	ervice Providers &	& Personal Reimbursements, by Case	07/03/202
IOTE: Upon payment app	proval, please allow	7-10 business days f	for processing and check issuance.	1:05:50AN
Document can be	searched by clicking	CTRL+F, then ente	ring text to search.	
CL2024-7268				
<u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeice 7/29/2024-7/29/202 7/22/2024-7/22/202 7/1/2024-7/1/2024	24	Advocacy		
CL2024-0226				
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeic e 6/17/2024-6/17/202		Advocacy		
CL2024-D547				
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Date(s) o CSenteic e 5/7/2024-5/7/2024	Plains Children'S A (If Applicable)	Advocacy		
CL2023-84C0				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s) oC9etraice</u> 5/8/2023-5/8/2023	Plains Children'S A (If Applicable)	Advocacy		
CL2023-E09E				
Approval Date 07/18/2023 Payee: Northern Date(s) o Centeice 6/20/2023-6/20/202		<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)	
CL2023-20D1				
Approval Date 06/08/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	hildren'S Advocacy	Center		
Date(s) of Service 5/8/2023-5/8/2023	(II Applicable)			
CL2023-959B				
<u>Approval Date</u> 05/05/2023	<u>AmountPaid</u> \$264.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	Plains Children'S A	dvocacy		
Date(s) o Centeice 4/20/2023-4/20/202 4/10/2023-4/10/202	23			
+/ 10/2023-4/ 10/202				

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

Claim			/ictims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
OTE: Upon payment approva Document can be sea	· · ·	•	or processing and check issuance. ring text to search.	1.03.30AM
CL2023-AFF2				
Approval Date 04/19/2023 Payee: Northern Pla Date(s) oCenteice (If A 3/27/2023-3/27/2023 2/27/2023-2/27/2023 1/11/2023-1/11/2023 12/12/2022-12/12/2022	pplicable)	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2023-CE85				
<u>Approval Date</u> 01/19/2023 Payee: Northern Pla Date(s) o Centric e (If A 12/15/2022-12/15/2022	pplicable)	<u>Claim Category</u> Mental Health .dvocacy	Medical Category (if applicable)	
CL2022-F49C				
Approval Date 12/19/2022 Payee: Northern Pla Date(s) o Ceetraic e (If A 11/23/2022-11/23/2022 11/9/2022-11/9/2022 10/19/2022-10/19/2022	pplicable)	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2022-323F				
Approval Date 11/18/2022 Payee: Northern Pla Date(s) o Contract (If A 10/31/2022-10/31/2022 10/25/2022-10/25/2022 10/12/2022-10/12/2022 10/10/2022-10/10/2022	pplicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-5FF1				
Approval Date 10/13/2022 Payee: Northern Pla Date(s) oCeetaice (If A 9/28/2022-9/28/2022 9/21/2022-9/21/2022		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-2DB4				
Approval Date 09/21/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla		dvocacy	-	
Date(s) o Ceeteic e (If A	pplicable)			

	North D	akota Crime V	Victims Compensation		
CI	07/03/2025 1:05:50AM				
NOTE: Upon payment app Document can be s					
CL2022-BDDE					
Approval Date 09/20/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s)</u> o Centeic e (8/31/2022-8/31/202		dvocacy			
Case ID Number: CS2	2022-8AE0	Victim Ir	nitials: A.I.		
Case Payment Totals:	\$624.00				
Claim Payments:					
CL2023-ABDC Approval Date 09/14/2023	AmountPaid \$144.00 Plaine Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s) oCSenteice (</u> 7/18/2023-7/18/202		dvocacy			
CL2023-628F					
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s) oC9et/eice (</u> 5/5/2023-5/5/2023	Plains Children'S A If Applicable)	dvocacy			
CL2022-A4D3					
Approval Date 09/19/2022 Payee: Northern <u>Date(s)</u> o Centeice (8/25/2022-8/25/202		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Case ID Number: CS2	0000 0000	Victim Ir	nitials: K.W.		
		Victini ii			
Case Payment Totals:	\$288.00				
Claim Payments:					
CL2022-B837 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
12/15/2022 Pavee: Dakota Cl	\$288.00 hildren'S Advocacy	Medical Center	Hospital or Clinic		
<u>Date(s) of Service (</u> 11/7/2022-11/7/202	(If Applicable)				
Case ID Number: CS2	2022-8DBA	Victim Ir	nitials: B.B.		
Case Payment Totals:	\$1,751.88				
Claim Payments:					
ND Crime Victims Compe	ensation, DOCR	· · ·	8-6195; 1-800-445-2322		
PO Box 1898		Email: <u>DOCRco</u> i	Email: DOCRcompensation@nd.gov		

	North D	akota Crime	Victims Compensation	
Claim	Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear		•	for processing and check issuance. ring text to search.	
CL2023-3F31				
<u>Approval Date</u> 02/10/2023	<u>AmountPaid</u> \$564.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o P3actice,(P1Ay 2/9/2023-2/9/2023 12/29/2022-12/29/2022 12/2/2022-12/2/2022	pplicable)	Care &		
CL2022-FDBF				
<u>Approval Date</u> 12/02/2022	<u>AmountPaid</u> \$596.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o PSectice,(PflAg 11/3/2022-11/3/2022 9/29/2022-9/29/2022 9/22/2022-9/22/2022		Care &		
CL2022-1340				
Approval Date 06/20/2022	AmountPaid \$591.88	Claim Category Mental Health	Medical Category (if applicable)	
Payee: Open Range Date(s) of Service (If A) 5/12/2022-5/12/2022 3/31/2022-3/31/2022 3/23/2022-3/23/2022	-			
Case ID Number: CS202	2-8E29	Victim Ir	nitials: K.V.	
Case Payment Totals: \$1,6	632.00			
Claim Payments:				
CL2023-EF55				
Approval Date 01/23/2023 Payee: Northern Plai Date(s) o Centerc e (If Ap		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
12/8/2022-12/8/2022 12/1/2022-12/1/2022				
CL2022-8736				
<u>Approval Date</u> 12/19/2022 Payee: Northern Plai		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
<u>Date(s)</u> o C9:enteic e (If A) 11/10/2022-11/10/2022				
CL2022-C1A4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

١, PO Box 1898 Bismarck, ND 58502-1898

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07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 12/02/2022 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 10/25/2022-10/25/2022 CL2022-1D2F AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/02/2022 \$672.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 11/02/2022 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contained (If Applicable) 9/8/2022-9/8/2022 Victim Initials: G.L. Case ID Number: CS2022-8F79 Case Payment Totals: \$199.20 **Claim Payments:** CL2022-C6B0 Approval Date <u>AmountPai</u>d Claim Category Medical Category (if applicable) 06/23/2022 \$199.20 Medical Hospital or Clinic Payee: North Dakota Eye Clinic Date(s) of Service (If Applicable) 5/5/2022-5/5/2022 Case ID Number: CS2022-9190 Victim Initials: E.B. Case Payment Totals: \$923.24 Claim Payments: CL2023-1FC3 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 09/13/2023 \$330.26 Payee: Staci Ekblad Professional Date(s) of Coenvised in (19/Epoplicate) Teherapy Wellness 10/20/2022-10/20/2022 10/11/2022-10/11/2022 CL2022-885A 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.

\$304.98 Mental Health 06/30/2022 Payee: Connect Us Therapy Date(s) of Service (If Applicable) 4/22/2022-4/22/2022 3/8/2022-3/8/2022 CL2022-C065 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 06/08/2022 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 09/20/2023 \$86.66 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 7/3/2023-7/3/2023 6/15/2023-6/15/2023 CL2022-3A58 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/30/2022 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 10/24/2022-10/24/2022 Victim Initials: D.E. Case ID Number: CS2022-91ED Case Payment Totals: \$4,912.92 Claim Payments: CL2022-8A27 Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category 07/07/2022 \$4,912.92 Funeral Payee: J.C. Victim Initials: K.J. Case ID Number: CS2022-929D Case Payment Totals: \$288.00 **Claim Payments:**

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case				
NOTE: Upon payment appro Document can be se			for processing and check issuance. ring text to search.	1:05:50AM
CL2023-F161				
<u>Approval Date</u> 06/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Chi				
Date(s) of Service (If 5/2/2022-5/2/2022	f Applicable)			
Case ID Number: CS20	022-962E	Victim Ir	nitials: A.P.	
Case Payment Totals: \$	1,556.00			
Claim Payments:				
CL2024-92C5				
<u>Approval Date</u> 06/05/2024	<u>AmountPaid</u> \$1,556.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Open Rang				
Date(s) of Service (If				
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			
3/14/2023-3/14/2023	5			
3/9/2023-3/9/2023				
3/2/2023-3/2/2023				
Case ID Number: CS2(022-96AD	Victim Ir	nitials: R.L.	
Case Payment Totals: \$	1,894.00			
Claim Payments:				
CL2024-6FA5				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/15/2024 Payee: Northern P	\$120.00	Mental Health		
<u>Date(s)</u> o C3etteic e (lf 3/7/2024-3/7/2024		uvocacy		
CL2024-D48B Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	

<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$264.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeic e (2/13/2024-2/13/202 2/7/2024-2/7/2024		dvocacy		
CL2024-AD2D Approval Date 03/20/2024	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 Contract (If Applicable) 1/25/2024-1/25/2024 12/11/2023-12/11/2023 CL2024-8DE7 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 01/04/2024 \$144.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/30/2023-10/30/2023 CL2023-BF94 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 10/31/2023 \$312.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 9/29/2023-9/29/2023 9/12/2023-9/12/2023 CL2022-8FFF 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 Contract (If Applicable) 10/31/2022-10/31/2022 **CL2022-0FEE** Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> \$178.00 Mental Health 10/21/2022 Payee: Northern Plains Children'S Advocacy Date(s) of Coentraice (If Applicable) 9/20/2022-9/20/2022 9/13/2022-9/13/2022 9/6/2022-9/6/2022 CL2022-BEF3 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/14/2022 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 9/20/2022-9/20/2022 CL2022-E510 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 09/21/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contained (If Applicable) 8/24/2022-8/24/2022

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2	022-977E	Victim In	itials: B.C.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2022-BC9D			
<u>Approval Date</u> 02/16/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch	-	Center	
<u>Date(s) of Service (I</u> 12/3/2021-12/3/202			
Case ID Number: CS2	022-98DE	Victim Ir	iitials: E.F.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2022-23FA			
<u>Approval Date</u> 08/23/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch	ildren'S Advocacy	Center	
<u>Date(s) of Service (I</u> 7/7/2022-7/7/2022	f Applicable)		
Case ID Number: CS2	022-991A	Victim Ir	nitials: L.C.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2024-D393			
<u>Approval Date</u> 01/23/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch	ildren'S Advocacy	Center	
Date(s) of Service (I 4/18/2022-4/18/2022			
Case ID Number: CS2	022-99EB	Victim Ir	nitials: K.S.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2022-F593			
<u>Approval Date</u> 10/18/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F <u>Date(s)</u> o C99t@c e (1 9/22/2022-9/22/2022	f Applicable)	dvocacy	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	2-9C37	Victim Ir	nitials: L.S.
Case Payment Totals: \$22	28.58		
Claim Payments:			
CL2022-3FC4			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/02/2022	\$228.58	Medical	Hospital or Clinic
Payee: L.S. Date(s) of Service (If A	ppliaghla)		
9/2/2022-9/2/2022	<u>(pplicable)</u>		
Case ID Number: CS202	2-9C46	Victim Ir	nitials: M.M.
Case Payment Totals: \$1 ,	159.76		
Claim Payments:			
CL2023-1FB1			
<u>Approval Date</u> 04/02/2023	<u>AmountPaid</u> \$306.81	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	/ Center	
<u>Date(s) of Service (If A</u> 3/7/2023-3/7/2023	pplicable)		
CL2023-FE92			
<u>Approval Date</u> 03/03/2023	<u>AmountPaid</u> \$258.14	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	/ Center	
Date(s) of Service (If A	<u>pplicable)</u>		
2/14/2023-2/14/2023 1/17/2023-1/17/2023			
1/3/2023-1/3/2023			
CL2023-D18B			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/19/2023	\$306.81	Mental Health	
Payee: Dakota Child Date(s) of Service (If A	-	Center	
9/30/2022-9/30/2022			
CL2022-839A			
Approval Date 05/17/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child			·····
<u>Date(s) of Service (If A</u> 4/27/2022-4/27/2022	-		

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/03/2022 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/18/2022-2/18/2022 Case ID Number: CS2022-9D9A Victim Initials: B.K. Case Payment Totals: \$288.00 Claim Payments: CL2022-47CA Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 12/14/2022 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 10/3/2022-10/3/2022 Case ID Number: CS2022-9E6D Victim Initials: B.I. Case Payment Totals: \$288.00 Claim Payments: CL2022-A36E Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/24/2022 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/14/2022-3/14/2022 Case ID Number: CS2022-9FA6 Victim Initials: K.G. Case Payment Totals: \$288.00 Claim Payments: CL2022-E9BC AmountPaid Claim Category Medical Category (if applicable) Approval Date 02/15/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 1/12/2022-1/12/2022

North Dakota Crime Victims Compensation

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 12/14/2022 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date 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 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 Contence (If Applicable) 4/25/2022-4/25/2022 Case ID Number: CS2022-A6B5 Victim Initials: V.W. Case Payment Totals: \$288.00 Claim Payments: CL2022-E3A1 AmountPaid Claim Category Medical Category (if applicable) Approval Date 09/22/2022 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 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	2-A708	Victim Ini	itials: C.V.
Case Payment Totals: \$2,2	79.29		
Claim Payments:			
CL2023-6B4E			
<u>Approval Date</u> 03/10/2023	<u>AmountPaid</u> \$2,279.29	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexiu			
<u>Date(s) of Service (If Ap</u> 3/28/2022-3/28/2022	plicable)		
Case ID Number: CS2022	2-A72E	Victim Ini	itials: M.A.
Case Payment Totals: \$288	3.00		
Claim Payments:			
CL2022-3B06			
<u>Approval Date</u> 08/16/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plair			
<u>Date(s)</u> o F388teic e (If Ap 7/18/2022-7/18/2022		-	
Case ID Number: CS2022	2-A775	Victim Ini	itials: H.F.
Case Payment Totals: \$5,0	88.00		
Claim Payments:			
CL2023-33A5			
<u>Approval Date</u> 05/04/2023 Payee: Dakota Childr	<u>AmountPaid</u> \$4,800.00 en'S Advocacy (<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/04/2023	\$288.00	Medical	Hospital or Clinic
3	hildren'S Advocacy	Center	
Date(s) of Service 2/17/2022-2/17/20			
2/11/2022-2/11/20	22 		
Case ID Number: CS	2022-AA65	Victim In	nitials: K.H.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2022-567A			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/28/2022	\$288.00	Medical	Hospital or Clinic
Payee: Dakota C	hildren'S Advocacy	Center	
<u>Date(s) of Service</u> 7/14/2022-7/14/20			
Case ID Number: CS	2022-AD2B	Victim In	nitials: A.G.
Case ID Number: CS Case Payment Totals:		Victim In	nitials: A.G.
		Victim In	nitials: A.G.
Case Payment Totals:		Victim In	nitials: A.G.

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

Hospital or Clinic

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

Medical 08/22/2022 \$288.00

Payee: Dakota Children'S Advocacy Center

Date(s) of Service (If Applicable) 7/18/2022-7/18/2022

Case ID Number: CS2022-AD67

Case Payment Totals: \$5,088.00

Claim Payments:

С

CL2022-D89C			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
12/19/2022	\$588.00	Mental Health	
Payee: Northern F		dvocacy	
<u>Date(s)</u> o Ceetkeic e (1 11/21/2022-11/21/20			
11/18/2022-11/18/20			
11/8/2022-11/8/2022			
11/4/2022-11/4/2022			
CI 2022 8602			
CL2022-8602 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
11/30/2022	\$336.00	Mental Health	
Payee: Northern F	Plains Children'S A	dvocacy	
Date(s) o Centeic e (I	f Applicable)		
10/27/2022-10/27/20			
10/7/2022-10/7/2022	2		
CL2022-1FB0			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
10/14/2022	\$672.00	Mental Health	
Payee: Northern F	Plains Children'S A	dvocacy	
Date(s) o Centrice (I			
9/29/2022-9/29/2022			
9/19/2022-9/19/2022			
9/14/2022-9/14/2022 9/7/2022-9/7/2022	2		
9/1/2022-9/1/2022			
CL2022-28B1			
<u>Approval Date</u> 09/21/2022	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern F			
Date(s) of Centraice (I		avocacy	
8/29/2022-8/29/2022			
8/8/2022-8/8/2022			
CL2022-BEBF			· · · · · · · · · · · · · · · · · · ·
<u>Approval Date</u> 08/16/2022	AmountPaid \$672.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
00/10/2022	ΨU12.UU		

Victim Initials: M.P.

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**CSetteice** (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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/22/2022	\$336.00	Mental Health	
Payee: Northern I	Plains Children'S A	dvocacy	
Date(s) o Centraic e (lf Applicable)		
6/21/2022-6/21/202	2		
6/14/2022-6/14/202	2		

CL2022-1ECB

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/15/2022	\$288.00	Medical	Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o Centeic e (If Applicable)		

2/28/2022-2/28/2022

CL2022-D6C5

Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
06/15/2022	\$672.00	Mental Health	

Payee: Northern Plains Children'S Advocacy <u>Date(s)</u> of Settice (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

GL2022-42F7				
<u>Approval Date</u> 05/12/2022	<u>AmountPaid</u> \$840.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl	lains Children'S A	dvocacy		
Date(s) o Centraice (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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/13/2022	\$348.00	Mental Health		
Payee: Northern Pl	lains Children'S A	dvocacy		
Date(s) o Centraice (If	Applicable)			

Date(s) of Service (If Applicab 3/25/2022-3/25/2022 3/18/2022-3/18/2022

ND Crime Victims Compensation, DOCR PO Box 1898 Bismarck, ND 58502-1898 Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS2022	2-AE1D	Victim In	itials: M.H.
Case Payment Totals: \$4,8	00.00		
Claim Payments:			
CL2023-5091			
Approval Date 06/30/2023	AmountPaid \$1,157.10	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr Date(s) of Service (If Ap	-	Center	
5/25/2023-5/25/2023 5/17/2023-5/17/2023	<u>iplicable)</u>		
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> 03/30/2023	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childr	\$1,213.63		
Date(s) of Service (If Ap	-	Genter	
2/28/2023-2/28/2023	<u>/piloabio/</u>		
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			
11/23/2022-11/23/2022			
CL2022-28DF			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/15/2022 Payee: Dakota Childr	\$1,405.38	Mental Health	
Date(s) of Service (If Ap		Center	
11/15/2022-11/15/2022	<u>/piloabio/</u>		
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			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/24/2022 Payee: Dakota Childr	\$925.86 ren'S Advocacv	Mental Health Center	
	en e Aurocacy		

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

NOTE: Upon payment approval, 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

Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 05/18/2022 \$98.03 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable)

4/29/2022-4/29/2022

Case ID Number: CS2022-AEAB

Victim Initials: A.W.

Case Payment Totals: \$174.34

Claim Payments:

CL2023-4254

Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/23/2023 \$174.34 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 10/24/2022-10/24/2022 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

Approval Date 05/09/2022

AmountPaid Claim Category Medical

Medical Category (if applicable) Hospital or Clinic

Payee: Dakota Children'S Advocacy Center

\$288.00

Date(s) of Service (If Applicable) 2/23/2022-2/23/2022

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

se ID Number: CS2022	2-AFA1	Victim In	itials: M.K.
ase Payment Totals: \$4,1	73.74		
laim Payments:			
CL2023-330A			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/08/2023	\$4,173.74	Mental Health	
Payee: Dakota Childr	-	Center	
Date(s) of Service (If Ap	plicable)		
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			
9/12/2022-9/21/2022			
9/8/2022-9/8/2022			
se ID Number: CS2022	2-B0A6	Victim In	itials: K.W.
ase Payment Totals: \$13	5.17		
aim Payments:			
CL2023-40A7			
CL2023-40A7 Approval Date	AmountPaid \$135.17	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
CL2023-40A7 Approval Date 05/23/2023	\$135.17	Mental Health	Medical Category (if applicable)
CL2023-40A7 Approval Date 05/23/2023 Payee: Chatter Pedia	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
CL2023-40A7 Approval Date 05/23/2023	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
CL2023-40A7 <u>Approval Date</u> 05/23/2023 Payee: Chatter Pedia <u>Date(s) of Service (If Ap</u>	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
CL2023-40A7 <u>Approval Date</u> 05/23/2023 Payee: Chatter Pedia <u>Date(s) of Service (If Ap</u> 12/8/2022-12/8/2022	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
CL2023-40A7 <u>Approval Date</u> 05/23/2023 Payee: Chatter Pedia <u>Date(s) of Service (If Ap</u> 12/8/2022-12/8/2022 12/1/2022-12/1/2022	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
Approval Date 05/23/2023 Payee: Chatter Pedia Date(s) of Service (If Ap 12/8/2022-12/8/2022 12/1/2022-12/1/2022 11/11/2022-11/11/2022	\$135.17 tric Therapy #1	Mental Health	<u>Medical Category (if applicable)</u>
CL2023-40A7 <u>Approval Date</u> 05/23/2023 Payee: Chatter Pedia <u>Date(s) of Service (If Ap</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	\$135.17 tric Therapy #1 pplicable)	Mental Health	<u>Medical Category (if applicable)</u>

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS202	2-B103	Victim Ir	nitials: L.B.	
Case Payment Totals: \$4,	211.00			
Claim Payments:				
CL2024-01D9				
<u>Approval Date</u> 07/10/2024	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad Date(s) o Coenvice ii(10/4 6/24/2024-6/24/2024		Wellness		
CL2024-7BBB				
<u>Approval Date</u> 04/02/2024	<u>AmountPaid</u> \$400.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad <u>Date(s)</u> of Semseli(19/E 3/27/2024-3/27/2024 2/28/2024-2/28/2024		Wellness		
CL2024-FCAD				
<u>Approval Date</u> 02/28/2024	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: <u>Date(s) of Service (If A</u> 2/28/2024-2/28/2024	pplicable)			
CL2024-6DF0				
<u>Approval Date</u> 02/12/2024	<u>AmountPaid</u> \$560.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad <u>Date(s)</u> o Csemseli(19/4 1/24/2024-1/24/2024 12/4/2023-12/4/2023 11/28/2023-11/28/2023	pptilbashTeh erapy	Wellness		
CL2023-8F06				
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$540.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad <u>Date(s)</u> o Coensedi(10/2 10/17/2023-10/17/2023 10/2/2023-10/2/2023 8/29/2023-8/29/2023	polikabTen)erapy	Wellness		
CL2023-CD48				
Approval Date 11/13/2023	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad Date(s) of Counted in 19/4	Professional	Wellness		
11/8/2023-11/8/2023				

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

			Victims Compensation			
Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search.						
Approval Date 09/29/2023	<u>AmountPaid</u> \$324.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Payee: Staci Ekblad <u>Date(s)</u> o Coenvice li(10/4 7/24/2023-7/24/2023 7/10/2023-7/10/2023		Wellness				
CL2023-4C96						
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$680.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Payee: Staci Ekblad						
Date(s) o C3emiseli(16/4 5/15/2023-5/15/2023 4/24/2023-4/24/2023 4/13/2023-4/13/2023 3/30/2023-3/30/2023	<u>bootibado Teh</u> erapy	Wellness				
CL2023-545E						
<u>Approval Date</u> 03/29/2023 Payee: D.B.	<u>AmountPaid</u> \$95.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Date(s) of Service (If A 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> 03/29/2023	<u>AmountPaid</u> \$724.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
Payee: <u>Date(s) of Service (If A</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> 11/18/2022 Payee: Northern Pla	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Date(s) o £3ete ice (If A 9/29/2022-9/29/2022		uvocacy				
Case ID Number: CS202	2-B1B1	Victim Ir	nitials: T.G.			
Case Payment Totals: \$74	·8.00					
Claim Payments:						
ND Crime Victims Compensa	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322			

Email: DOCRcompensation@nd.gov

	North D	akota Crime	/ictims Compensation				
Clai	Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM						
	NOTE: Upon payment approval, 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> 12/19/2022	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern Pl		dvocacy					
Date(s) o Centeic e (If 11/3/2022-11/3/2022	Applicable)						
CL2022-026C							
<u>Approval Date</u> 09/20/2022	<u>AmountPaid</u> \$292.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern Pl Date(s) o Centra ce (If 8/30/2022-8/30/2022 8/9/2022-8/9/2022	Applicable)	dvocacy					
CL2022-98A1							
<u>Approval Date</u> 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Northern Pl		dvocacy					
Date(s) o f 30treic e (If 3/29/2022-3/29/2022							
Case ID Number: CS20	_	Victim Ir	nitials: E.S.				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D Approval Date 03/23/2022 Payee: Northern PI Date(s) of Service (If 2/2/2022-2/2/2022	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern PI Date(s) o C9eteic e (If	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A <u>Applicable</u>)	<u>Claim Category</u> Medical .dvocacy	Medical Category (if applicable)				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern PI <u>Date(s) of Setence (If</u> 2/2/2022-2/2/2022	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A Applicable) 022-B83E	<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern PI <u>Date(s) of Setreice (If</u> 2/2/2022-2/2/2022	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A Applicable) 022-B83E	<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern PI <u>Date(s) of Settence (If</u> 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A Applicable) 022-B83E	<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D Approval Date 03/23/2022 Payee: Northern PI Date(s) of Setreice (If 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2 Claim Payments: CL2022-00DD Approval Date 04/13/2022	288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B83E 288.00 <u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical .dvocacy Victim Ir <u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern Pl <u>Date(s) of Setterce (If</u> 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2 Claim Payments: CL2022-00DD <u>Approval Date</u>	288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A <u>Applicable</u>) 022-B83E 288.00 <u>AmountPaid</u> \$288.00 Iains Children'S A <u>Applicable</u>)	<u>Claim Category</u> Medical .dvocacy Victim Ir <u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D Approval Date 03/23/2022 Payee: Northern PI Date(s) oC9etreice (If 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2 Claim Payments: CL2022-00DD Approval Date 04/13/2022 Payee: Northern PI Date(s) oC9etreice (If	288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B83E 288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>)	Claim Category Medical dvocacy Victim Ir Claim Category Medical dvocacy	Medical Category (if applicable) Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D <u>Approval Date</u> 03/23/2022 Payee: Northern PI <u>Date(s) of Setwice (If</u> 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2 Claim Payments: CL2022-00DD <u>Approval Date</u> 04/13/2022 Payee: Northern PI <u>Date(s) of Setwice (If</u> 2/15/2022-2/15/2022	288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B83E 288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B91F	Claim Category Medical dvocacy Victim Ir Claim Category Medical dvocacy	Medical Category (if applicable) Hospital or Clinic nitials: H.C. Medical Category (if applicable) Hospital or Clinic				
Case Payment Totals: \$2 Claim Payments: CL2022-D86D Approval Date 03/23/2022 Payee: Northern PI Date(s) of Service (If 2/2/2022-2/2/2022 Case ID Number: CS20 Case Payment Totals: \$2 Claim Payments: CL2022-00DD Approval Date 04/13/2022 Payee: Northern PI Date(s) of Service (If 2/15/2022-2/15/2022	288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B83E 288.00 <u>AmountPaid</u> \$288.00 lains Children'S A <u>Applicable</u>) 022-B91F	Claim Category Medical dvocacy Victim Ir Claim Category Medical dvocacy	Medical Category (if applicable) Hospital or Clinic nitials: H.C. Medical Category (if applicable) Hospital or Clinic				

Bismarck, ND 58502-1898

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North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM						
OTE: Upon payment approval, 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-B4EB <u>Approval Date</u> 05/11/2022 Payee: Northern Pla <u>Date(s)</u> o Centeice (If A 2/15/2022-2/15/2022		<u>Claim Category</u> Medical Ivocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic			
ase ID Number: CS202	2-B949	Victim In	itials: N.W.			
Case Payment Totals: \$2 ,	646.80					
Claim Payments:						
CL2023-14FE <u>Approval Date</u> 11/03/2023 Payee: Nuvation He <u>Date(s) of Service (If A</u> 10/18/2023-10/18/202	pplicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
CL2023-8B4D <u>Approval Date</u> 10/23/2023 Payee: Nuvation He <u>Date(s) of Service (If A</u> 10/5/2023-10/5/2023		<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
CL2023-B45A <u>Approval Date</u> 10/11/2023 Payee: Nuvation He <u>Date(s) of Service (If A</u> 9/28/2023-9/28/2023		<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
CL2023-3271 <u>Approval Date</u> 08/28/2023 Payee: Nuvation He <u>Date(s) of Service (If A</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		<u>Claim Category</u> Mental Health	Medical Category (if applicable)			
CL2023-D918 Approval Date 07/24/2023 Payee: Nuvation He Date(s) of Service (If A 7/6/2023-7/6/2023		<u>Claim Category</u> Mental Health	Medical Category (if applicable)			

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2023-3C58 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 07/05/2023 \$200.00 Mental Health Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 6/14/2023-6/14/2023 6/2/2023-6/2/2023 CL2023-3E64 AmountPaid Approval Date Claim Category Medical Category (if applicable) 06/05/2023 \$144.00 Mental Health Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 5/24/2023-5/24/2023 5/16/2023-5/16/2023 CL2023-8254 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/16/2023 \$346.80 Mental Health Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 1/4/2023-1/4/2023 12/21/2022-12/21/2022 12/7/2022-12/7/2022 CL2022-5C77 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/10/2022 \$1,156.00 Mental Health Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/09/2022 Medical Hospital or Clinic \$2,085.32 Payee: Chi St. Alexius Health Williston Date(s) of Service (If Applicable)

	North D	akota Crime V	Victims Compensation					
Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 1:05:50AM								
· · · · · · ·	NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.							
CL2022-3F0B								
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)					
05/09/2022 Pavee: Chi St. Ale	\$113.72 xius Health Willist	Medical	Hospital or Clinic					
Date(s) of Service (I 9/27/2021-9/27/2021	f Applicable)							
CL2022-7CF1								
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)					
05/09/2022 Payee: Chi St. Ale	\$742.66 xius Health Willist	Medical	Hospital or Clinic					
<u>Date(s) of Service (1</u> 9/27/2021-9/27/2021	f Applicable)							
CL2022-DDC7								
Approval Date 05/09/2022	AmountPaid	Claim Category	Medical Category (if applicable)					
05/09/2022 Payee: Chi St. Ale	\$1,676.64 xius Health Willist	Medical	Hospital or Clinic					
Date(s) of Service (I 7/26/2021-7/26/2021	f Applicable)							
Case ID Number: CS2	000 BB44	Viatim Ir						
Case ID Number: C52	U22-DD11	victim ir	nitials: T.B.					
Case Payment Totals: \$	2,839.86							
Claim Payments:								
CL2023-8935								
<u>Approval Date</u> 02/09/2023	<u>AmountPaid</u> \$2,839.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic					
Payee: Mckenzie		ea						
<u>Date(s) of Service (I</u> 12/21/2021-12/21/20								
Case ID Number: CS2	022-BC8D	Victim Ir	nitials: K.M.					
Case Payment Totals: \$	288.00							
Claim Payments:								
CL2022-BA37								
<u>Approval Date</u> 03/22/2022 Payee: Northern F	<u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic					
<u>Date(s)</u> o Contra ce (I 2/17/2022-2/17/2022	f Applicable)	,						
Case ID Number: CS2	022-BD37	Victim Ir	nitials: N.O.					
Case Payment Totals: \$	288.00							
Claim Payments:								
ND Crime Victims Compet PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Dogo 495 of 72				

	North D	akota Crime	Victims Compensation				
Claim Payments: Service Providers & Personal Reimbursements, by Case							
	<i>1:05:50AM</i> NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.						
CL2022-12CD							
<u>Approval Date</u> 03/24/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Dakota Chil <u>Date(s) of Service (If</u> 3/14/2022-3/14/2022	-	Center					
Case ID Number: CS20	22-BE2D	Victim Ir	nitials: O.K.				
Case Payment Totals: \$2	88.00						
Claim Payments:							
CL2022-BD12							
<u>Approval Date</u> 08/16/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Northern Pl							
<u>Date(s)</u> o €991¢i ce (If 7/6/2022-7/6/2022	Applicable)						
Case ID Number: CS20	22-BEA5	Victim Ir	nitials: F.M.				
Case Payment Totals: \$2	88.00						
Claim Payments:							
CL2022-D0A4							
<u>Approval Date</u> 04/27/2022 Payee: Dakota Chil	AmountPaid \$288.00 dren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Date(s) of Service (If 4/8/2022-4/8/2022	-						
Case ID Number: CS20	22-BFBA	Victim Ir	nitials: J.I.				
Case Payment Totals: \$4	80.00						
Claim Payments:							
CL2023-847E							
Approval Date 07/18/2023	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Northern Pl							
<u>Date(s)</u> o Centeic e (If 5/5/2023-5/5/2023	Applicable)						
CL2022-07F1							
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)				
09/20/2022 Payee: Northern Pl	\$288.00 ains Children'S A	Medical dvocacv	Hospital or Clinic				
<u>Date(s)</u> o Contraction 8/25/2022-8/25/2022		· · · · · · · · · · · · · · · · · · ·					

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-C0EB		Victim Initials: T.A.		
Case Payment Totals: \$4,	060.00			
Claim Payments: CL2024-CD8C Approval Date 08/14/2024 Payee: Connect Us Date(s) of Service (If A 4/18/2024-4/18/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
4/8/2024-4/8/2024				
CL2024-F85D <u>Approval Date</u> 05/10/2024 Payee: Connect Us <u>Date(s) of Service (If A</u> 5/10/2024-5/10/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-BED6 <u>Approval Date</u> 01/19/2024 Payee: Connect Us <u>Date(s) of Service (If A</u> 1/15/2024-1/15/2024 1/8/2024-1/8/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2023-212C Approval Date 12/14/2023 Payee: Connect Us Date(s) of Service (If A 12/4/2023-12/4/2023	••	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2023-10B7 <u>Approval Date</u> 11/20/2023 Payee: Connect Us <u>Date(s) of Service (If A</u> 11/14/2023-11/14/2023 11/13/2023-11/13/2023 10/26/2023-10/26/2023	pplicable) 3	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
CL2023-0182 <u>Approval Date</u> 11/16/2023 Payee: Connect Us <u>Date(s) of Service (If A</u> 9/18/2023-9/18/2023		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Email: DOCRcompensation@nd.gov

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	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
 	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
 	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
 	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
 	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
 	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
 AmountPaid \$740.00 erapy	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>

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

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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) 2/3/2022-2/3/2022 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

AmountPaid Claim Category Approval Date 04/12/2022 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gentrice (If Applicable) 3/1/2022-3/1/2022

Medical Category (if applicable) Hospital or Clinic

Case ID Number: CS2022-C10F Victim Initials: C.F. Case Payment Totals: \$1,308.00 Claim Payments: CL2022-75FB AmountPaid Claim Category Medical Category (if applicable) Approval Date Mental Health 12/19/2022 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/20/2022-10/20/2022 CL2022-0E0B Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/22/2022 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/31/2022-10/31/2022 10/3/2022-10/3/2022 CL2022-6979 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 10/13/2022 \$336.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 9/19/2022-9/19/2022 9/8/2022-9/8/2022 CL2022-6DCC AmountPaid Claim Category Medical Category (if applicable) Approval Date 08/16/2022 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 7/29/2022-7/29/2022 CL2022-AB14 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

se ID Number: CS2022-C668	Victim Initials: E.G.
ase Payment Totals: \$5,000.00	
laim Payments:	
CL2022-9692 AmountPaid Approval Date AmountPaid 06/02/2022 \$5,000.00 Payee: J.G.	<u>Claim Category Medical Category (if applicable)</u> Funeral
D Crime Victims Compensation, DOCR O Box 1898	Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

Medical

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

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

\$288.00

Payee: Northern Plains Children'S Advocacy

Case ID Number: CS2022-C2A5

Case Payment Totals: \$288.00

Claim Payments:

07/20/2022

CL2022-6C68

Approval Date AmountPaid Claim Category 07/20/2022 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 4/27/2022-4/27/2022

Case ID Number: CS2022-C3CD

Victim Initials: E.O.

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

Victim Initials: M.C.

Hospital or Clinic

Hospital or Clinic

Medical Category (if applicable)

Case Payment Totals: \$315.79

Claim Payments:

CL2023-3328

<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/28/2023	\$299.79	Medical	Hospital or Clinic
Davias: Chi Maray I	Modical Contor Cli	inic	

Payee: Chi Mercy Medical Center Clinic Date(s) of Service (If Applicable)

10/10/2022-10/10/2022

CL2023-74C0

<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/28/2023	\$16.00	Medical	Hospital or Clinic
Payee: Sanford Hea	lth		
Date(s) of Service (If A	<u>pplicable)</u>		

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10/21/2022-10/21/2022

12/7/2022-12/7/2022

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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-C6B3		Victim Ir	nitials: C.W.
Case Payment Totals: \$4	492.00		
Claim Payments:			
CL2023-1607			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/06/2023	\$16.00	Mental Health	
Payee: Grenz Cour	nseling		
Date(s) of Service (If	Applicable)		
8/29/2023-8/29/2023			
CL2023-3924			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/29/2023	\$160.00	Mental Health	
Payee: Grenz Cour	nseling		
Date(s) of Service (If			
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			
1/31/2023-1/31/2023			
CL2023-311A			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/08/2023	\$60.00	Mental Health	
Payee: C.W.			
Date(s) of Service (If 10/18/2022-10/18/202			
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>	Medical Category (if applicable)
02/08/2023	\$256.00	Mental Health	
Pavee: Grenz Cou	unseling		

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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) 1/24/2023-1/24/2023 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

Bismarck, ND 58502-1898

Case ID Number: CS2	022-C7AB	Victim Ir	nitials: S.J.	
Case Payment Totals: \$	935.19			
Claim Payments:				
CL2022-A15A				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/24/2022 Payee: Dakota Ch	\$184.85	Mental Health		
<u>Date(s) of Service (li</u> 7/27/2022-7/27/2022	f Applicable)	Genter		
CL2022-F411				
<u>Approval Date</u> 07/07/2022	<u>AmountPaid</u> \$750.34	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Ch				
Date(s) of Service (I	-			
5/13/2022-5/13/2022	2			
4/21/2022-4/21/2022	2			
4/8/2022-4/8/2022				
3/24/2022-3/24/2022	2			
3/3/2022-3/3/2022				
2/24/2022-2/24/2022	2			
1/6/2022-1/6/2022				
Case ID Number: CS20	022-CCB0	Victim Ir	nitials: C.K.	
Case Payment Totals: \$	879.02			
Claim Payments:				
CL2023-090E				
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
ND Crime Victims Comper	nsation, DOCR	· · ·	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRco	mpensation@nd.gov	Page 492 of 72

CI	aim Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
		7-10 business days f CTRL+F, then ente	for processing and check issuance. ring text to search.	
02/23/2023 Payee: Dakota C Date(s) of Service 6/2/2022-6/2/2022	\$288.00 hildren'S Advocacy (If Applicable)	Medical v Center	Hospital or Clinic	
CL2023-3109	A reasonat Disid		Madiaal Catagory (if any liashla)	
<u>Approval Date</u> 02/23/2023	<u>AmountPaid</u> \$591.02	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	hildren'S Advocacy	Center		
Date(s) of Service (7/25/2022-7/25/202 7/11/2022-7/11/202 7/1/2022-7/11/2022 6/22/2022-6/22/202	22 2 22			
6/15/2022-6/15/202 6/9/2022-6/9/2022	22			
Case ID Number: CS2	2022-CD07	Victim Ir	nitials: J.S.	
Case Payment Totals:	\$25,000.00			
Claim Payments:				
CL2022-D764				
Approval Date 08/04/2022 Payee: Trinity Ho Date(s) of Service 12/5/2021-2/21/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	2022-CD19	Victim Ir	nitials: A.A.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-7611				
<u>Approval Date</u> 01/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
Case ID Number: CS2	2022-CFA6	Victim Ir	nitials: H.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-BCE2				
Approval Date 03/16/2022	<u>AmountPaid</u> \$288.00 hildren'S Advocacy	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
rayee. Danola C	maren o Auvocacy	Conter		

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

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Date(s) of Service (If Applicable) 9/17/2021-9/17/2021

Case ID Number: CS202	22-D0BC	Victim In	itials: J.N.
Case Payment Totals: \$3 ,	195.18		
Claim Payments:			
CL2023-8CC7			
<u>Approval Date</u> 08/25/2023	<u>AmountPaid</u> \$105.28	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Medic Date(s) of Service (If A	=		
2/14/2023-2/14/2023			
CL2023-1154			
<u>Approval Date</u> 08/21/2023	<u>AmountPaid</u> \$105.28	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Medic			
<u>Date(s) of Service (If A</u> 2/14/2023-2/14/2023	Applicable)		
CL2023-7DAE			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
05/16/2023 Payee: Trinity Hospi	\$131.04 ital	Medical	Hospital or Clinic
Date(s) of Service (If A			
3/7/2023-3/7/2023	······		
CL2023-F8C4			
<u>Approval Date</u> 05/09/2023 Payee: Trinity Hosp	AmountPaid \$393.12	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
<u>Date(s) of Service (If A</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> 04/26/2023	<u>AmountPaid</u> \$175.34	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Village F <u>Date(s) of Service (If A</u> 3/13/2023-3/13/2023 3/6/2023-3/6/2023	amily Service C		
CL2023-37BF			
<u>Approval Date</u> 04/18/2023	<u>AmountPaid</u> \$160.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage
Payee: Spine And S	port Chiropraction	C	
ND Crime Victims Compens	ation DOCR	Phone: (701)-329	3-6195-1-800-445-2322

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

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Date(s) of Service (If Applicable) 2/13/2023-2/13/2023 2/6/2023-2/6/2023

CL2023-379C

Approval Date	AmountPaid	Claim Ca
04/04/2023	\$350.69	Mental H
	na Familie Camilaa O	

<u>Claim Category</u> <u>M</u> Mental Health

Medical Category (if applicable)

Payee: **The Village Family Service Center** <u>Date(s) of Service (If Applicable)</u> 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> 03/29/2023	<u>AmountPaid</u> \$1,603.53	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: J.N.				
Date(s) of Service (If A	oplicable)			
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	2			
11/10/2022-11/10/2022	2			
11/1/2022-11/1/2022				
10/18/2022-10/18/2022	2			
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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/29/2023	\$86.00	Mental Health		
Payee: J.N.				
Date(s) of Service (If A	pplicable)			
1/11/2023-1/11/2023	·······			
CL2023-3A99				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
		<u>Claim Category</u>		
ND Crime Victims Compensa	ation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898			npensation@nd.gov	
Bismarck, ND 58502-1898			hpohodion@nd.gov	Page 495 of 3
District on, ND 30302-1090				

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.

03/29/2023	\$84.10	Medical	Chiropractic or Massage	
Payee: J.N.				
Date(s) of Service (I	f Applicable)			
5/11/2022-5/11/2022				
6/29/2022-6/29/2022	2			
9/6/2022-9/6/2022				
7/19/2022-7/19/2022	2			
11/1/2022-11/1/2022				
8/9/2022-8/9/2022				
12/21/2022-12/21/20)22			
10/11/2022-10/11/20	22			

Case ID Number: CS2022-D244

Victim Initials: O.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2022-F348

<u>Approval Date</u> 03/03/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
	hildren'S Advocacy		
Date(s) of Service (Contor	
1/28/2022-1/28/202			

Case ID Number: CS2022-D348

Victim Initials: K.B.

Case Payment Totals: \$2,719.66

Claim Payments:

CL2023-51D8

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
03/31/2023	\$1,145.97	Mental Health		
Payee: Dakota C	hildren'S Advocacy	Center		
Date(s) of Service (If Applicable)			
12/29/2022-12/29/2	2022			
12/8/2022-12/8/202	22			
12/1/2022-12/1/202	22			
11/14/2022-11/14/2	022			
10/28/2022-10/28/2	2022			
10/20/2022-10/20/2	2022			
10/11/2022-10/11/2	022			
9/6/2022-9/6/2022				
8/11/2022-8/11/202	2			
7/20/2022-7/20/202	22			
6/16/2022-6/16/202	22			
6/1/2022-6/1/2022				
5/26/2022-5/26/202	22			
5/18/2022-5/18/202	22			
CL2022-678E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

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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

Bismarck, ND 58502-1898

ase ID Number: CS202	22-D354	Victim Ir	nitials: S.A.	
Case Payment Totals: \$1	,488.00			
Claim Payments:				
CL2022-CAF4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/14/2022	\$168.00	Mental Health		
Payee: Northern Pla		Advocacy		
<u>Date(s)</u> o Ceetteic e (If A 9/29/2022-9/29/2022	<u>Applicable)</u>			
9/19/2022-9/19/2022				
CL2022-3D73				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/19/2022	\$336.00	Mental Health		
Payee: Northern Pla		dvocacy		
Date(s) of Coentraice (If A	<u>Applicable)</u>			
8/25/2022-8/25/2022 8/15/2022-8/15/2022				
0/10/2022-0/10/2022				
CL2022-A6BD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/19/2022	\$336.00	Mental Health		
Payee: Northern Pla		Advocacy		
<u>Date(s)</u> o Ceetteic e (If A 8/25/2022-8/25/2022	<u>Applicable)</u>			
8/4/2022-8/4/2022				
CL2022-026E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
08/19/2022	\$180.00	Mental Health		
Payee: Northern Pla		Advocacy		
Date(s) of Coentraice (If A	<u>Applicable)</u>			
7/29/2022-7/29/2022				
ID Crime Victims Compens	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
O Box 1898		, ,	mpensation@nd.gov	Page 497
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Bismarck, ND 58502-1898

CL2022-73B3				
<u>Approval Date</u> 08/19/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I				
Date(s) o Coenteice (,		
7/22/2022-7/22/202	2			
CL2022-6C3B				
<u>Approval Date</u> 07/20/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	+			
Date(s) o Cepte ice (
6/29/2022-6/29/202	2			
Case ID Number: CS2	022-D493	Victim Ir	nitials: H.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-761E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
04/19/2022 Payee: Dakota Ch	\$288.00 hildren'S Advocacy	Medical Center	Hospital or Clinic	
Date(s) of Service (
9/7/2021-9/7/2021				
Case ID Number: CS2	022-D5A9	Victim ir	nitials: B.S.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2022-F7A2				
<u>Approval Date</u> 11/17/2022	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: B.S.	\$5,000.00	Medical	Dentai	
Date(s) of Service (
10/25/2022-10/25/2	022			
Case ID Number: CS2	022-D6EE	Victim Ir	nitials: J.P.	
Case Payment Totals: S	\$1,900.00			
Claim Payments:				
CL2023-CF2D				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/20/2023 Payee: Northern I	\$168.00 Plains Children'S A	Mental Health		
<u>Date(s)</u> o Centra 3/6/2023-3/6/2023		uvocacy		
ND Crime Victims Compe	insation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		• •	mpensation@nd.gov	Daga 409 of 72

	North D	akota Crime	Victims Compensation	
Clair	n Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	-	-	for processing and check issuance.	1.05.50AM
Document can be sea	arched by clicking	CTRL+F, then ente	ring text to search.	
CL2023-A0FF				
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ains Children'S A	dvocacy		
Date(s) of Centraice (If A	Applicable)			
5/5/2023-5/5/2023				
CL2023-1365				
<u>Approval Date</u> 05/05/2023	<u>AmountPaid</u> \$280.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) o Centraice (If A				
4/25/2023-4/25/2023				
4/4/2023-4/4/2023				
CL2023-8FBF				
<u>Approval Date</u> 03/14/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) o Centraice (If A				
2/27/2023-2/27/2023				
2/6/2023-2/6/2023				
CL2023-9705				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/23/2023 Payee: Northern Pla	\$504.00 ains Childron'S A	Mental Health		
Date(s) o Ceeteic e (If /		lavocacy		
12/15/2022-12/15/202				
12/8/2022-12/8/2022 11/30/2022-11/30/202	2			
11/30/2022-11/30/202	2			
CL2022-8C3C				
<u>Approval Date</u> 11/30/2022	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla				
Date(s) of Coentraice (If A		,, ,		
10/28/2022-10/28/202	22			
CL2022-92DF				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/15/2022	\$288.00	Medical	Hospital or Clinic	
Payee: Northern Pla Date(s) o f Seteic e (If /		dvocacy		
1/5/2022-1/5/2022				
Case ID Number: CS202	22-D70F	Victim Ir	nitials: W.E.	
Case Payment Totals: \$1	,382.58			
Claim Payments:				
ND Crime Victims Compens	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

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CL2024-D693				
<u>Approval Date</u> 11/06/2024	<u>AmountPaid</u> \$1,382.58	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H	lealth			
Date(s) of Service 10/21/2022-10/21/2 11/4/2022-11/4/202 10/20/2022-10/20/2 10/23/2022-10/18/2 10/23/2022-10/23/2 11/6/2022-11/6/202 10/19/2022-10/19/2 10/27/2022-10/27/2 10/18/2022-10/22/2 10/18/2022-10/27/2 10/18/2022-11/2/202	(<u>If Applicable)</u> 2022 22 2022 2022 2022 2022 2022 2022			
Case ID Number: CS2	2022-D9DD	Victim Ir	nitials: A.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-796B				
CL2022-796B <u>Approval Date</u> 05/11/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Approval Date</u> 05/11/2022	\$288.00 Plains Children'S A	Medical		
Approval Date 05/11/2022 Payee: Northern Date(s) of Selected	\$288.00 Plains Children'S A (If Applicable)	Medical dvocacy		
<u>Approval Date</u> 05/11/2022 Payee: Northern <u>Date(s)</u> o C90teic e 4/5/2022-4/5/2022	\$288.00 Plains Children'S A (If Applicable) 2022-DA62	Medical dvocacy	Hospital or Clinic	
Approval Date 05/11/2022 Payee: Northern Date(s) of Seterce (4/5/2022-4/5/2022	\$288.00 Plains Children'S A (If Applicable) 2022-DA62	Medical dvocacy	Hospital or Clinic	
Approval Date 05/11/2022 Payee: Northern Date(s) of Seterce 4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments:	\$288.00 Plains Children'S A (If Applicable) 2022-DA62	Medical dvocacy	Hospital or Clinic	
Approval Date 05/11/2022 Payee: Northern Date(s) of Setrice (4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date	\$288.00 Plains Children'S A (If Applicable) 2022-DA62	Medical Advocacy Victim Ir Claim Category	Hospital or Clinic	
Approval Date 05/11/2022 Payee: Northern Date(s) of Setrice (4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date 01/04/2023	\$288.00 Plains Children'S A (If Applicable) 2022-DA62 \$4,426.98 <u>AmountPaid</u> \$537.60	Medical Advocacy Victim Ir	Hospital or Clinic	
Approval Date 05/11/2022 Payee: Northern Date(s) of Setrice (4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date	\$288.00 Plains Children'S A (If Applicable) 2022-DA62 \$4,426.98 <u>AmountPaid</u> \$537.60 Health (If Applicable)	Medical Advocacy Victim Ir Claim Category	Hospital or Clinic nitials: M.L. Medical Category (if applicable)	
Approval Date 05/11/2022 Payee: Northern Date(s) of Seterce (4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date 01/04/2023 Payee: Sanford H Date(s) of Service (6/21/2022-6/21/202	\$288.00 Plains Children'S A (If Applicable) 2022-DA62 \$4,426.98 <u>AmountPaid</u> \$537.60 Health (If Applicable)	Medical Advocacy Victim Ir Claim Category	Hospital or Clinic nitials: M.L. Medical Category (if applicable)	
Approval Date 05/11/2022 Payee: Northern Date(s) of Selerce of 4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date 01/04/2023 Payee: Sanford H Date(s) of Service of 6/21/2022-6/21/202 8/9/2022-8/9/2022	\$288.00 Plains Children'S A (If Applicable) 2022-DA62 \$4,426.98 <u>AmountPaid</u> \$537.60 Health (If Applicable)	Medical Advocacy Victim Ir Claim Category	Hospital or Clinic nitials: M.L. Medical Category (if applicable)	
Approval Date 05/11/2022 Payee: Northern Date(s) of Selecter 4/5/2022-4/5/2022 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-8696 Approval Date 01/04/2023 Payee: Sanford H Date(s) of Servicer 6/21/2022-6/21/202 8/9/2022-8/9/2022 CL2022-5D6A Approval Date	\$288.00 Plains Children'S A (If Applicable) 2022-DA62 \$4,426.98 <u>AmountPaid</u> \$537.60 Health (If Applicable) 22 <u>AmountPaid</u> \$3,218.18 exius	Medical dvocacy Victim Ir <u>Claim Category</u> Medical <u>Claim Category</u>	Hospital or Clinic nitials: M.L. Medical Category (if applicable) Hospital or Clinic	

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$353.60 Medical Hospital or Clinic 12/05/2022 Payee: Midwest Radiology Date(s) of Service (If Applicable) 4/15/2022-4/15/2022 CL2022-9702 AmountPaid Medical Category (if applicable) Approval Date Claim Category 12/05/2022 \$317.60 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 8/9/2022-8/9/2022 Victim Initials: A.T. Case ID Number: CS2022-DBC3 Case Payment Totals: \$1,230.34 Claim Payments: CL2022-0F73 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid \$878.98 Mental Health 08/24/2022 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 Victim Initials: N.J. Case ID Number: CS2022-E052 Case Payment Totals: \$2,148.00 Claim Payments: CL2023-2C46 AmountPaid Medical Category (if applicable) Approval Date Claim Category \$336.00 Mental Health 01/19/2023 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 12/8/2022-12/8/2022 11/29/2022-11/29/2022 CL2022-E325 AmountPaid Approval Date Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR

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	North D	akota Crime V	Victims Compensation	
CI	aim Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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12/19/2022 Payee: Northern <u>Date(s)</u> o CSetteice 11/1/2022-11/1/202		Mental Health dvocacy	-	
CL2022-F425				
<u>Approval Date</u> 11/22/2022 Payee: Northern <u>Date(s) oCeeteice</u> 10/26/2022-10/26/2		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2022-13B4				
<u>Approval Date</u> 09/20/2022		<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2022-0777				
<u>Approval Date</u> 08/16/2022 Payee: Northern <u>Date(s) oCsetteice</u> 7/28/2022-7/28/202 7/13/2022-7/13/202 7/5/2022-7/5/2022	22	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
CL2022-1A5C				
<u>Approval Date</u> 07/20/2022	<u>AmountPaid</u> \$348.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centeice 6/22/2022-6/22/202 6/17/2022-6/17/202	22	dvocacy		
CL2022-9C97				
<u>Approval Date</u> 06/14/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C90t@c 5/3/2022-5/3/2022	Plains Children'S A (If Applicable)	dvocacy		
Case ID Number: CS	2022-E0DF	Victim Ir	nitials: C.F.	
Case Payment Totals:	\$501.71			
Claim Payments:				
CL2022-BBC3 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	D 500

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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Wage Loss 02/09/2023 \$360.00 Payee: K.B. Case ID Number: CS2022-E279 Victim Initials: J.D. Case Payment Totals: \$2,453.31 Claim Payments: CL2023-CB4E Approval Date AmountPaid Medical Category (if applicable) Claim Category Mental Health 04/10/2023 \$399.38 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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\$501.71 Mental Health 07/13/2022

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Claim Payments: Service Providers & Personal Reimbursements, by Case

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02/23/2023

.5/2025

\$288.00 Medical

Hospital or Clinic

Payee: Dakota Children'S Advocacy Center

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Date(s) of Service (If Applicable) 5/2/2022-5/2/2022

CL2023-D384

Approval Date 02/23/2023 AmountPaidClaim Category\$997.09Mental Health

Medical Category (if applicable)

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 10/12/2022-10/3/2022 9/21/2022-9/21/2022

CL2022-6D85

L2022-0D05			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/28/2022	\$768.84	Mental Health	
Payee: Dakota Ch	ildren'S Advocacy	Center	
Date(s) of Service (I	f Applicable)		
8/23/2022-8/23/2022	2		
8/17/2022-8/17/2022	2		
8/3/2022-8/3/2022			

Case ID Number: CS2022-E2A0

Victim Initials: K.F.

Claim Payments:			
CL2022-97A2			
<u>Approval Date</u> 04/27/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota C	hildren'S Advocacy	Center	
Date(s) of Service			
4/8/2022-4/8/2022			
4/8/2022-4/8/2022			
		Victim In	itials: R.B.
Case ID Number: CS	2022-E2D9	Victim In	itials: R.B.
	2022-E2D9	Victim In	itials: R.B.
Case ID Number: CS Case Payment Totals:	2022-E2D9	Victim In	itials: R.B.
Case ID Number: CS Case Payment Totals: Claim Payments:	2022-E2D9	Victim In	itials: R.B.
Case ID Number: CS Case Payment Totals: Claim Payments: CL2022-3CDA	2022-E2D9 \$7,800.00		

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS202	2-E355	Victim Ir	iitials: E.B.	
Case Payment Totals: \$1,0	05.28			
Claim Payments:				
CL2022-6B43 <u>Approval Date</u> 10/13/2022 Payee: Sanford Healt <u>Date(s) of Service (If Aj</u> 8/11/2022-8/11/2022 9/26/2022-9/26/2022		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2022-FD9F				
Approval Date 08/02/2022 Payee: Sanford Heal Date(s) of Service (If Ap 6/10/2022-6/10/2022		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	2-E471	Victim Ir	itials: M.T.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2023-73E4				
Approval Date 02/28/2023 Payee: Dakota Childe Date(s) of Service (If Ap 6/1/2022-6/1/2022	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	2-E641	Victim Ir	iitials: D.D.	
Case Payment Totals: \$28	8 00			
Claim Payments:	0.00			
CL2022-1BEB				
Approval Date 04/13/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai		dvocacy		
<u>Date(s)</u> o £Seteic e (If Aj 3/30/2022-3/30/2022	oplicable)			
Case ID Number: CS202	2-E668	Victim Ir	iitials: N.T.	
Case Payment Totals: \$2, 1	00.00			
Claim Payments:				
CL2023-17AE				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898	tion, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Page 505 of 725

North Dakota Crime Victims Compensation				
CI	aim Payments: Se	vice Providers 8	Personal Reimbursements, by Case	07/03/202
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11/29/2023	\$120.00	Mental Health		
-	Plains Children'S A	dvocacy		
<u>Date(s) oCseiteice (</u> 8/25/2023-8/25/202				
0/20/2020-0/20/20/20/20/20/20/20/20/20/20/20/20/20				
CL2023-3588				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/20/2023	\$168.00 Plains Children'S A	Mental Health		
<u>Date(s)</u> o Conten 3/21/2023-3/21/202	(If Applicable)	uvocacy		
CL2023-EA19				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/08/2023	\$168.00	Mental Health	<u></u>	
-	Plains Children'S A	dvocacy		
Date(s) of Centraice (
5/30/2023-5/30/202				
CL2023-0F94				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/14/2023	\$336.00	Mental Health		
-	Plains Children'S A	dvocacy		
<u>Date(s) oCeetteice (</u> 2/14/2023-2/14/202				
2/3/2023-2/3/2023	.5			
CL2023-39D4				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/09/2023	\$336.00	Mental Health		
-	Plains Children'S A	dvocacy		
<u>Date(s) oCeetteice (</u> 1/27/2023-1/27/202				
1/20/2023-1/20/202				
CL2023-D3DC				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/23/2023	\$336.00	Mental Health		
Payee: Northern	Plains Children'S A	dvocacy		
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Date(s) of Centraice ((If Applicable)	-		
Date(s) o Coeffeic e (12/9/2022-12/9/202 12/2/2022-12/2/202	(<u>If Applicable)</u> 22	-		
12/9/2022-12/9/202	(<u>If Applicable)</u> 22			
12/9/2022-12/9/202	(<u>If Applicable)</u> 22			
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB Approval Date	(<u>If Applicable)</u> 22 22 <u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB <u>Approval Date</u> 12/19/2022	(<u>If Applicable)</u> 22 22 22 <u>AmountPaid</u> \$168.00	Mental Health	Medical Category (if applicable)	
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB Approval Date 12/19/2022 Payee: Northern	(<u>If Applicable)</u> 22 22 <u>AmountPaid</u> \$168.00 Plains Children'S A	Mental Health	Medical Category (if applicable)	
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB <u>Approval Date</u> 12/19/2022	(<u>If Applicable)</u> 22 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (<u>If Applicable)</u>	Mental Health	Medical Category (if applicable)	
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB Approval Date 12/19/2022 Payee: Northern Date(s) of Senteice ((<u>If Applicable)</u> 22 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (<u>If Applicable)</u>	Mental Health	Medical Category (if applicable)	
12/9/2022-12/9/202 12/2/2022-12/2/202 CL2022-6EDB <u>Approval Date</u> 12/19/2022 Payee: Northern <u>Date(s) of Senteice (</u>	(<u>If Applicable)</u> 22 22 <u>AmountPaid</u> \$168.00 Plains Children'S A (<u>If Applicable)</u>	Mental Health	<u>Medical Category (if applicable)</u> Medical Category (if applicable)	

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	North D)akota Crime \	/ictims Compensation	
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12/02/2022	\$180.00	Mental Health	5	
Payee: Northern <u>Date(s)</u> o Coeteice (9/23/2022-9/23/202		dvocacy		
CL2022-7D22				
<u>Approval Date</u> 11/30/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o Centeic e (8/18/2022-8/18/202		dvocacy		
Case ID Number: CS2	2022-E737	Victim Ir	nitials: M.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2022-8C30				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/19/2022 Payee: Northern <u>Date(s)</u> o Centerc e (9/22/2022-9/22/202		Medical Advocacy	Hospital or Clinic	
Case ID Number: CS2	2022-E9A5	Victim Ir	itials: K.W.	
Case Payment Totals:	\$24,013.36			
Claim Payments:				
CL2023-3446				
<u>Approval Date</u> 03/16/2023	<u>AmountPaid</u> \$23.48	<u>Claim Category</u> Medical	Medical Category (if applicable) Prescription	
Payee: K.W. <u>Date(s) of Service (</u> 10/22/2021-10/22/2 11/4/2021-11/4/202	2021			
CL2023-9C15				
<u>Approval Date</u> 03/16/2023 Payee: Essentia	<u>AmountPaid</u> \$23,966.40 Health	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (</u> 10/21/2021-10/22/2	(If Applicable)			
CL2023-5E6C				
<u>Approval Date</u> 01/04/2023	<u>AmountPaid</u> \$23.48	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription	
Payee: K.W.	(If Applicable)			
Date(s) of Service ((IT Applicable)			

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS202	2-E9CC	Victim In	itials: M.S.
Case Payment Totals: \$24	,604.34		
Claim Payments:			
CL2023-9167			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/22/2023 Payee: Institute Of F	\$4,800.00	Medical	Hospital or Clinic
Date(s) of Service (If A) 9/26/2022-9/26/2022 10/28/2022-10/28/2022	pplicable)		
CL2023-30F4			
<u>Approval Date</u> 04/04/2023	<u>AmountPaid</u> \$19,804.34	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexiu		marck	
<u>Date(s)</u> o Addrass) (If A 9/23/2022-9/23/2022 10/4/2022-10/4/2022	pplicable)		
Case ID Number: CS202	2-ECC0	Victim In	itials: Z.D.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2022-1B09			
Approval Date	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)
08/24/2022 Payee: Dakota Child	\$288.00 ren'S Advocacy		Hospital or Clinic
<u>Date(s) of Service (If A</u> 3/7/2022-3/7/2022	-		
Case ID Number: CS202	2-EE40	Victim In	itials: K.S.
Case Payment Totals: \$60	4.93		
Claim Payments:			
CL2022-DB61			
<u>Approval Date</u> 09/15/2022 Payee: K.S.	<u>AmountPaid</u> \$604.93	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

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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: CS20	Case ID Number: CS2022-F0BA		nitials: M.C.	
Case Payment Totals: \$1 Claim Payments: CL2023-EE05 <u>Approval Date</u> 02/22/2023 Payee: Altru Health <u>Date(s) of Service (If</u> 9/3/2022-9/3/2022	AmountPaid \$1,242.28 n System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	22-F29E	Victim Ir	nitials: M.W.	
Case Payment Totals: \$2 Claim Payments: CL2022-4E80 <u>Approval Date</u> 06/08/2022 Payee: Dakota Chill <u>Date(s) of Service (If</u> 5/16/2022-5/16/2022	<u>AmountPaid</u> \$288.00 dren'S Advocacy	<u>Claim Category</u> Medical 7 Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	22-F338	Victim Ir	nitials: C.E.	
Case Payment Totals: \$2 Claim Payments: CL2022-B237 <u>Approval Date</u> 03/03/2022 Payee: Dakota Chill <u>Date(s) of Service (If</u> 1/11/2022-1/11/2022	<u>AmountPaid</u> \$288.00 dren'S Advocacy	<u>Claim Category</u> Medical v Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ND Crime Victims Compen PO Box 1898 Bismarck, ND 58502-1898	sation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 509 of 72

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: CS202	22-F36D	Victim Ir	Victim Initials: C.K.		
Case Payment Totals: \$3	,243.31				
Claim Payments:					
CL2023-646B					
Approval Date 02/23/2023	<u>AmountPaid</u> \$2,955.31	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Dakota Child					
Date(s) of Service (If A	-				
1/5/2023-1/5/2023	<u> </u>				
12/20/2022-12/20/202	2				
12/14/2022-12/14/202	2				
12/7/2022-12/7/2022					
11/17/2022-11/17/202					
11/10/2022-11/10/202	2				
11/4/2022-11/4/2022					
10/26/2022-10/26/202					
10/17/2022-10/17/202					
10/13/2022-10/13/202 10/4/2022-10/4/2022	.2				
9/21/2022-9/21/2022					
9/12/2022-9/12/2022					
9/8/2022-9/8/2022					
CL2023-9FB4					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
02/23/2023	\$288.00	Medical	Hospital or Clinic		
Payee: Dakota Chil	-	/ Center			
Date(s) of Service (If / 8/1/2022-8/1/2022	Applicable)				
0/1/2022-0/1/2022					
Case ID Number: CS20	22-F580	Victim II	nitials: K.S.		
Case Payment Totals: \$2	88.00				
Claim Payments:					
CL2022-989E					
Approval Date	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
05/13/2022 Payee: Dakota Chil	+		Hospital of Clinic		
-	-	Center			
<u>Date(s) of Service (If</u> 1/10/2022-1/10/2022	<u>Applicable)</u>				
Case ID Number: CS202	22-F8BF	Victim I	nitials: J.M.		
	-				
Case Payment Totals: \$6	12.42				
Claim Payments:					
CL2022-3B4D					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
ND Crime Victims Compens	ation, DOCR	Phone: (701)-32	28-6195; 1-800-445-2322		
PO Box 1898		. ,	mpensation@nd.gov	Daga 510 of 725	
Bismarck, ND 58502-1898				Page 510 of 725	

CI	North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025						
	-	•	or processing and check issuance.	1:05:50AM			
	searched by clicking		-				
09/21/2022 Payee: Northern <u>Date(s) oC99teice</u> 5/31/2022-5/31/202		Medical Idvocacy	Hospital or Clinic				
CL2022-A189 Approval Date 08/18/2022	<u>AmountPaid</u> \$324.42 d Counseling For C	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Date(s) of Service (5/5/2022-5/5/2022 4/27/2022-4/27/202 4/22/2022-4/22/202 4/18/2022-4/18/202	If Applicable) 22 22						
Case ID Number: CS2	2022-FA0B	Victim Ir	nitials: S.O.				
Case Payment Totals:	\$288.00						
Claim Payments:							
CL2022-B5C2							
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)				
08/17/2022 Payee: Northern <u>Date(s)</u> o Centeic e 6/7/2022-6/7/2022	\$288.00 Plains Children'S A (If Applicable)	Medical Advocacy	Hospital or Clinic				
Case ID Number: CS2	2022-FA11	Victim Ir	nitials: M.Y.				
Case Payment Totals:	\$2,340.00						
Claim Payments:							
CL2023-6473 <u>Approval Date</u> 02/13/2023 Payee: M.Y.	<u>AmountPaid</u> \$1,110.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)				
CL2023-4D6A							
<u>Approval Date</u> 02/08/2023 Payee: M.Y.	<u>AmountPaid</u> \$1,230.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)				
Case ID Number: CS2	2022-FA7D	Victim Ir	nitials: T.N.				
Case Payment Totals:	\$288.00						
Claim Payments:							
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322				

Email: DOCRcompensation@nd.gov

	North D	akota Crime \	Victims Compensation	
Clain			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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CL2022-A603				
Approval Date 07/22/2022	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla		dvocacy		
Date(s) o Ceeteic e (If A 6/21/2022-6/21/2022	Applicable)			
Case ID Number: CS202	22-FD37	Victim In	nitials: E.F.	
Case Payment Totals: \$4 ,	682.18			
Claim Payments:				
CL2024-B073				
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$340.27	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Healing Fou <u>Date(s) of Service (If A</u> 3/22/2024-3/22/2024 3/15/2024-3/15/2024 3/8/2024-3/8/2024		eling, Pc		
CL2024-3C73				
<u>Approval Date</u> 06/05/2024 Payee: Healing Fou	AmountPaid \$350.69	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (If A 2/23/2024-2/23/2024 2/9/2024-2/9/2024 2/2/2024-2/2/2024 1/19/2024-1/19/2024		anny, r c		
CL2023-AAF3				
<u>Approval Date</u> 10/11/2023 Payee: Beyond Bou	AmountPaid \$19.20 Indaries Ot	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If A 8/31/2023-8/31/2023	Applicable)			
CL2023-6E5D				
<u>Approval Date</u> 09/18/2023	<u>AmountPaid</u> \$115.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Beyond Bou				
Date(s) of Service (If A 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	Applicable)			
7/20/2023-7/20/2023				
CL2023-AB51 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens	ation, DOCR	· · ·	8-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcor	mpensation@nd.gov	Page 512 of 725

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.

08/09/2023	\$101.23	Medical	Hospital or Clinic	
Payee: Beyond Boo Date(s) of Service (If 6/15/2023-6/15/2023 7/6/2023-7/6/2023 6/29/2023-6/29/2023				
L2023-4B5D				
<u>Approval Date</u> 07/05/2023 Payee: Beyond Bo		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 5/26/2023-5/26/2023 5/18/2023-5/18/2023	<u>Applicable)</u>			
L2023-5C58				
Approval Date 06/05/2023 Payee: Beyond Bot		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 4/28/2023-4/28/2023 4/21/2023-4/21/2023 5/5/2023-5/5/2023	<u>Applicable)</u>			
L2023-6CCB				
Approval Date 05/11/2023 Payee: Beyond Bo		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 3/31/2023-3/31/2023 3/17/2023-3/17/2023	<u>Applicable)</u>			
L2023-9E9B				
Approval Date 04/18/2023 Payee: Beyond Boo	AmountPaid \$864.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 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				
L2023-F105				
Approval Date 03/22/2023	<u>AmountPaid</u> \$406.08	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford He				
Date(s) of Service (If 6/9/2022-6/9/2022	Applicable)			

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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.

<u>Approval Date</u> 02/06/2023	<u>AmountPaid</u> \$277.51	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Altru Heal	1 -	Medical	
Date(s) of Service (-		
10/5/2022-10/5/202			
CL2023-C2DB			
<u>Approval Date</u> 02/06/2023	<u>AmountPaid</u> \$1.440.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Beyond B	,,	modical	
Date(s) of Service (
9/15/2022-9/15/202			
9/1/2022-9/1/2022			
10/14/2022-10/14/2	022		
12/23/2022-12/23/2	022		
12/9/2022-12/9/202	2		
11/4/2022-11/4/2022	2		
12/16/2022-12/16/2			
8/18/2022-8/18/202			
8/11/2022-8/11/2022			
12/2/2022-12/2/202	—		
11/18/2022-11/18/20 8/25/2022-8/25/202			
11/11/2022-0/20/20/20/20/20/20/20/20/20/20/20/20/20			
7/28/2022-7/28/202			
9/29/2022-9/29/202			
	-		
CL2022-C46B			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/29/2022	\$96.00	Medical	Hospital or Clinic
Payee: Beyond B			
Date(s) of Service (7/8/2022-7/8/2022	If Applicable)		
110/2022-110/2022			
se ID Number: CS2	022-FE44	Victim Ir	nitials: E.B.
ase Payment Totals:	\$77.50		
laim Payments:			
CL2022-0C68			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
03/23/2022	\$77.50	Mental Health	
Payee: Dakota Ch	•		
Date(s) of Service (-		
3/2/2022-3/2/2022	·····		
se ID Number: CS2	022-FEC8	Victim Ir	nitials: A.S.
ase Payment Totals: \$	\$1,398.75		
-			

Claim Payments:

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

Approval Date 03/21/2023 Payee: Dakota F Date(s) of Service 1/12/2023-1/12/20/ 12/29/2022-12/29/2 12/22/2022-12/22/2 12/12/2022-12/12/2 12/5/2022-12/5/202	(<u>If Applicable)</u> 23 2022 2022 2022 2022	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2023-8C72				
<u>Approval Date</u> 03/21/2023	<u>AmountPaid</u> \$256.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford				
Date(s) of Service 6/30/2022-6/30/202				
CL2022-8F08				
<u>Approval Date</u> 10/20/2022	<u>AmountPaid</u> \$136.41	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford	1			
Date(s) of Service 6/6/2022-6/6/2022				
		Victim Ir	itials: J.M.	
6/6/2022-6/6/2022	2023-009C	Victim Ir	nitials: J.M.	
6/6/2022-6/6/2022 ase ID Number: CS	2023-009C	Victim II	nitials: J.M.	
6/6/2022-6/6/2022 ase ID Number: CS	2023-009C	Victim Ir	nitials: J.M.	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments:	2023-009C	Victim In <u>Claim Category</u> Mental Health	nitials: J.M. Medical Category (if applicable)	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 Approval Date 03/13/2023	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Mental Health		
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 <u>Approval Date</u> 03/13/2023 Payee: Northern <u>Date(s) o</u> Centeice	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23	<u>Claim Category</u> Mental Health Idvocacy		
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 Approval Date 03/13/2023 Payee: Northern Date(s) of Settrace 1/31/2023-1/31/202	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23 2023-013B	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 <u>Approval Date</u> 03/13/2023 Payee: Northern <u>Date(s) oCeetetice</u> 1/31/2023-1/31/202 ase ID Number: CS	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23 2023-013B	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 <u>Approval Date</u> 03/13/2023 Payee: Northern <u>Date(s) oCSetteice</u> 1/31/2023-1/31/202 ase ID Number: CS Case Payment Totals:	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23 2023-013B	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 <u>Approval Date</u> 03/13/2023 Payee: Northern <u>Date(s) of Sectore</u> 1/31/2023-1/31/202 ase ID Number: CS Case Payment Totals: Claim Payments:	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23 2023-013B	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
6/6/2022-6/6/2022 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-BED5 Approval Date 03/13/2023 Payee: Northern Date(s) oCeenterice 1/31/2023-1/31/202 ase ID Number: CS Case Payment Totals: Claim Payments: CL2023-B688 Approval Date 04/19/2023	2023-009C \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable) 23 2023-013B \$288.00 <u>AmountPaid</u>	<u>Claim Category</u> Mental Health Advocacy Victim In <u>Claim Category</u> Medical	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 In	nitials: C.F.
Case Payment Totals: \$1,3	06.20		
Claim Payments:			
CL2023-159E Approval Date 06/30/2023	<u>AmountPaid</u> \$1,306.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sanford Healt <u>Date(s) of Service (If Ap</u> 11/11/2022-11/11/2022 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	h		
Case ID Number: CS2023	8-033F	Victim In	nitials: A.O.
Case Payment Totals: \$30 ′	1 00		
Claim Payments:	1.00		
CL2023-6183			
Approval Date 02/28/2023	<u>AmountPaid</u> \$229.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: A.O. <u>Date(s) of Service (If Ar</u> 1/4/2023-1/4/2023	plicable)		
CL2023-D7F7			
Approval Date 02/28/2023 Payee: Eyewear Cond	AmountPaid \$72.00 cepts	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic
<u>Date(s) of Service (If Ap</u> 1/4/2023-1/4/2023	plicable)		
Case ID Number: CS2023	3-05C7	Victim In	nitials: A.S.
Case Payment Totals: \$990	6.00		
Claim Payments:			
CL2023-1BFF Approval Date 10/09/2023	<u>AmountPaid</u> \$708.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Connect Us T			
ND Crime Victims Compensa PO Box 1898	tion, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov

Bismarck, ND 58502-1898

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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

05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
Date(s) of Goteice				
4/19/2023-4/19/202	23			
se ID Number: CS2	2023-06B7	Victim Ir	nitials: A.B.	
ase Payment Totals:	\$2,472.00			
aim Payments:				
CL2024-2318				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Plains Children'S A			
<u>Date(s)</u> o Csetteice 2/6/2024-2/6/2024 2/2/2024-2/2/2024				
2/2/2024-2/2/2024				
CL2024-35AE				
CL2024-35AE Approval Date 03/20/2024	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-35AE Approval Date 03/20/2024	\$504.00 Plains Children'S A (If Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCenteice</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024	\$504.00 Plains Children'S A (If Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentrice (</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024 12/18/2023-12/18/2 CL2024-5AF3 <u>Approval Date</u>	\$504.00 Plains Children'S A (If Applicable) 2023 <u>AmountPaid</u>	Mental Health Advocacy	<u>Medical Category (if applicable)</u>	
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) o Seaterce (</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024 12/18/2023-12/18/2 CL2024-5AF3 <u>Approval Date</u> 03/20/2024	\$504.00 Plains Children'S A (If Applicable) 2023 <u>AmountPaid</u> \$648.00 Plains Children'S A (If Applicable) 24 2023	Mental Health Advocacy <u>Claim Category</u> Mental Health		
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentraice (</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024 12/18/2023-12/18/2 CL2024-5AF3 <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentraice (</u> 1/22/2024-1/22/2022 1/3/2024-1/3/2024 12/12/2023-12/12/2	\$504.00 Plains Children'S A (If Applicable) 2023 <u>AmountPaid</u> \$648.00 Plains Children'S A (If Applicable) 24 2023	Mental Health Advocacy <u>Claim Category</u> Mental Health		
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentraice (</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024 12/18/2023-12/18/2 CL2024-5AF3 <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentraice (</u> 1/22/2024-1/3/2024 1/3/2024-1/3/2024 12/12/2023-12/12/2 12/4/2023-12/4/202 CL2024-1B64 <u>Approval Date</u>	\$504.00 Plains Children'S A (If Applicable) 2023 AmountPaid \$648.00 Plains Children'S A (If Applicable) 24 2023 23 AmountPaid	Mental Health Advocacy Claim Category Mental Health Advocacy		
CL2024-35AE <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentrice (</u> 1/8/2024-1/8/2024 1/3/2024-1/3/2024 12/18/2023-12/18/2 CL2024-5AF3 <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s) oCentrice (</u> 1/22/2024-1/22/202 1/3/2024-1/3/2024 12/12/2023-12/12/2 12/4/2023-12/4/202 CL2024-1B64 <u>Approval Date</u> 02/08/2024	\$504.00 Plains Children'S A (If Applicable) 2023 AmountPaid \$648.00 Plains Children'S A (If Applicable) 24 2023 23	Mental Health Advocacy Claim Category Mental Health Advocacy	Medical Category (if applicable)	

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			for processing and check issuance. ring text to search.	
CL2024-6F89				
Approval Date	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
01/04/2024 Payee: Northern P Date(s) oCenteice (If 11/7/2023-11/7/2023 11/3/2023-11/3/2023 10/17/2023-10/17/20	Applicable)			
CL2023-782F				
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P	lains Children'S A	dvocacy		
<u>Date(s)</u> o C90teic e (If 10/9/2023-10/9/2023				
ase ID Number: CS20 Case Payment Totals: \$2		VICTIM IN	nitials: A.H.	
Claim Payments:				
CL2023-D52A Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/02/2024 Payee: Northern P <u>Date(s)</u> o Centeic e (If 11/9/2023-11/9/2023	Applicable)	Medical dvocacy	Hospital or Clinic	
ase ID Number: CS20)23-088E	Victim Ir	nitials: T.M.	
Case Payment Totals: \$	372.26			
Claim Payments:				
CL2024-5CB8				
<u>Approval Date</u> 02/23/2024	<u>AmountPaid</u> \$39.19	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Stepping S	-			
<u>Date(s) of Service (If</u> 12/27/2023-12/27/20				
CL2024-3E01				

Payee: Stepping Stones Counseling

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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.

Medical Category (if applicable)

Claim Payments:

CL2023-2C47

Approval Date 03/13/2023

AmountPaid Claim Category \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy

Date(s) of Centerce (If Applicable)

2/1/2023-2/1/2023

Case ID Number: CS2023-099B

Victim Initials: C.S.

Case Payment Totals: \$288.00

Claim Payments:

CL2023-19CE

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 Contract (If Applicable) 8/9/2023-8/9/2023

Case ID Number: CS2023-09DF

Victim Initials: C.C.

Case Payment Totals: \$756.00 **Claim Payments:** CL2023-3549

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
12/18/2023	\$144.00	Mental Health				
Payee: Northern	Payee: Northern Plains Children'S Advocacy					
Date(s) o Centeic e (If Applicable)					
5/26/2023-5/26/202	3					
CI 2022 A 402						

CL2023-A483

Approval Date **AmountPaid** Claim Category Medical Category (if applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case				
		7-10 business days CTRL+F, then ente	for processing and check issuance. ring text to search.	
09/20/2023 Payee: Northern Date(s) o CSetteic e (6/30/2023-6/30/202	lf Applicable)	Mental Health Advocacy		
CL2023-D25B Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/07/2023 Payee: Northern Date(s) o Centeic e (4/14/2023-4/14/202	lf Applicable)	Mental Health Idvocacy		
CL2023-AD0E				
Approval Date 04/19/2023 Payee: Northern Date(s) o C90fei ce (3/20/2023-3/20/202	If Applicable)	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
se ID Number: CS2		Victim Ir	nitials: M.V.	
aim Payments:				
CL2025-0A42 <u>Approval Date</u> 01/21/2025 Payee: Nuvation <u>Date(s) of Service (</u> 12/5/2024-12/5/202 11/14/2024-11/14/20 7/31/2024-7/31/202	<u>If Applicable)</u> 4)24	<u>Claim Category</u> Mental Health C.	Medical Category (if applicable)	
CL2024-CD7E <u>Approval Date</u> 05/24/2024 Payee: Nuvation <u>Date(s) of Service (</u> 3/14/2024-3/14/202	lf Applicable)	<u>Claim Category</u> Mental Health C.	Medical Category (if applicable)	
CL2024-EF72 <u>Approval Date</u> 03/06/2024 Payee: Nuvation <u>Date(s) of Service (</u> 1/18/2024-1/18/202 1/9/2024-1/9/2024	lf Applicable)	<u>Claim Category</u> Mental Health C.	Medical Category (if applicable)	
CL2024-66FE Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
	AmountPaid		Medical Category (if applicable) 28-6195; 1-800-445-2322	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 01/16/2024 \$20.00 Payee: Nuvation Health Services, P.C. Date(s) of Service (If Applicable) 12/12/2023-12/12/2023 CL2023-8177 AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date Mental Health 10/23/2023 \$80.00 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) \$60.00 Mental Health 09/07/2023 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 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 07/05/2023 \$40.00 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: ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

	North D) akota Crime \	/ictims Compensation		
Claim	Payments: Se	ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM	
OTE: Upon payment approval, 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					
Approval Date 03/13/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 1/31/2023-1/31/2023		dvocacy			
Case ID Number: CS202	3-0D1C	Victim In	nitials: G.K.		
Case Payment Totals: \$28	8.00				
Claim Payments:					
CL2023-2328					
<u>Approval Date</u> 03/13/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern Pla		dvocacy			
<u>Date(s) o Coeteice (If A</u> 2/9/2023-2/9/2023	<u>pplicable)</u>				
Case ID Number: CS202	3-0D99	Victim In	iitials: D.G.		
Case Payment Totals: \$3 ,	107.72				
Claim Payments:					
CL2024-AB05					
Approval Date 05/31/2024	<u>AmountPaid</u> \$3,107.72	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Dakota Child					
Date(s) of Service (If A 5/15/2024-5/15/2024 4/24/2024-4/24/2024 4/3/2024-4/3/2024 3/27/2024-3/27/2024	<u>pplicable)</u>				
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: CS202	3-112B	Victim In	nitials: E.G.		
Case Payment Totals: \$28	8.00				
Claim Payments:					
CL2023-824F					
<u>Approval Date</u> 01/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		

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

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

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 <u>Date(s)</u> of Seterice (If Applicable)

12/21/2022-12/21/2022

Case I	D Num	ber: CS	52023-1	27F

Victim Initials: K.A.

Case Payment Totals: \$288.00

Claim Payments:

CL2024-018C

Approval Date	
01/23/2024	

<u>AmountPaid</u> <u>Claim Category</u> **\$288.00** Medical ren'S Advocacy Center

Medical Category (if applicable) 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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/06/2023	\$288.00	Mental Health	
Payee: Northern Pla	ins Children'S A	dvocacy	

Date(s) of Contract (If Applicable) 10/23/2023-10/23/2023

Case ID Number: CS2023-13A8

Victim Initials: A.L.

Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2023-B6FA				
<u>Approval Date</u> 12/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P	lains Children'S A	dvocacy		
<u>Date(s) oC9010ice (If</u> 7/10/2023-7/10/2023				
				-
Case ID Number: CS20)23-149A	Victim Ir	itials: M.C.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2023-A0BC				
<u>Approval Date</u> 04/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P	lains Children'S A	dvocacy		
Date(s) o Centeic e (If	Applicable)			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2023-14D1		Victim Ini	Victim Initials: H.T.		
Case Payment Totals: \$28	8.00				
Claim Payments:					
CL2024-F7F0					
Approval Date 01/23/2024 Payee: Dakota Child Date(s) of Service (If A 7/12/2023-7/12/2023	\$288.00 ren'S Advocacy Ce	<u>Claim Category</u> Medical enter	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Case ID Number: CS202	3-151F	Victim Ini	tials: L.F.		
Case Payment Totals: \$68	7.23				
Claim Payments:					
CL2025-4E5D					
<u>Approval Date</u> 05/06/2025		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau Tra	uma-Informed Car	re &			
<u>Date(s) oPSærtice,(MA)</u> 4/8/2025-4/8/2025	oplicable)				
CL2024-EE79					
<u>Approval Date</u> 12/23/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau Tra <u>Date(s)</u> o PSectice ,(PfAg 11/14/2024-11/14/2024	uma-Informed Car				
CL2024-7F69					
<u>Approval Date</u> 12/11/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau Tra <u>Date(s)</u> o PSectice,(PflAy 10/29/2024-10/29/2024 10/21/2024-10/21/2024	uma-Informed Car				
CL2024-8FBF					
Approval Date 11/26/2024		<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau Tra <u>Date(s)</u> o PSectice ,(PiA 10/21/2024-10/21/2024	uma-Informed Car				
CL2024-A443					
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)		
ND Crime Victims Compensa PO Box 1898	tion, DOCR		-6195; 1-800-445-2322 pensation@nd.gov		

	North E	Dakota Crime	Victims Compensation	
CI	aim Payments: S	ervice Providers &	& Personal Reimbursements, by Case	07/03/202 1:05:50AM
		7-10 business days f CTRL+F , then ente	or processing and check issuance. ring text to search.	
08/15/2024	\$16.00	Mental Health		
Payee: Decoteau	I Trauma-Informed	Care &		
<u>Date(s)</u> o Psectice , 7/15/2024-7/15/202	(FIAc plicable)			
CL2024-5FF3				
<u>Approval Date</u> 05/31/2024	<u>AmountPaid</u> \$16.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	ہ Trauma-Informed			
Date(s) o PSactice, 5/6/2024-5/6/2024				
CL2024-992B				
Approval Date 05/24/2024	<u>AmountPaid</u> \$16.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	I Trauma-Informed	Care &		
<u>Date(s)</u> o P5actice , 4/22/2024-4/22/202				
CL2024-6A4C				
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
05/17/2024 Payee: Decoteau <u>Date(s)</u> o Psartice, 4/22/2024-4/22/202				
CL2023-667F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/22/2023 Payee: Decoteau Date(s) o P5artice , 11/29/2023-11/29/2		Mental Health Care &		
CL2023-F961				
<u>Approval Date</u> 12/13/2023	<u>AmountPaid</u> \$50.89	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	I Trauma-Informed			
Date(s) oPSectice,				
11/6/2023-11/6/202	23			
10/23/2023-10/23/2	2023			
CL2023-DF04				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/14/2023	\$288.00	Mental Health		
Payee: Northern <u>Date(s)</u> o f Setteic e 8/9/2023-8/9/2023	Plains Children'S A (If Applicable)	λανοςαςγ		

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 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>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date Wage Loss 03/13/2023 \$450.00 Payee: B.B. Case ID Number: CS2023-16FA Victim Initials: M.J. Case Payment Totals: \$759.42 Claim Payments: CL2024-069A AmountPaid Claim Category Approval Date Medical Category (if applicable) 02/02/2024 \$35.70 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coetrice (If Applicable) 11/7/2023-11/7/2023 10/26/2023-10/26/2023 CL2023-C7A0 Approval Date Claim Category Medical Category (if applicable) AmountPaid \$288.00 12/14/2023 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 6/29/2023-6/29/2023 CL2023-6677 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date Mental Health 12/01/2023 \$358.87

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Csetteic**e (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

 Approval Date
 AmountPaid
 Claim Category
 Medical Category (if applicable)

 10/31/2023
 \$76.85
 Mental Health

 Payee:
 Northern Plains Children'S Advocacy

 Date(s) of Coeffice (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> 03/03/2023	<u>AmountPaid</u> \$16.224.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Pavee: Trinity Ho	, ,	Wealed		
Date(s) of Service (•			
9/24/2022-9/24/202	A			

CL2023-C83E

Approval Date 02/17/2023	<u>AmountPaid</u> \$8,775.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Med	ical Group		
Date(s) of Service (If	Applicable)		
1/23/2023-1/23/2023			
10/10/2022-10/10/202	22		
9/24/2022-9/24/2022			
10/3/2022-10/3/2022			
10/21/2022-10/21/20	22		
9/29/2022-9/29/2022			
11/14/2022-11/14/202	22		

Case ID Number: CS2023-18D4

Casa Daymant Tatalay CE 000 00

Victim Initials: B.A.

Payee: Fulkerso	n Funeral Home		
11/14/2023	\$5,000.00	Funeral	
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
CL2023-530A			
Claim Payments:			
Case Payment Iotais.	\$5,000.00		

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 06/08/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 5/4/2023-5/4/2023 Case ID Number: CS2023-1ADE Victim Initials: R.M. Case Payment Totals: \$288.00 Claim Payments: CL2023-D34A Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 02/08/2023 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softeice (If Applicable) 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 AmountPaid Claim Category Approval Date Medical Category (if applicable) 05/20/2025 \$200.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlApplicable) 3/25/2025-3/25/2025 CL2025-64AD AmountPaid Claim Category Medical Category (if applicable) Approval Date 04/07/2025 \$200.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PlApplicable) 2/25/2025-2/25/2025 CL2025-71DA AmountPaid Approval Date Claim Category Medical Category (if applicable) 03/21/2025 \$200.00 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 1/2/2025-1/2/2025

	North D)akota Crime V	Victims Compensation	
Claim	n Payments: Se	ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear	•	-	for processing and check issuance. ring text to search.	
CL2025-0A35				
<u>Approval Date</u> 03/13/2025	<u>AmountPaid</u> \$338.91	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra Date(s) o PSæctice ,(PflA		Care &		
2/17/2025-2/17/2025 1/30/2025-1/30/2025	pplicable)			
CL2025-61A8				
<u>Approval Date</u> 02/13/2025 Payee: Decoteau Tra	AmountPaid \$200.00 auma-Informed (<u>Claim Category</u> Mental Health Care &	Medical Category (if applicable)	
<u>Date(s)</u> o P8actice,(P1A 1/16/2025-1/16/2025				
CL2024-4D8A				
<u>Approval Date</u> 05/24/2024	AmountPaid \$54.13	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o P5actice,(P1A 4/11/2024-4/11/2024		Care &		
CL2024-4F99				
<u>Approval Date</u> 05/10/2024	<u>AmountPaid</u> \$192.38	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		Care &		
<u>Date(s)</u> o PSertice,(PIA 4/4/2024-4/4/2024	<u>oplicable)</u>			
CL2024-FDA6				
<u>Approval Date</u> 04/25/2024	AmountPaid \$130.78	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s) oP5actice,(P1A</u> 3/28/2024-3/28/2024	auma-Informed (
CL2024-F26C				
<u>Approval Date</u> 04/18/2024	<u>AmountPaid</u> \$323.16	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra <u>Date(s)</u> o Psactice,(PIA 3/21/2024-3/21/2024 3/14/2024-3/14/2024		Care &		
CL2024-0DE6				
<u>Approval Date</u> 04/02/2024	<u>AmountPaid</u> \$384.77	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		Care &		
<u>Date(s)</u> o Psectice,(PiA 3/7/2024-3/7/2024 3/1/2024-3/1/2024	<u>pplicable)</u>			

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2024-932C <u>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) 03/26/2024 Mental Health \$426.20 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid 03/18/2024 \$577.15 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflApplicable) 2/20/2024-2/20/2024 2/14/2024-2/14/2024 2/9/2024-2/9/2024 CL2024-57EA Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 02/22/2024 \$192.38 Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlApplicable) 1/25/2024-1/25/2024 **CL2024-CEE9** AmountPaid Claim Category Medical Category (if applicable) Approval Date 02/22/2024 \$192.38 Mental Health Pavee: Decoteau Trauma-Informed Care & Date(s) oPSectice, (PflApplicable) 2/2/2024-2/2/2024 CL2024-97E9 AmountPaid Medical Category (if applicable) Claim Category Approval Date 02/13/2024 \$192.38 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflAc plicable) 1/8/2024-1/8/2024 CL2023-30EF Approval Date AmountPaid Claim Category Medical Category (if applicable) \$181.57 10/05/2023 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PflAc plicable) 8/3/2023-8/3/2023 CL2023-4B89 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Mental Health 09/14/2023 \$596.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPsactice, (PlApplicable) 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 AmountPaid Approval Date Claim Category Medical Category (if applicable) Hospital or Clinic 06/15/2023 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 5/16/2023-5/16/2023 Victim Initials: E.M. Case Payment Totals: \$1,784.42 Claim Payments: CL2023-1CC6 Medical Category (if applicable) Approval Date AmountPaid Claim Category 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 04/13/2023 \$1,040.23 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 Victim Initials: A.L. Case Payment Totals: \$288.00 Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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: CS2023-1F30

Case ID Number: CS2023-2063

Clain	n Payments: Se	ervice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
DTE: Upon payment approv Document can be sea		•	or processing and check issuance. ring text to search.	1.03.30AW
CL2023-ED0C				
<u>Approval Date</u> 10/24/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 9/8/2023-9/8/2023		dvocacy		
ase ID Number: CS202	23-20B7	Victim In	itials: I.P.	
Case Payment Totals: \$5 ,	088.00			
Claim Payments:				
CL2025-D8B5				
Approval Date 03/20/2025	<u>AmountPaid</u> \$3,266.81	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (If A 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 4/8/2024-4/8/2024 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 2/22/2024-2/2/2024 1/26/2024-1/26/2024 1/17/2024-1/17/2024 1/3/2024-1/3/2024	<u>applicable)</u>			
CL2024-30FF Approval Date 05/15/2024 Payee: Dakota Child	<u>AmountPaid</u> \$288.00 Iren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If A</u> 1/19/2024-1/19/2024	<u>Applicable)</u>			
CL2024-0A2C				
Approval Date 01/08/2024	<u>AmountPaid</u> \$1,533.19	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child <u>Date(s) of Service (If A</u> 12/28/2023-12/28/202 12/22/2023-12/22/202 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	Applicable) 3 3 3 3	Center		

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: CS202	3-2159	Victim In	itials: K.S.
Case Payment Totals: \$1,(030.54		
Claim Payments:			
CL2023-7859			
<u>Approval Date</u> 06/18/2023	<u>AmountPaid</u> \$931.06	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If Ap	oplicable)		
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			
Approval Date 03/30/2023	<u>AmountPaid</u> \$99.48	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
<u>Date(s) of Service (If Ar</u> 3/13/2023-3/13/2023	oplicable)		
Case ID Number: CS202		Victim In	itials: A.P.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2023-DD0C			
<u>Approval Date</u> 07/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai			Tiospital of Clinic
Date(s) o Centre ice (If A)		litobuoy	
6/2/2023-6/2/2023			
Case ID Number: CS202	3-22AA	Victim In	itials: B.L.
Case Payment Totals: \$4,2	288.98		
Claim Payments:			
CL2023-3E2F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/27/2023	\$4,288.98	Medical	Hospital or Clinic
Payee: Embrace The	rapy Services		

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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) 1/16/2023-1/16/2023 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

Cas

0/20/2023-0/20/2023				
Case ID Number: CS202	23-232C	Victim In	itials: H.P.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2023-2BBE				
<u>Approval Date</u> 04/13/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	-	Center		
Date(s) of Service (If A 1/18/2023-1/18/2023	<u>Applicable)</u>			
Case ID Number: CS202	23-2492	Victim In	itials: R.E.	
Case Payment Totals: \$6	97.44			
Claim Payments:				
CL2024-9269				
<u>Approval Date</u> 07/10/2024	<u>AmountPaid</u> \$697.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child		Center		
Date(s) of Service (If A	<u>Applicable)</u>			
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: CS202	23-254D	Victim In	itials: C.F.	
Case Payment Totals: \$2	,280.00			
Claim Payments:				
CL2024-3A0E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

Cla			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
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03/05/2024 Payee: C.F.	\$2,280.00	Wage Loss	-	
Case ID Number: CS2	023-272A	Victim Ir	nitials: L.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-C091 <u>Approval Date</u> 01/23/2024 Payee: Dakota Ch <u>Date(s) of Service (</u> 7/7/2023-7/7/2023	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	023-2780	Victim Ir	nitials: L.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-79CE				
Approval Date 03/13/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I <u>Date(s)</u> o C9etteic e (2/14/2023-2/14/202	lf Applicable)	dvocacy		
Case ID Number: CS2	023-2807	Victim Ir	nitials: P.W.	
Case Payment Totals:	\$848.00			
Claim Payments:				
CL2023-56B1				
<u>Approval Date</u> 09/08/2023 Payee: Empowere <u>Date(s) of Service (</u> 9/7/2023-9/7/2023		<u>Claim Category</u> Mental Health a Lorenz	Medical Category (if applicable)	
CL2023-8C1D <u>Approval Date</u> 08/17/2023 Payee: Empowere <u>Date(s) of Service (</u> 8/9/2023-8/9/2023		<u>Claim Category</u> Mental Health a Lorenz	Medical Category (if applicable)	
CL2023-C0E4 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	

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

1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 08/04/2023 \$200.00 Payee: Empowered Therapy By Tara Lorenz Date(s) of Service (If Applicable) 7/13/2023-7/13/2023 CL2023-64AB AmountPaid Medical Category (if applicable) Approval Date Claim Category 03/30/2023 \$288.00 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 06/18/2023 \$777.92 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date \$288.00 Mental Health 04/02/2023 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/17/2023-2/17/2023 Case ID Number: CS2023-2963 Victim Initials: L.K. Case Payment Totals: \$288.00 Claim Payments: CL2024-63D2 AmountPaid Claim Category Medical Category (if applicable) Approval Date 01/23/2024 \$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

Date(s) of Service (If Applicable)

6/14/2023-6/14/2023

07/03/2025

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: CS202	3-29AE	Victim Ir	itials: C.H.
Case Payment Totals: \$8 ,	645.98		
Claim Payments:			
CL2024-7072			
<u>Approval Date</u> 12/03/2024	<u>AmountPaid</u> \$8,645.98	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Alexi <u>Date(s)</u> o Medical) (If A 7/20/2022-7/20/2022	us Health Willist		
Case ID Number: CS202	3-2BFB	Victim Ir	nitials: M.B.
Case Payment Totals: \$4,	800.00		
Claim Payments:			
CL2024-9A1B			
Approval Date 02/12/2024 Payee: M.B.	<u>AmountPaid</u> \$900.00	<u>Claim Category</u> Wage Loss	<u>Medical Category (if applicable)</u>
CL2024-C652 Approval Date 01/04/2024 Payee: M.B.	<u>AmountPaid</u> \$900.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
CL2023-3524 <u>Approval Date</u> 12/18/2023 Payee: M.B.	<u>AmountPaid</u> \$3,000.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
Case ID Number: CS202	3-2C33	Victim Ir	nitials: S.S.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2023-063D			
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla		dvocacy	
<u>Date(s) oC98#@ce (If A</u> 7/10/2023-7/10/2023	pplicable)		

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS202	3-2C8D	Victim In	itials: J.K.
Case Payment Totals: \$84	40.00		
Claim Payments:			
CL2024-E323			
<u>Approval Date</u> 10/22/2024	<u>AmountPaid</u> \$840.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Summit Cour Date(s) of Service (If A 11/15/2023-11/15/2023 11/6/2023-11/6/2023 10/2/2023-10/2/2023	pplicable)		
Case ID Number: CS202	3-2D98	Victim In	itials: H.N.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2023-53F1			
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	-	Center	
<u>Date(s) of Service (If A</u> 11/14/2023-11/14/2023			
Case ID Number: CS202	3-2E20	Victim In	iitials: C.R.
Case Payment Totals: \$3 ,	624.00		
Claim Payments:			
CL2025-1285			
Approval Date 04/25/2025	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Healthier You <u>Date(s)</u> o #307022 (If A 4/14/2025-4/14/2025	-	Counseling	
CL2025-EC45			
<u>Approval Date</u> 04/25/2025	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Healthier You Date(s) o #307022 (If A 3/31/2025-3/31/2025	-	Counseling	
CL2025-1F64			
<u>Approval Date</u> 03/12/2025	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Healthier You <u>Date(s)</u> o #307022 (If A 3/10/2025-3/10/2025	-	Counseling	
ND Crime Victims Compensa PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov

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ND Crime Victims Compo PO Box 1898 Bismarck, ND 58502-189			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 539 o
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
CL2024-3BCB	AmountDaid	Claim Catagory	Medical Category (if applicable)	
Payee: Healthier Date(s) o #397022 9/16/2024-9/16/202		Counseling		
Approval Date 10/09/2024	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-08FB	AmountDaid	Claim Catagory	Modical Catagory (if applicable)	
Payee: Healthier Date(s) o #307022 10/14/2024-10/14/2		Counseling		
10/22/2024	\$192.00	Mental Health		
CL2024-9621 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
Date(s) o #807022 11/11/2024-11/11/2	(If Applicable)			
12/13/2024	\$192.00 You/Landenberger	Mental Health		
CL2024-DEB0 Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
Payee: Healthier <u>Date(s)</u> o #807022 12/9/2024-12/9/202		Counseling		
12/13/2024	\$192.00	Mental Health		
CL2024-94CF Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
Payee: Healthier <u>Date(s)</u> o #807022 12/23/2024-12/23/2		Counseiing		
12/27/2024	\$192.00	Mental Health	Incural Caregoly (II applicable)	
CL2024-04B3 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
Payee: Healthier <u>Date(s)</u> o #897022 1/6/2025-1/6/2025	You/Landenberger (If Applicable)	Counseling		
<u>Approval Date</u> 01/21/2025	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2025-6956				
Date(s) o #807022 2/3/2025-2/3/2025	(If Applicable)			
	\$192.00 You/Landenberger			
Approval Date 02/07/2025	AmountPaid \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2025-2868				

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case				07/03/2025 1:05:50AM
	proval, please allow 7 searched by clicking	-	or processing and check issuance. ring text to search.	
09/17/2024 Payee: Healthie <u>Date(s) o#897022</u> 9/2/2024-9/2/2024		Mental Health Counseling		
CL2024-9CE3 <u>Approval Date</u> 08/21/2024 Payee: Healthie <u>Date(s)</u> o #207022 8/19/2024-8/19/20		<u>Claim Category</u> Mental Health Counseling	Medical Category (if applicable)	
CL2024-2702 <u>Approval Date</u> 08/15/2024 Payee: Healthie <u>Date(s) o#807022</u> 7/22/2024-7/22/20		<u>Claim Category</u> Mental Health Counseling	Medical Category (if applicable)	
CL2024-062B <u>Approval Date</u> 07/30/2024 Payee: Healthie <u>Date(s) o#207022</u> 7/8/2024-7/8/2024		<u>Claim Category</u> Mental Health Counseling	Medical Category (if applicable)	
CL2024-7204	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Approval Date 07/30/2024 Payee: Healthie Date(s) o #207022 6/24/2024-6/24/20	\$192.00 r You/Landenberger (If Applicable)			
07/30/2024 Payee: Healthie Date(s) o#807022 6/24/2024-6/24/20 CL2024-3D0A Approval Date 06/24/2024	\$192.00 r You/Landenberger (If Applicable) 24 <u>AmountPaid</u> \$192.00 r You/Landenberger (If Applicable)	Counseling Claim Category Mental Health	Medical Category (if applicable)	
07/30/2024 Payee: Healthie <u>Date(s)</u> o#207022 6/24/2024-6/24/20 CL2024-3D0A <u>Approval Date</u> 06/24/2024 Payee: Healthie <u>Date(s)</u> o#207022	\$192.00 r You/Landenberger (If Applicable) 24 <u>AmountPaid</u> \$192.00 r You/Landenberger (If Applicable) 24 <u>AmountPaid</u> \$184.00 punseling (If Applicable)	Counseling Claim Category Mental Health	Medical Category (if applicable) Medical Category (if applicable)	

Bismarck, ND 58502-1898

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

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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

L2023-00FA			
<u>Approval Date</u> 12/19/2023	<u>AmountPaid</u> \$4.671.18	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Childi	ren'S Advocacy	Center	
Date(s) of Service (If Ap	oplicable)		
10/24/2023-10/24/2023	1		
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

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/23/2023	\$4,216.00	Medical	Hospital or Clinic
Payee: Altru Hea	Ith System		
Date(s) of Service	(If Applicable)		
1/20/2023-1/20/202	23		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS20)23-31C5	Victim Ir	itials: S.F.
Case Payment Totals: \$2	288.00		
Claim Payments:			
CL2023-5249			
<u>Approval Date</u> 02/07/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern P <u>Date(s)</u> o C9eteic e (If 1/9/2023-1/9/2023		dvocacy	
Case ID Number: CS20)23-33AF	Victim Ir	nitials: L.M.
Case Payment Totals: \$	1,098.12		
Claim Payments:			
CL2024-4F45			
<u>Approval Date</u> 01/04/2024	<u>AmountPaid</u> \$74.45	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern P	lains Children'S A	dvocacy	
<u>Date(s)</u> o C≎enteic e (lf 10/6/2023-10/6/2023 9/28/2023-9/28/2023			
CL2023-467D			
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$111.67	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern P	lains Children'S A	dvocacy	
Date(s) o Coeffec (If 9/15/2023-9/15/2023 9/7/2023-9/7/2023 8/3/2023-8/3/2023			
CL2023-EF3E			
Approval Date 09/20/2023	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern P	lains Children'S A	dvocacy	
<u>Date(s)</u> o Centraic e (If 7/20/2023-7/20/2023			
CL2023-D976			
Approval Date 07/18/2023	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern P	lains Children'S A	dvocacy	
<u>Date(s)</u> o C≎enteic e (lf 6/15/2023-6/15/2023 6/8/2023-6/8/2023			
6/2/2023-6/2/2023			

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

CI			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment app Document can be s	1:05:50AM			
CL2023-765D				
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Date(s) of Geteice (5/22/2023-5/22/202		dvocacy		
Case ID Number: CS2	2023-347C	Victim Ir	nitials: M.G.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-DE3F				
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Date(s) o C9010 5/23/2023-5/23/202	Plains Children'S A	dvocacy		
Case ID Number: CS2	2023-3604	Victim Ir	nitials: M.S.	
Case Payment Totals:	\$10 264 34			
Claim Payments:	•·•,=•··•·			
-				
CL2025-C346 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/04/2025	\$374.02	Medical	Hospital or Clinic	
Payee: Tioga Me <u>Date(s) of Service (</u> 5/30/2023-5/30/202	If Applicable)			
CL2025-A5D3				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/01/2025	\$4,904.32	Medical	Hospital or Clinic	
Payee. 110ga Fire <u>Date(s) o 59erives (</u> 5/29/2023-5/30/202		bulance		
CL2025-CB5E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
04/25/2025 Payee: Tioga Me	\$1,476.00 dical Center	Medical	Hospital or Clinic	
<u>Date(s) of Service (</u> 5/29/2023-5/30/202	(If Applicable)			
CL2025-B19D Approval Date 04/07/2025	<u>AmountPaid</u> \$2,460.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Tioga Me		medical		
<u>Date(s) of Service (</u> 5/29/2023-5/30/202	If Applicable)			
ND Crime Victims Compe	ensation, DOCR	. ,	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRco</u>	mpensation@nd.gov	Page 5/3 of

PO Box 1898 Bismarck, ND 58502-1898

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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-C31E AmountPaid Approval Date Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 04/19/2023 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softence (If Applicable) 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 Claim Category AmountPaid Medical Category (if applicable) Approval Date 03/30/2023 \$494.96 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 3/4/2023-3/4/2023 2/21/2023-2/21/2023 2/14/2023-2/14/2023 CL2023-FA5D AmountPaid Claim Category Medical Category (if applicable) Approval Date 03/21/2023 \$1.951.31 Mental Health Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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: CS2023-38B0 Victim Initials: A.M. Case Payment Totals: \$288.00 Claim Payments: CL2023-8118 <u>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 09/14/2023 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 8/7/2023-8/7/2023 Victim Initials: H.M. Case ID Number: CS2023-3906 Case Payment Totals: \$288.00 Claim Payments: CL2024-5B88 Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 01/23/2024 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/18/2023-12/18/2023 Case ID Number: CS2023-3939 Victim Initials: J.A. Case Payment Totals: \$288.00 Claim Payments: CL2023-D68D Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/06/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 5/4/2023-5/4/2023 Case ID Number: CS2023-3A2B Victim Initials: K.L. Case Payment Totals: \$288.00 Claim Payments: CL2023-E809 AmountPaid Claim Category Medical Category (if applicable) Approval Date 06/08/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 5/15/2023-5/15/2023

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.

ise ib Number. 0020	023-3A82	Victim Ir	nitials: K.M.
ase Payment Totals: \$	2,064.00		
laim Payments:			
CL2024-0F31			
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$576.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern P <u>Date(s)</u> o CSetteic e (If 3/27/2024-3/27/2024 3/20/2024-3/20/2024 3/13/2024-3/13/2024 3/6/2024-3/6/2024	f Applicable)	dvocacy	
CL2024-3E53	AmountDaid	Claim Catagory	Madical Catagory (if applicable)
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$576.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) o Coenteice (If 2/21/2024-2/21/2024 2/14/2024-2/14/2024 2/7/2024-2/7/2024 2/1/2024-2/1/2024	Ļ		
CL2024-C56B Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/08/2024 Payee: Northern P Date(s) o C3exteic e (If 12/19/2023-12/19/20 12/13/2023-12/13/20 12/6/2023-12/6/2023	<u>f Applicable)</u> 23 23	Mental Health dvocacy	
CL2024-5131			
Approval Date 01/04/2024 Payee: Northern P Date(s) of Setterce (If 11/28/2023-11/28/20	Applicable)	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>
CL2023-E489			
<u>Approval Date</u> 09/14/2023 Payee: Northern P	AmountPaid \$288.00 Plains Children'S A	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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: CS2023-3C56 Victim Initials: K.L. Case Payment Totals: \$288.00 Claim Payments: CL2023-934F Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 06/06/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 5/15/2023-5/15/2023 Case ID Number: CS2023-3D23 Victim Initials: D.A. Case Payment Totals: \$288.00 Claim Payments: CL2023-C802 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 03/30/2023 \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/26/2023-1/26/2023 Case ID Number: CS2023-40B8 Victim Initials: B.W. Case Payment Totals: \$288.00 Claim Payments: CL2023-C56A Claim Category Approval Date AmountPaid Medical Category (if applicable) 03/13/2023 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeteice (If Applicable) 2/23/2023-2/23/2023 Case ID Number: CS2023-4380 Victim Initials: X.S. Case Payment Totals: \$288.00 Claim Payments: CL2023-207C 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 Contract (If Applicable) 7/31/2023-7/31/2023

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: CS202	3-4458	Victim In	iitials: A.W.
Case Payment Totals: \$28	88.00		
Claim Payments:			
CL2023-1EEB			
<u>Approval Date</u> 07/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ins Children'S A	dvocacy	
<u>Date(s)</u> o C90teic e (If A 6/20/2023-6/20/2023	pplicable)		
Case ID Number: CS202	3-4666	Victim In	iitials: J.Q.
Case Payment Totals: \$28	88.00		
Claim Payments:			
CL2024-C06B			
<u>Approval Date</u> 01/09/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	ren'S Advocacy	Center	
<u>Date(s) of Service (If A</u> 7/13/2023-7/13/2023	pplicable)		
Case ID Number: CS202	3-46AF	Victim In	nitials: J.S.
Case Payment Totals: \$31	7.60		
Claim Payments:			
CL2023-D5FF			
<u>Approval Date</u> 09/28/2023	<u>AmountPaid</u> \$317.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Rural Psychi	atry Associates	(R.P.A.)	
Date(s) of Service (If A 9/22/2023-9/22/2023	pplicable)		
Case ID Number: CS202	3-46E4	Victim In	nitials: T.H.
Case Payment Totals: \$60	01.20		
Claim Payments:			
CL2023-96C7			
Approval Date 02/28/2023	<u>AmountPaid</u> \$601.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: T.H.			
<u>Date(s) of Service (If A</u> 8/30/2022-8/31/2022	pplicable)		

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS2	023-47BE	Victim Ir	nitials: L.K.
Case Payment Totals: \$	3,839.12		
Claim Payments:			
CL2024-E1B1			
<u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$96.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Villag <u>Date(s) of Service (1</u> 8/19/2024-8/19/2024	e Family Service C f Applicable)		
CL2024-65FE	T		
Approval Date 10/03/2024 Payee: The Villag	<u>AmountPaid</u> \$806.71 e Family Service C	<u>Claim Category</u> Mental Health enter	Medical Category (if applicable)
Date(s) of Service (1 8/5/2024-8/5/2024 7/25/2024-7/25/2024 7/10/2024-7/10/2024 3/7/2024-3/7/2024	4		
CL2024-9607			
Approval Date 08/15/2024 Payee: The Villag Date(s) of Service (1 6/13/2024-6/13/2024 5/31/2024-5/31/2024	<u>f Applicable)</u> 4	<u>Claim Category</u> Mental Health enter	<u>Medical Category (if applicable)</u>
CL2024-93E6			
<u>Approval Date</u> 06/24/2024 Payee: The Villag <u>Date(s) of Service (1</u> 5/6/2024-5/6/2024	-	<u>Claim Category</u> Mental Health enter	<u>Medical Category (if applicable)</u>
CL2024-D898			
Approval Date 06/18/2024	<u>AmountPaid</u> \$261.55	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Villag <u>Date(s) of Service (1</u> 4/2/2024-4/2/2024 3/19/2024-3/19/2024	e Family Service C f Applicable)		
CL2024-ECDF			
<u>Approval Date</u> 03/26/2024	<u>AmountPaid</u> \$130.78	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Villag	-	enter	
Date(s) of Service (I	<u>f Applicable)</u> 1		

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2024-9A6F **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 03/05/2024 Mental Health \$130.78 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 1/29/2024-1/29/2024 CL2024-70E2 AmountPaid Claim Category Medical Category (if applicable) Approval Date 02/06/2024 \$130.78 Mental Health Payee: The Village Family Service Center Date(s) of Service (If Applicable) 1/15/2024-1/15/2024 CL2024-9EE5 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/26/2024 \$384.77 Mental Health Payee: The Village Family Service Center Date(s) of Service (If Applicable) 9/14/2023-9/14/2023 8/31/2023-8/31/2023 CL2023-5A4B Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 12/11/2023 \$151.41 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 9/25/2023-9/25/2023 CL2023-37C5 AmountPaid Claim Category Medical Category (if applicable) Approval Date \$577.15 Mental Health 09/06/2023 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 8/14/2023-8/14/2023 8/7/2023-8/7/2023 7/25/2023-7/25/2023 CL2023-ED33 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/03/2023 \$386.44 Mental Health Payee: The Village Family Service Center Date(s) of Service (If Applicable) 7/10/2023-7/10/2023 6/26/2023-6/26/2023 CL2023-E345 **AmountPaid** Claim Category Approval Date Medical Category (if applicable) Mental Health 08/02/2023 \$230.11 Payee: The Village Family Service Center Date(s) of Service (If Applicable) 5/30/2023-5/30/2023 ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	23-47CC	Victim In	nitials: B.Z.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2023-2BDA <u>Approval Date</u> 03/13/2023 Payee: Northern Pla <u>Date(s) of Senterce (If A</u> 1/30/2023-1/30/2023		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)
Case ID Number: CS202	23-4888	Victim In	nitials: M.H.
Case Payment Totals: \$7,	000.00		
Claim Payments:			
CL2024-8D35			
<u>Approval Date</u> 10/30/2024	<u>AmountPaid</u> \$528.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla		dvocacy	
Date(s) o Centric e (If A 8/29/2024-8/29/2024 7/22/2024-7/22/2024 7/19/2024-7/19/2024 7/3/2024-7/3/2024	<u>, , , , , , , , , , , , , , , , , , , </u>		
CL2024-7EE5			
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Centraic e (If A 6/28/2024-6/28/2024 6/13/2024-6/13/2024		dvocacy	
CL2024-1089			
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla <u>Date(s)</u> o Centeice (If A 5/23/2024-5/23/2024 5/13/2024-5/13/2024 5/7/2024-5/7/2024		dvocacy	
CL2024-7CBC			
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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 Contract (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> 05/15/2024	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai	ns Children'S A	dvocacy	
Date(s) o C&enteic e (If Ap 3/26/2024-3/26/2024 3/12/2024-3/12/2024	oplicable)		
CL2024-AA16			
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$672.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai	ns Children'S A	dvocacy	
Date(s) o Coenteic e (If Ap 2/21/2024-2/21/2024 2/13/2024-2/13/2024 2/5/2024-2/5/2024 2/1/2024-2/1/2024	oplicable)		
CL2024-A83F			
<u>Approval Date</u> 03/20/2024	<u>AmountPaid</u> \$624.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai	ns Children'S A	dvocacy	
Date(s) o Coerte ice (If Ap 1/22/2024-1/22/2024 1/18/2024-1/18/2024 1/9/2024-1/9/2024 1/5/2024-1/5/2024	oplicable)		
CL2024-1C09			
<u>Approval Date</u> 01/29/2024	<u>AmountPaid</u> \$624.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Centerce (If Ap 12/18/2023-12/18/2023 12/11/2023-12/11/2023 12/7/2023-12/7/2023 12/1/2023-12/1/2023	oplicable)	dvocacy	
CL2024-4B61			
Approval Date 01/04/2024 Payee: Northern Plain Date(s) o Cset aice (If Ap 11/21/2023-11/21/2023 11/7/2023-11/2/2023 11/2/2023-11/2/2023		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)
) Crime Victims Compensa	tion, DOCR	, ,	8-6195; 1-800-445-2322

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 12/01/2023 Mental Health \$480.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 10/19/2023-10/19/2023 10/12/2023-10/12/2023 10/3/2023-10/3/2023 CL2023-324F AmountPaid Approval Date Claim Category Medical Category (if applicable) 11/22/2023 \$227.10 Travel Payee: K.B. CL2023-E2F7 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/31/2023 \$672.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 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>Amount</u>Paid Medical Category (if applicable) Approval Date Claim Category 10/10/2023 \$772.90 Travel Payee: K.B. CL2023-0D93 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 03/13/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 2/22/2023-2/22/2023 Case ID Number: CS2023-4C29 Victim Initials: K.S. Case Payment Totals: \$288.00 Claim Payments: CL2023-4A7B Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/06/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gentrice (If Applicable) 5/23/2023-5/23/2023 ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	3-4C96	Victim In	itials: B.R.	
Case Payment Totals: \$5,	800.00			
Claim Payments:				
CL2023-5E6D				
<u>Approval Date</u> 08/24/2023	<u>AmountPaid</u> \$85.46	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		are &		
<u>Date(s)</u> o PSæctrice,(Pfl& 7/26/2023-7/26/2023	pplicable)			
CL2023-E708				
<u>Approval Date</u> 08/17/2023	<u>AmountPaid</u> \$94.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		are &		
<u>Date(s)</u> o PService,(P1A 7/12/2023-7/12/2023	pplicable)			
CL2023-1EF3				
<u>Approval Date</u> 08/02/2023	<u>AmountPaid</u> \$1,000.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		are &		
<u>Date(s)</u> o P5actice,(P1A 6/13/2023-6/13/2023	pplicable)			
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				
Approval Date 08/02/2023	<u>AmountPaid</u> \$94.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra				
<u>Date(s)</u> o P5actice,(P1A 6/23/2023-6/23/2023	plicable)			
CL2023-5970				
<u>Approval Date</u> 08/02/2023	<u>AmountPaid</u> \$94.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra	• • • •	are &		
<u>Date(s)</u> o PSectice,(MA 7/7/2023-7/7/2023	pplicable)			
CL2023-A3FB				
<u>Approval Date</u> 07/24/2023	<u>AmountPaid</u> \$66.10	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau Tra		Care &		
<u>Date(s)</u> o PSactice, (P1A 6/30/2023-6/30/2023	pplicable)			
ND Crime Victims Compensa	ation, DOCR	• •	3-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcon	npensation@nd gov	

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

07/03/2025 1:05:50AM

725

NOTE: Upon payment approval, 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> 06/29/2023	<u>AmountPaid</u> \$94.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	oteau Trauma-Informed tice,(MApplicable) 4/2023	Care &		
CL2023-7072				
<u>Approval Date</u> 06/21/2023	<u>AmountPaid</u> \$94.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	oteau Trauma-Informed t ice ,(fflAo plicable) 2023	Care &		
CL2023-2EB7				
<u>Approval Date</u> 06/19/2023	<u>AmountPaid</u> \$574.44	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) o P3ac 5/31/2023-5/3 5/26/2023-5/2 5/17/2023-5/1 5/10/2023-5/1 5/3/2023-5/3/2	6/2023 7/2023 0/2023			
CL2023-69AE Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/09/2023	\$376.00	Mental Health		
		Care &		
CL2023-76D2				
<u>Approval Date</u> 05/17/2023	<u>AmountPaid</u> \$376.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
=		Care &		
CL2023-EB1E				
<u>Approval Date</u> 04/19/2023	<u>AmountPaid</u> \$188.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
-	oteau Trauma-Informed (t ice,(fflAo plicable) 9/2023	Care &		
CL2023-6BFC Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
	Compensation, DOCR	• •	8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 5850	2-1898	Email: <u>DOCRco</u> l	mpensation@nd.gov	Page 555 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.

		0
04/05/2023	\$2,664.00	Mental Health
Payee: Decoteau T	rauma-Informe	d Care &
Date(s) oPsectice, (Pil)	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		

23-5074	Victim Ir	nitials: K.K.	
4,909.08			
AmountPaid \$109.08 Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>AmountPaid</u> \$4,800.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
)23-519C	Victim Ir	nitials: P.C.	
288.00			
<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
+		Hospital or Clinic	
	dvocacy		
<u>Applicable)</u>			
	4,909.08 <u>AmountPaid</u> \$109.08 <u>Applicable</u>) <u>AmountPaid</u> \$4,800.00 23-519C 288.00 <u>AmountPaid</u> \$288.00 Jains Children'S A <u>Applicable</u>)	4,909.08 AmountPaid \$109.08 Claim Category Medical Applicable) Medical AmountPaid \$4,800.00 Claim Category Wage Loss V23-519C Victim Ir 288.00 Medical AmountPaid \$288.00 Claim Category Medical AmountPaid \$288.00 Claim Category Medical AmountPaid \$288.00 Claim Category Medical AmountPaid \$288.00 Claim Category Medical	4,909.08 AmountPaid \$109.08 Claim Category Medical Medical Category (if applicable) Hospital or Clinic Applicable) AmountPaid \$4,800.00 Claim Category Wage Loss Medical Category (if applicable) Wage Loss 23-519C Victim Initials: P.C. 288.00 Medical Claim Category Medical AmountPaid \$288.00 Claim Category Medical Medical Category (if applicable) Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS202	23-537F	Victim In	itials: M.M.	
Case Payment Totals: \$1,	872.00			
Claim Payments:				
CL2023-E51F				
<u>Approval Date</u> 10/31/2023	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 9/27/2023-9/27/2023 9/12/2023-9/12/2023		dvocacy		
CL2023-55F6				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Centeice (If A 8/2/2023-8/2/2023 7/25/2023-7/25/2023 7/19/2023-7/19/2023		dvocacy		
CL2023-D806				
<u>Approval Date</u> 07/18/2023 Payee: Northern Pla	<u>AmountPaid</u> \$432.00 iins Children'S A	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
Date(s) o Csetteic e (If A 6/26/2023-6/26/2023 6/14/2023-6/14/2023	<u>applicable)</u>	-		
6/8/2023-6/8/2023				
CL2023-E994				
<u>Approval Date</u> 06/08/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o Cseteic e (If A 5/26/2023-5/26/2023 5/19/2023-5/19/2023		dvocacy		
CL2023-1AC8				
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 4/17/2023-4/17/2023		dvocacy		
Case ID Number: CS202	23-5395	Victim In	itials: N.B.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
ND Crime Victims Compens PO Box 1898	ation, DOCR	• •	3-6195; 1-800-445-2322 npensation@nd.gov	D 557 (5

	North D	akota Crime \	/ictims Compensation	
Cla			Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	roval, please allow 7 earched by clicking		or processing and check issuance. ring text to search.	1.03.30410
CL2023-538F				
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o Centeic e (4/12/2023-4/12/202		dvocacy		
Case ID Number: CS2	023-53DD	Victim In	itials: L.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-B057				
Approval Date 06/08/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o Center ce (5/15/2023-5/15/202		dvocacy	•	
Case ID Number: CS2	023-5407	Victim In	nitials: M.W.	
Case Payment Totals:	\$560.00			
Claim Payments:				
CL2023-7272				
<u>Approval Date</u> 09/08/2023	<u>AmountPaid</u> \$160.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Empower d <u>Date(s) of Service (</u> 9/7/2023-9/7/2023	ed Therapy By Tara If Applicable)	Lorenz		
CI 2022 8000				
CL2023-8009 <u>Approval Date</u> 08/17/2023 Payee: Empower	<u>AmountPaid</u> \$200.00 ed Therapy By Tara	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Date(s) of Service (8/9/2023-8/9/2023				
CL2023-87B6				
<u>Approval Date</u> 08/04/2023 Payee: Empower <u>Date(s) of Service (</u> 7/13/2023-7/13/202		<u>Claim Category</u> Mental Health Lorenz	Medical Category (if applicable)	
Case ID Number: CS2	023-565F	Victim In	iitials: J.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe PO Box 1898	nsation, DOCR	· · ·	8-6195; 1-800-445-2322 npensation@nd.gov	

Bismarck, ND 58502-1898

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	North D	akota Crime V	Victims Compensation	
Cla	im Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	-	•	for processing and check issuance. ring text to search.	
CL2023-9A1B				
<u>Approval Date</u> 01/02/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P <u>Date(s)</u> o C9et@c e (I 11/30/2023-11/30/20	f Applicable)	dvocacy		
Case ID Number: CS20	023-58CD	Victim Ir	nitials: A.P.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2023-3B50				
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P	lains Children'S A	dvocacy		
<u>Date(s)</u> o Ceetraic e (II 8/10/2023-8/10/2023				
Case ID Number: CS20	023-59C5	Victim Ir	nitials: M.M.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2023-5834				
<u>Approval Date</u> 01/02/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P				
<u>Date(s)</u> o C3eteic e (l 11/1/2023-11/1/2023				
Case ID Number: CS20	023-5A06	Victim Ir	nitials: A.M.	
Case Payment Totals: \$	2,750.05			
Claim Payments:				
CL2023-2B2F				
<u>Approval Date</u> 06/18/2023 Payee: Dakota Ch	AmountPaid \$1,985.09	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
i ayee. Danula Uli		Contor		

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

NOTE: Upon payment approval, 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 3/23/2023-3/2023 3/16/2023-3/16/2023 3/9/2023-3/9/2023 3/2/2023-3/2/2023

CL2023-9B49

<u>Approval Date</u> 05/03/2023	<u>AmountPaid</u> \$764.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Ch	nildren'S Advocacy	Center	
Date(s) of Service (<u> </u>		
2/23/2023-2/23/202	-		
2/16/2023-2/16/202	3		
2/8/2023-2/8/2023			
2/3/2023-2/3/2023			
	000 5400	Vietine In	itiala: D.C.
Case ID Number: CS2	UZ3-5A29	victim in	iitials: D.G.
Case Payment Totals:	\$4,653.96		
Claim Payments:			

CL2025-9002

CL2023-9002				
<u>Approval Date</u> 05/20/2025	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	u Trauma-Informed ا			
,		Care a		
Date(s) oPsactice, 4/7/2025-4/7/2025	· · · · · · · · · · · · · · · · · · ·			
4/1/2023-4/1/2023				
CL2025-F985				
<u>Approval Date</u> 04/07/2025	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Pavee: Decotea	u Trauma-Informed	Care &		
Date(s) oPservice				
2/26/2025-2/26/20				
CL2025-1E44				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/21/2025	\$200.00	Mental Health		
Payee: Decotea	u Trauma-Informed	Care &		
Date(s) oPSectice	(Plac plicable)			
1/15/2025-1/15/20	25			
CL2024-97CF				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
<u>, prova Dato</u>	<u>, mount alu</u>	<u>olaini outogoly</u>		
ID Crime Victims Comp	ensation DOCP	Phone: (701) 32	8-6195: 1-800-445-2322	
PO Box 1898		()	mpensation@nd.gov	
0 00% 1090		Email. DOCRCO	mpensauon(@nu.gov	Page 560 of

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/17/2024 \$192.38 Payee: Decoteau Trauma-Informed Care & Date(s) oPsactice, (PlApplicable) 4/2/2024-4/2/2024 CL2024-DA08 AmountPaid Claim Category Medical Category (if applicable) Approval Date 05/10/2024 \$35.44 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PflAc plicable) 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) oPservice, (PlApplicable) 3/26/2024-3/26/2024 CL2024-7C43 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$577.15 Mental Health 04/02/2024 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 3/12/2024-3/12/2024 3/5/2024-3/5/2024 2/26/2024-2/26/2024 CL2024-224B Medical Category (if applicable) Approval Date <u>AmountPaid</u> Claim Category \$478.40 Mental Health 03/26/2024 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) oPsectice, (PlApplicable) 2/20/2024-2/20/2024 2/13/2024-2/13/2024 2/6/2024-2/6/2024 CL2024-2960 Medical Category (if applicable) Approval Date AmountPaid Claim Category 02/22/2024 \$384.77 Mental Health

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

Pavee: Decoteau	I Trauma-Informed	Care &	5	
Date(s) o Psactice ,				
1/30/2024-1/30/202				
1/23/2024-1/23/202	24			
CL2024-D92D				
<u>Approval Date</u> 01/24/2024	<u>AmountPaid</u> \$192.38	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau	I Trauma-Informed	Care &		
<u>Date(s)</u> o P5actice, 1/2/2024-1/2/2024	(PilAp plicable)			
CL2023-8EA5				
<u>Approval Date</u> 11/08/2023	<u>AmountPaid</u> \$133.58	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau	I Trauma-Informed	Care &		
<u>Date(s)</u> o Pservice, 10/19/2023-10/19/2 10/5/2023-10/5/202	2023			
CL2023-B325				
<u>Approval Date</u> 10/27/2023	<u>AmountPaid</u> \$188.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau	I Trauma-Informed	Care &		
<u>Date(s)</u> o P5actice, 9/26/2023-9/26/202				
CL2023-81A5				
<u>Approval Date</u> 10/12/2023	<u>AmountPaid</u> \$188.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau <u>Date(s)</u> o PSertice, 8/28/2023-8/28/202	· · · · · · · · · · · · · · · · · · ·	Care &		
CL2023-67E4				
<u>Approval Date</u> 10/05/2023	<u>AmountPaid</u> \$188.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau	I Trauma-Informed	Care &		
<u>Date(s)</u> o PSertice , 8/10/2023-8/10/202				
CL2023-4092				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/27/2023	\$130.33	Mental Health		
Payee: Decoteau <u>Date(s)</u> o P&actice, 8/17/2023-8/17/202	· · · · · · · · · · · · · · · · · · ·	Care &		
CL2023-3FA9				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
O Crime Victims Comp	ensation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
D Box 1898			mpensation@nd.gov	D

Bismarck, ND 58502-1898

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 09/14/2023 \$596.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PflApplicable) 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 AmountPaid Approval Date Claim Category Medical Category (if applicable) Wage Loss 01/04/2024 \$3,600.00 Payee: M.N. Case ID Number: CS2023-5B51 Victim Initials: J.T. Case Payment Totals: \$288.00 Claim Payments: CL2023-A089 Medical Category (if applicable) Approval Date AmountPaid Claim Category 12/18/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (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 Contract (If Applicable) 2/14/2023-2/14/2023 Victim Initials: A.G. Case ID Number: CS2023-5BFD Case Payment Totals: \$2,132.05 Claim Payments: CL2024-9F46 Approval Date AmountPaid Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Mental Health \$256.51

Payee: Dakota Children'S Advocacy Center

Date(s) of Service (If Applicable) 12/19/2023-12/19/2023

CL2023-57B3

AmountPaid Approval Date 11/07/2023 \$1,587.54

Claim Category Mental Health

Medical Category (if applicable)

Medical Category (if applicable)

Hospital or Clinic

Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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> 06/08/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Dakota C	hildren'S Advocacy	Center			
Date(s) of Service (If Applicable)					
4/12/2023-4/12/202	23				

AmountPaid

\$288.00

Case ID Number: CS2023-5C7E

Victim Initials: C.W.

Case Payment Totals: \$288.00

Claim Payments:

CL2023-A130

Approval Date 01/02/2024 Payee: Northern Plains Children'S Advocacy

Date(s) of Genterce (If Applicable)

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

AmountPaid Claim Category Medical Category (if applicable) Approval Date 05/01/2023 \$5,000.00 Funeral Payee: Frank Family Funeral Home

Claim Category

Medical

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

se ID Number: CS202	3-60D1	Victim Ir	nitials: J.J.
ase Payment Totals: \$1 ,0	085.95		
laim Payments:			
CL2023-FC69			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/05/2023	\$1,085.95	Mental Health	
Payee: Connect Us	Therapy		
Date(s) of Service (If A	pplicable)		
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	2		
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 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 04/02/2023 \$288.00 Mental Health Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/13/2023-2/13/2023 Victim Initials: M.P. Case ID Number: CS2023-6230 Case Payment Totals: \$288.00 Claim Payments: CL2023-789E Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 12/14/2023 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softeice (If Applicable) 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 AmountPaid Approval Date Claim Category Medical Category (if applicable) 10/03/2023 \$1,241.93 Medical Hospital or Clinic Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 10/25/2022-10/27/2022 10/2/2022-10/2/2022 11/15/2022-11/15/2022 CL2023-B996 Approval Date AmountPaid Claim Category Medical Category (if applicable) 04/13/2023 \$1,241.93 Medical Hospital or Clinic Payee: Chi St. Alexius Date(s) of Service (If Applicable) 11/15/2022-11/15/2022 10/2/2022-10/2/2022 10/25/2022-10/27/2022 CL2023-2AF0 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u>

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$9,844.92 Medical Hospital or Clinic 03/15/2023 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date \$12,500.00 Medical Hospital or Clinic 07/28/2023 Payee: Trinity Hospital Date(s) of Service (If Applicable) 2/4/2023-2/4/2023 Case ID Number: CS2023-639F Victim Initials: K.P. Case Payment Totals: \$288.00 Claim Payments: CL2023-8DBD Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/02/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 11/2/2023-11/2/2023 Case ID Number: CS2023-6450 Victim Initials: K.W. Case Payment Totals: \$288.00 Claim Payments: CL2023-5A41 AmountPaid Claim Category Medical Category (if applicable) Approval Date 07/14/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 5/30/2023-5/30/2023 Case ID Number: CS2023-64BC Victim Initials: O.M. Case Payment Totals: \$366.66 Claim Payments: CL2023-82E9 AmountPaid Claim Category Medical Category (if applicable) Approval Date ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

	-		& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be set	for processing and check issuance. ring text to search.			
12/01/2023	\$78.66	Mental Health		
Payee: Northern PI <u>Date(s)</u> o Coete 9/28/2023-9/28/2023 9/15/2023-9/15/2023		dvocacy		
CL2023-D6F4				
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl <u>Date(s)</u> o Cepterc e (If 5/30/2023-5/30/2023		dvocacy		
Case ID Number: CS20	23-68AC	Victim Ir	nitials: N.W.	
Case Payment Totals: \$4	1,800.00			
Claim Payments:				
CL2023-13AB				
<u>Approval Date</u> 08/23/2023	<u>AmountPaid</u> \$4,800.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Payee: N.W.				
Case ID Number: CS20	23-6926	Victim Ir	nitials: W.L.	
Case Payment Totals: \$9	975.56			
Claim Payments:				
CL2024-39F3 <u>Approval Date</u> 05/08/2024 Payee: Dakota Chil <u>Date(s) of Service (If</u>	-	<u>Claim Category</u> Mental Health Center	Medical Category (if applicable)	
2/9/2024-2/9/2024				
CL2024-DF17				
<u>Approval Date</u> 01/04/2024	AmountPaid \$51.29	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pl <u>Date(s)</u> o Coeter 11/16/2023-11/16/202 11/8/2023-11/8/2023	Applicable)	dvocacy		
CL2023-E1BF				
<u>Approval Date</u> 12/01/2023	AmountPaid \$465.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Cservice** (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	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
09/20/2023	\$57.60	Mental Health			
Payee: Northern Plains Children'S Advocacy					
Date(s) o Centraice (If Applicable)					
6/23/2023-6/23/2023	3				

CL2023-BE8F

<u>Approval Date</u> 01/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Northern Plains Children'S Advocacy					
<u>Date(s) oC991(eice (If</u> A 12/19/2022-12/19/202					

Case ID Number: CS2023-6D28

Victim Initials: L.B.

Case Payment Totals: \$1,250.90

Claim Payments:

CL2024-7F77

<u>Approval Date</u> 01/12/2024	<u>AmountPaid</u> \$350.16	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Robertson	n Counseling Llc		
Date(s) of Service (If Applicable)		
9/4/2023-9/4/2023			
8/28/2023-8/28/202	3		
CL2023-7651			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/01/2023	\$192.00	Mental Health	
Payee: Robertson	n Counseling Llc		
Date(s) of Service (If Applicable)		
	3		

<u>Approval Date</u> 09/12/2023	<u>AmountPaid</u> \$420.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Robertso	n Counseling Llc		
<u>Date(s) of Service (</u> 8/7/2023-8/7/2023	(If Applicable)		
7/31/2023-7/31/202	23		
CL2023-75BB			

Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
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Phone: (701)-328-6195; 1-800-445-2322 Email: <u>DOCRcompensation@nd.gov</u>

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 06/06/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 5/23/2023-5/23/2023 Victim Initials: M.L. Case ID Number: CS2023-6D6E Case Payment Totals: \$4,029.60 Claim Payments: CL2023-83F4 Claim Category Approval Date AmountPaid Medical Category (if applicable) 06/12/2023 \$3,410.00 Funeral Payee: C.T. CL2023-B85E Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 06/12/2023 \$114.60 Funeral Payee: J.B. CL2023-90DA Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Claim Category Approval Date AmountPaid Medical Category (if applicable) 01/04/2024 \$30.66 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 10/27/2023-10/27/2023 CL2023-239D Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/01/2023 \$61.33 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 10/20/2023-10/20/2023 10/13/2023-10/13/2023

North Dakota Crime Victims Compensation

	North D	akota Crime	Victims Compensation	
CI			& Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment app	roval. please allow 7	/-10 business davs f	for processing and check issuance.	1:05:50AM
	searched by clicking			
CL2023-9A19				
<u>Approval Date</u> 11/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Centraic e 9/7/2023-9/7/2023	Plains Children'S A (If Applicable)	dvocacy		
Case ID Number: CS	2023-6E18	Victim Ir	nitials: A.T.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-6C68				
<u>Approval Date</u> 07/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o £99#eic e 6/8/2023-6/8/2023	Plains Children'S A (If Applicable)	dvocacy		
Case ID Number: CS	2023-6E71	Victim Ir	nitials: E.K.	
Case Payment Totals:	\$3,121.17			
Claim Payments:				
CL2023-051B				
<u>Approval Date</u> 09/08/2023	<u>AmountPaid</u> \$200.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: K.K. <u>Date(s) of Service</u> 3/13/2023-3/13/202				
CL2023-E144				
<u>Approval Date</u> 08/25/2023	<u>AmountPaid</u> \$1,971.28	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: K.K. <u>Date(s) of Service</u> 2/6/2023-2/8/2023	(If Applicable)			
CL2023-8E65				
<u>Approval Date</u> 08/02/2023	<u>AmountPaid</u> \$949.89	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Metro-Ar <u>Date(s) of Service</u> 2/6/2023-2/6/2023	ea Ambulance Servi (If Applicable)	ce		
Case ID Number: CS	2023-6F16	Victim Ir	nitials: L.S.	
Case Payment Totals:	\$4,488.00			
Claim Payments:	. ,			
ND Crime Victims Compo	ensation, DOCR	()	8-6195; 1-800-445-2322	

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

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

Approval Date 05/28/2024	<u>AmountPaid</u> \$3,380.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Aurora Menta	al Health Plic		
Date(s) of Service (If Ap	pplicable)		
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	3		
12/12/2023-12/12/2023	3		
12/5/2023-12/5/2023			

CL2023-7D3B

<u>Approval Date</u> 12/07/2023	<u>AmountPaid</u> \$1,108.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Aurora M	ental Health Plic		
Date(s) of Service	(If Applicable)		
11/28/2023-11/28/2	023		
11/21/2023-11/21/2	023		
11/14/2023-11/14/2	023		
10/31/2023-10/31/2	2023		
10/24/2023-10/24/2	2023		
10/17/2023-10/17/2	2023		

Case ID Number: CS2023-70D6

Victim Initials: A.S.

Case Payment Totals: \$1,324.05

Claim Payments:

CL2024-4552

<u>Approval Date</u> 10/22/2024	<u>AmountPaid</u> \$844.05	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Buzick Cou		, Plic		
Date(s) of Service (If	Applicable)			
3/6/2024-3/6/2024				
2/28/2024-2/28/2024				
2/14/2024-2/14/2024				
12/20/2023-12/20/202	23			
12/13/2023-12/13/202	23			
12/6/2023-12/6/2023				
11/29/2023-11/29/202	3			
11/22/2023-11/22/202	3			
11/15/2023-11/15/202	3			
11/8/2023-11/8/2023				
CL2023-2376				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

	Payments: Ser			
		vice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear		-	or processing and check issuance. ring text to search.	
12/18/2023	\$288.00	Medical	Hospital or Clinic	
Payee: Northern Plai Date(s) o Centre (c) (If A) 6/28/2023-6/28/2023		vocacy		
CL2023-810B				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai <u>Date(s) oCeeteice (If Ar</u> 7/21/2023-7/21/2023	ns Children'S Ad			
Case ID Number: CS202	3-71B8	Victim In	itials: M.W.	
Case Payment Totals: \$3,0)10.30			
Claim Payments:				
CL2024-5C32				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
07/30/2024	\$195.22	Medical	Dental	
Payee: Prairie Rose I <u>Date(s) of Service (If A</u> 1/22/2024-1/22/2024				
CL2024-F624				
<u>Approval Date</u> 02/06/2024	<u>AmountPaid</u> \$299.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: M.W. <u>Date(s) of Service (If A</u> 1/22/2024-1/22/2024	oplicable)			
CL2024-BFF4				
<u>Approval Date</u> 01/22/2024	<u>AmountPaid</u> \$958.08	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: Prairie Rose	Family Dentistry			
<u>Date(s) of Service (If A</u> 1/22/2024-1/22/2024	oplicable)			
CL2023-80B9				
Approval Date 11/27/2023	<u>AmountPaid</u> \$4.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Nuvation Hea <u>Date(s) of Service (If Ar</u> 9/20/2023-9/20/2023				
CL2023-7354				
Approval Date 09/12/2023	<u>AmountPaid</u> \$1,337.60	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: Prairie Rose <u>Date(s) of Service (If Aj</u> 9/12/2023-9/12/2023	Family Dentistry			

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

Claim			/ictims Compensation Personal Reimbursements, by Cas	e 07/03/2025 1:05:50AM
NOTE: Upon payment approval Document can be searc	-	-	or processing and check issuance. ring text to search.	1.05.50AM
CL2023-EEAF	Ausses un tipe i d	Claim Catagoni	Madiaal Oata yawy (if applicable)	
	<u>AmountPaid</u> \$216.00 amily Dentistry	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
<u>Date(s) of Service (If Ap</u> 8/16/2023-8/16/2023				
Case ID Number: CS2023	-733D	Victim In	itials: K.Z.	
Case Payment Totals: \$288	.00			
Claim Payments:				
CL2023-05FA				
01/02/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain <u>Date(s)</u> o C99t% ce (If Ap 11/2/2023-11/2/2023		vocacy		
Case ID Number: CS2023	-74C9	Victim In	itials: K.B.	
Case Payment Totals: \$288	.00			
Claim Payments:				
CL2023-4BEA				
Approval Date	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain <u>Date(s)</u> o Centeic e (If Ap 3/14/2023-3/14/2023		vocacy		
Case ID Number: CS2023	-7703	Victim In	itials: E.A.	
Case Payment Totals: \$288	.00			
Claim Payments:				
CL2023-1A70				
02/23/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Childre Date(s) of Service (If Ap 12/30/2022-12/30/2022	-	Senter		
Case ID Number: CS2023	-773A	Victim In	itials: H.B.	
Case Payment Totals: \$288	.00			
Claim Payments:				
CL2023-A52D				
	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensat	ion, DOCR		3-6195; 1-800-445-2322	

Payee: Northern <u>Date(s)</u> o £99f@c e 5/23/2023-5/23/20		Medical Advocacy	Hospital or Clinic	
Case ID Number: CS	2023-77B6	Victim Ir	itials: S.I.	
Case Payment Totals	: \$288.00			
Claim Payments:				
CL2023-0F39				
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northerr	n Plains Children'S A	dvocacy		
<u>Date(s)</u> o C9etteic e 8/24/2023-8/24/20				
Case ID Number: CS	2023-7920	Victim Ir	itials: E.B.	
Case Payment Totals	: \$288.00			
Claim Payments:				
CL2023-001D				
<u>Approval Date</u> 01/02/2024		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Selector	\$288.00 n Plains Children'S A <u>e (If Applicable)</u> /2023	Medical Advocacy		
<u>Approval Date</u> 01/02/2024 Payee: Northerr <u>Date(s)</u> o C90t9ic e 11/27/2023-11/27/	\$288.00 n Plains Children'S A <u>e (If Applicable)</u> /2023 52023-7949	Medical Advocacy	Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Setence 11/27/2023-11/27/	\$288.00 n Plains Children'S A <u>e (If Applicable)</u> /2023 52023-7949	Medical Advocacy	Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Setence 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals	\$288.00 n Plains Children'S A <u>e (If Applicable)</u> /2023 52023-7949	Medical Advocacy	Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Seterice 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals Claim Payments:	\$288.00 n Plains Children'S A (If Applicable) 2023 52023-7949 : \$25,000.00 <u>AmountPaid</u> \$25,000.00 alth System (If Applicable)	Medical Advocacy	Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Setence 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals Claim Payments: CL2023-BCDF Approval Date 05/03/2023 Payee: Altru He Date(s) of Service	\$288.00 n Plains Children'S A (If Applicable) 2023 52023-7949 : \$25,000.00 <u>AmountPaid</u> \$25,000.00 alth System (If Applicable) 2022	Medical Modocacy Victim Ir Claim Category Medical	Hospital or Clinic itials: S.D. <u>Medical Category (if applicable)</u>	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Seterice 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals Claim Payments: CL2023-BCDF Approval Date 05/03/2023 Payee: Altru He Date(s) of Service 9/26/2022-10/21/2	\$288.00 n Plains Children'S A (If Applicable) (2023 52023-7949 : \$25,000.00 <u>AmountPaid</u> \$25,000.00 alth System (If Applicable) 2022 52023-7BF3	Medical Modocacy Victim Ir Claim Category Medical	Hospital or Clinic itials: S.D. <u>Medical Category (if applicable)</u> Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Setence 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals Claim Payments: CL2023-BCDF Approval Date 05/03/2023 Payee: Altru He Date(s) of Service 9/26/2022-10/21/2	\$288.00 n Plains Children'S A (If Applicable) (2023 52023-7949 : \$25,000.00 <u>AmountPaid</u> \$25,000.00 alth System (If Applicable) 2022 52023-7BF3	Medical Modocacy Victim Ir Claim Category Medical	Hospital or Clinic itials: S.D. <u>Medical Category (if applicable)</u> Hospital or Clinic	
Approval Date 01/02/2024 Payee: Northerr Date(s) of Service 11/27/2023-11/27/ Case ID Number: CS Case Payment Totals Claim Payments: CL2023-BCDF Approval Date 05/03/2023 Payee: Altru He Date(s) of Service 9/26/2022-10/21/2 Case ID Number: CS Case Payment Totals	\$288.00 n Plains Children'S A (If Applicable) (2023 52023-7949 : \$25,000.00 <u>AmountPaid</u> \$25,000.00 alth System (If Applicable) 2022 52023-7BF3	Medical Modocacy Victim Ir Claim Category Medical	Hospital or Clinic itials: S.D. <u>Medical Category (if applicable)</u> Hospital or Clinic	

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

07/03/2025 1:05:50AM

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 06/06/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 5/8/2023-5/8/2023 Victim Initials: H.H. Case ID Number: CS2023-8104 Case Payment Totals: \$4,800.00 Claim Payments: CL2023-18F8 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/22/2023 \$4,800.00 Wage Loss Payee: H.H. Case ID Number: CS2023-8113 Victim Initials: S.P. Case Payment Totals: \$500.19 Claim Payments: CL2023-AC31 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 12/01/2023 \$61.33 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 9/28/2023-9/28/2023 9/14/2023-9/14/2023 CL2023-CBCD Approval Date Claim Category Medical Category (if applicable) AmountPaid 10/31/2023 \$61.33 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 8/24/2023-8/24/2023 8/3/2023-8/3/2023 CL2023-A49B Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 09/20/2023 \$89.53 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 7/24/2023-7/24/2023 6/28/2023-6/28/2023 6/22/2023-6/22/2023 CL2023-E76F Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 03/13/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 2/21/2023-2/21/2023 Victim Initials: J.D. Case ID Number: CS2023-8414 Case Payment Totals: \$500.00 Claim Payments: CL2023-556B Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 06/06/2023 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (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** Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/26/2023 Payee: Sanford Healt	\$380.12 b	Medical	Hospital or Clinic	
Date(s) of Service (If Ap 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 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/24/2023 Payee: Sanford Healt Date(s) of Service (If Ap 4/25/2023-4/25/2023 4/11/2023-4/11/2023 3/30/2023-3/30/2023 3/15/2023-3/15/2023	\$99.04 h	Mental Health		
CL2023-FF69				
Approval Date 04/03/2023	<u>AmountPaid</u> \$1,320.36	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford Healt				
Date(s) of Service (If Ap 2/10/2023-2/10/2023 2/16/2023-2/16/2023 2/5/2023-2/5/2023	oplicable)			
Case ID Number: CS2023	3-8917	Victim Ir	nitials: R.M.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2023-6AF8				
<u>Approval Date</u> 07/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plain				
Date(s) o C3et eice (If Ap 6/5/2023-6/5/2023				
Case ID Number: CS2023	3-8943	Victim Ir	nitials: W.Z.	
Case Payment Totals: \$4,8	800.00			
Claim Payments:				
CL2023-DA71				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensa	tion. DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898	, = = =	• •	mpensation@nd.gov	

	North D	akota Crime V	Victims Compensation	
с	laim Payments: Se	ervice Providers 8	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow 7 searched by clicking	-	for processing and check issuance. ring text to search.	
12/18/2023 Payee: W.Z.	\$4,800.00	Wage Loss		
Case ID Number: CS	2023-8946	Victim Ir	nitials: V.B.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-3DC5				
<u>Approval Date</u> 04/02/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Children'S Advocacy (If Applicable)			
Case ID Number: CS	2023-8B01	Victim Ir	nitials: N.O.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-61CA				
<u>Approval Date</u> 01/29/2024 Payee: Northern <u>Date(s)</u> o C99/eic e 12/6/2023-12/6/20		<u>Claim Category</u> Medical .dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2023-8B35	Victim Ir	nitials: B.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-1277				
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
<u>Date(s) oC90t¢ice</u> 4/26/2023-4/26/20				
Case ID Number: CS	2023-8BEA	Victim Ir	nitials: G.P.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-1FC5				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

NOTE. Opon payment app			or processing and check issuance.	
Document can be	searched by clicking	CTRL+F, then ente	ring text to search.	
12/01/2023	\$288.00	Medical	Hospital or Clinic	
Payee: Dakota C Date(s) of Service	hildren'S Advocacy	Center		
9/19/2023-9/19/202				
Case ID Number: CS2	2023-8C16	Victim Ir	iitials: Z.H.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-9C66				
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
Case ID Number: CS2	2023-8C4C	Victim Ir	iitials: M.P.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-EF10				
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A			
Case ID Number: CS2	2023-8D50	Victim Ir	itials: G.H.	
Case ID Number: CS2 Case Payment Totals:		Victim Ir	iitials: G.H.	
		Victim Ir	iitials: G.H.	
Case Payment Totals:		Victim Ir	iitials: G.H.	
Case Payment Totals: Claim Payments: CL2023-0973 <u>Approval Date</u>	\$8,665.36 <u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2023-0973	\$8,665.36 <u>AmountPaid</u> \$8,665.36			
Claim Payments: CL2023-0973 <u>Approval Date</u> 05/08/2023	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable)	Claim Category	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2023-0973 Approval Date 05/08/2023 Payee: Altru Hea Date(s) of Service 9/10/2022-9/16/202	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22	<u>Claim Category</u> Medical	Medical Category (if applicable)	
Case Payment Totals: Claim Payments: CL2023-0973 <u>Approval Date</u> 05/08/2023 Payee: Altru Hea <u>Date(s) of Service</u> 9/10/2022-9/16/202	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22 2023-8DA2	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2023-0973 <u>Approval Date</u> 05/08/2023 Payee: Altru Hea <u>Date(s) of Service</u> 9/10/2022-9/16/202	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22 2023-8DA2	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2023-0973 Approval Date 05/08/2023 Payee: Altru Hea Date(s) of Service 9/10/2022-9/16/202 Case ID Number: CS2 Case Payment Totals:	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22 2023-8DA2	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2023-0973 <u>Approval Date</u> 05/08/2023 Payee: Altru Hea <u>Date(s) of Service</u> 9/10/2022-9/16/202 Case ID Number: CS2 Case Payment Totals: Claim Payments:	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22 2023-8DA2	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: Claim Payments: CL2023-0973 Approval Date 05/08/2023 Payee: Altru Hea Date(s) of Service of 9/10/2022-9/16/202 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2023-941F	\$8,665.36 <u>AmountPaid</u> \$8,665.36 Ith System (If Applicable) 22 2023-8DA2 \$288.00	<u>Claim Category</u> Medical Victim Ir	<u>Medical Category (if applicable)</u> Hospital or Clinic	

07/03/2025

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 10/24/2023 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (If Applicable) 8/21/2023-8/21/2023 Victim Initials: K.G. Case ID Number: CS2023-8DE0 Case Payment Totals: \$636.00 Claim Payments: CL2023-3DC8 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/08/2023 Mental Health \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 3/28/2023-3/28/2023 CL2023-6153 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 05/05/2023 \$180.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 3/3/2023-3/3/2023 CL2023-4C0C AmountPaid Claim Category Medical Category (if applicable) Approval Date \$288.00 Hospital or Clinic 02/08/2023 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/23/2024 \$244.00 Medical Dental Payee: Sticka Dental Clinic Pc Date(s) of Service (If Applicable) 7/12/2023-7/12/2023 CL2023-5778 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$1,040.00 Dental 10/31/2023 Medical Payee: Sticka Dental Clinic Pc Date(s) of Service (If Applicable) 10/12/2023-10/12/2023

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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CL2023-893B			
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
08/24/2023 Payee: Sticka Denta	\$840.00 Clinic Pc	Medical	Dentai
Date(s) of Service (If A			
8/10/2023-8/10/2023	<u> </u>		
CL2023-7D75			
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$407.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
Payee: K.G.	\$407.00	Medical	Dental
Date(s) of Service (If A	pplicable)		
6/12/2023-6/12/2023			
CL2023-B5F5			
<u>Approval Date</u> 07/18/2023	<u>AmountPaid</u> \$1,200.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
Payee: Sticka Denta	Clinic Pc		
Date(s) of Service (If A 6/13/2023-6/13/2023 6/29/2023-6/29/2023	pplicable)		
Case ID Number: CS202	3-8E3A	Victim In	litials: T.S.
Case Payment Totals: \$3,	195.54		
Claim Payments:			
CL2024-94D5			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
05/01/2024 Payee: Badlands Hu	\$2,855.20	Mental Health	
Date(s) of Service (If A		iller #10/5	
1/8/2024-1/8/2024	<u>pplicable</u>		
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> 01/02/2024	<u>AmountPaid</u> \$295.40	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: State Of Nd/E		Montal Hoalth	
Date(s) of Service (If A	-		
10/31/2023-10/31/2023			
CL2023-829E			
<u>Approval Date</u> 11/13/2023	<u>AmountPaid</u> \$44.94	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription
Payee: Badlands Hu			пезацион
Date(s) of Service (If A			
11/3/2023-11/3/2023			
	ation, DOCR		8-6195; 1-800-445-2322

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

se ID Number: CS2023-8EA2		Victim Ir	nitials: H.T.	
ase Payment Totals:	\$15,271.03			
aim Payments:				
CL2023-CF06				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/28/2023 Payee: The Bone	\$305.92	Medical	Hospital or Clinic	
Date(s) of Service				
8/14/2023-8/14/202				
CL2023-E0FB				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/28/2023	\$308.00	Medical	Hospital or Clinic	
Payee: Pain Trea Date(s) of Service				
8/15/2023-8/15/202				
CL2023-63E0				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/31/2023	\$305.92	Medical	Hospital or Clinic	
Payee: The Bone				
Date(s) of Service 7/10/2023-7/10/202				
CL2023-A841				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
08/31/2023	\$1,366.74	Medical	Hospital or Clinic	
Payee: The Bone				
Date(s) of Service 8/15/2023-8/15/202	(<u>If Applicable)</u> 23			
CL2023-C45D				
<u>Approval Date</u> 08/28/2023	<u>AmountPaid</u> \$2,623.54	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Surgical Associate			
Date(s) of Service	-			
8/15/2023-8/15/202				
CL2023-A634				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
06/05/2023 Payee: The Bone	\$75.00 & Joint Center	weucal		
Date(s) of Service				
5/11/2023-5/11/202				
CL2023-AEA1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
			0.0405.4.000.445.0000	
) Crime Victims Compe) Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	
marak ND 59502 190	0			Page 58

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$75.00 Medical Hospital or Clinic 04/17/2023 Payee: The Bone & Joint Center

Date(s) of Service (If Applicable) 3/23/2023-3/23/2023 CL2023-0CE1 AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 07/30/2023 Payee: S.W. AmountPaid \$900.00

Claim Category Medical Category (if applicable)

C260	חו	Numbor	CS2023-90BB	
Case	U	Numper:	C92023-90BB	

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)

Wage Loss

10/12/2023-10/12/2023

Case ID Number: CS2023-90EC

Victim Initials: M.F.

Case Payment Totals: \$288.00

Claim Payments:

CL2023-4377 AmountPaid Claim Category Medical Category (if applicable) Approval Date

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

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01/02/2024	\$288.00	Medical	Hospital or Clinic
-	Plains Children'S A	dvocacy	
<u>Date(s)</u> o C9010 0ce 11/21/2023-11/21/2			
11/21/2023-11/21/2	2023		
Case ID Number: CS	2023-91CA	Victim Ir	nitials: A.L.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-70E2			
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern	Plains Children'S A	dvocacy	
<u>Date(s)</u> o C3ettaic e 8/18/2023-8/18/202			
Case ID Number: CS	2023-95B3	Victim Ir	nitials: T.O.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-5774			
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
<u>Date(s)</u> o f398t9i ce 4/25/2023-4/25/20			
Case ID Number: CS	2023-9754	Victim Ir	nitials: M.A.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-911C			
<u>Approval Date</u> 12/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o £90t¢i ce 6/30/2023-6/30/20			
Case ID Number: CS	2023-992D	Victim Ir	nitials: E.L.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-4A24			
<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
			8-6105.1-800-445-2322

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05/04/2023	\$288.00	Medical	Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
<u>Date(s) o£99t¢ice</u> 1/31/2023-1/31/202				
1/3 1/2023- 1/3 1/20	20			
Case ID Number: CS	2023-9A8B	Victim Ir	nitials: A.A.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-9789				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
12/26/2024	\$288.00	Medical	Hospital or Clinic	
	hildren'S Advocacy	Center		
Date(s) of Service 12/12/2023-12/12/2				
Case ID Number: CS	2023-9B5F	Victim Ir	nitials: M.T.	
Case Payment Totals:	\$25,000.00			
Claim Payments:				
CL2024-DEC1				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/23/2024	\$25,000.00	Medical	Hospital or Clinic	
Payee: Altru Hea	-			
Date(s) of Service 8/24/2023-8/26/202				
Case ID Number: CS	2023-9BF8	Victim Ir	nitials: E.M.	
Case Payment Totals:	\$798.00			
Claim Payments:				
CL2023-6696				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/20/2023	\$336.00	Mental Health		
-	Plains Children'S A	dvocacy		
<u>Date(s)</u> o Ceetteic e 2/22/2023-2/22/202				
2/7/2023-2/7/2023	20			
CL2023-452E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/22/2023	\$174.00 Plains Children'S A	Mental Health		
Date(s) of Coentraice		u vocacy		
1/19/2023-1/19/202				
1/19/2023-1/19/202	23			

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CI			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
	ann Payments. Se		x reisonal Reinbursements, by Case	1:05:50AM
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CL2023-B662				
<u>Approval Date</u> 02/07/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o Centeic e (1/19/2023-1/19/202	If Applicable)	dvocacy		
Case ID Number: CS2	2023-9D05	Victim Ir	nitials: J.F.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2023-3D38				
<u>Approval Date</u> 05/05/2023 Payee: J.H.	<u>AmountPaid</u> \$2,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
CL2023-7822				
<u>Approval Date</u> 05/05/2023	<u>AmountPaid</u> \$3,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
	Stevenson Funera			
Case ID Number: CS2	2023-9F4F	Victim Ir	nitials: J.M.	
Case Payment Totals:	\$480.00			
Claim Payments:				
CL2023-2A13				
Approval Date 06/08/2023 Payee: Northern Date(s) of Sector (5/26/2023-5/26/202	lf Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2023-342A				
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C96feic e (4/24/2023-4/24/202		dvocacy		
Case ID Number: CS2	023-9F72	Victim Ir	nitials: D.L.	
Case Payment Totals:	\$18,615.72			
Claim Payments:	-			
ND Crime Victims Compe PO Box 1898 Bismarck, ND 58502-189		• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Page 587 of 725

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 04/22/2024 Medical Hospital or Clinic \$251.20 Payee: Lakewood Health Center Date(s) of Service (If Applicable) 7/16/2023-7/16/2023 7/16/2023-7/16/2023 CL2023-B3DF Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 10/10/2023 \$17,784.70 Medical Hospital or Clinic Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 7/13/2023-7/13/2023 7/16/2023-7/16/2023 CL2023-E10C AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/10/2023 \$579.82 Medical Hospital or Clinic Payee: Hetland Ear Nose Throat Pc Date(s) of Service (If Applicable) 8/2/2023-8/2/2023 Victim Initials: B.C. Case ID Number: CS2023-9FE1 Case Payment Totals: \$288.00 Claim Payments: CL2023-EBB6 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 Medical Hospital or Clinic 06/09/2023 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/3/2023-4/3/2023 Case ID Number: CS2023-A022 Victim Initials: C.S. Case Payment Totals: \$220.00 Claim Payments: CL2023-41D2 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 11/22/2023 \$220.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PlApplicable) 10/24/2023-10/24/2023

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: CS202	3-A072	Victim In	itials: Q.E.
Case Payment Totals: \$78	2.40		
Claim Payments:			
CL2024-3D20			
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$294.40	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage
Payee: Premier Chiro	opractic		
Date(s) of Service (If A) 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> 02/12/2024	<u>AmountPaid</u> \$128.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage
Payee: Premier Chiro	opractic		
Date(s) of Service (If A) 11/30/2023-11/30/2023 12/7/2023-12/7/2023	oplicable)		
CL2024-DF57			
Approval Date 01/26/2024	<u>AmountPaid</u> \$360.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: State Of Nd/ N	North Central H	uman	
Date(s) o Services (If App 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	oplicable)		
Case ID Number: CS202	3-A1EB	Victim In	itials: E.H.
Case Payment Totals: \$28	8.00		
Claim Payments:			
-			
CL2023-7C77 <u>Approval Date</u> 12/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai	ns Children'S A	dvocacy	
<u>Date(s)</u> o £99/teic e (If A) 7/14/2023-7/14/2023	oplicable)		

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 06/15/2023 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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>AmountPai</u>d Claim Category Medical Category (if applicable) Approval Date Mental Health 01/30/2024 \$820.00 Payee: Open Range Counseling Center Date(s) of Service (If Applicable) 7/14/2023-7/14/2023 7/5/2023-7/5/2023 6/28/2023-6/28/2023 Victim Initials: E.S. Case ID Number: CS2023-A374 Case Payment Totals: \$288.00 Claim Payments: CL2023-5BFF Medical Category (if applicable) Approval Date AmountPaid Claim Category 02/09/2023 \$288.00 Medical Hospital or Clinic

Payee: Northern Plains Children'S Advocacy Date(s) of Setterice (If Applicable) 1/17/2023-1/17/2023

Case ID Number: CS2023-A3F2

Victim Initials: S.D.

Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-2F29			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/06/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern	Plains Children'S A	dvocacy	
Date(s) o feeteic e	(If Applicable)		
4/17/2023-4/17/202	23		

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: CS202	23-A47D	Victim Ir	nitials: J.K.
Case Payment Totals: \$28	88.00		
Claim Payments:			
CL2023-F378			
<u>Approval Date</u> 07/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla <u>Date(s)</u> o C9et@c e (If A 6/14/2023-6/14/2023		Advocacy	
Case ID Number: CS202	23-A4AF	Victim Ir	nitials: K.J.
Case Payment Totals: \$3 ,	,042.62		
Claim Payments:			
CL2024-265E			
Approval Date 09/19/2024	<u>AmountPaid</u> \$1,007.96	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) of Service (If A 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> 06/27/2023	<u>AmountPaid</u> \$2,034.66	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	-		
Date(s) of Service (If A	-		
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			

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

Case ID Number: CS20	23-A4B6	Victim Ir	nitials: M.W.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2023-E031				
<u>Approval Date</u> 04/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pl a <u>Date(s)</u> o C9eteic e (If 2/15/2023-2/15/2023		Advocacy		
Case ID Number: CS20	23-A592	Victim Ir	nitials: M.S.	
Case Payment Totals: \$1	2,500.00			
Claim Payments:				
CL2023-8107				
<u>Approval Date</u> 06/29/2023	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Pathology C				
Date(s) of Service (If 4/1/2023-4/1/2023 3/31/2023-3/31/2023	<u>Applicable)</u>			
CL2023-BAA4				
<u>Approval Date</u> 06/29/2023	<u>AmountPaid</u> \$12,260.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Alex <u>Date(s) of Service (If</u> 3/31/2023-3/31/2023				
Case ID Number: CS20	23-A619	Victim Ir	nitials: E.S.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2023-AA8A				
<u>Approval Date</u> 02/09/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla	• • • • • •			
Date(s) o C9eteic e (If / 1/12/2023-1/12/2023	Applicable)			
Case ID Number: CS20	23-A629	Victim Ir	nitials: C.T.	
Case Payment Totals: \$4	08.99			
Claim Payments:				
CL2024-56FD				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compens PO Box 1898	sation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Daga 502 of 72

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
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01/29/2024	\$62.33	Mental Health		
Payee: Northern P				
<u>Date(s) oCentraice (If</u> 10/30/2023-10/30/20				
CL2023-3B6E	AmountDoid	Claim Catagon	Medical Category (if applicable)	
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$58.66	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P <u>Date(s)</u> o Center (If 7/25/2023-7/25/2023 6/23/2023-6/23/2023	Applicable)	Advocacy		
CL2023-39CA				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/19/2023 Payee: Northern P	\$288.00	Medical	Hospital or Clinic	
Date(s) o Ceete ice (If		Auvocacy		
4/3/2023-4/3/2023				
Case ID Number: CS20	_	Victim Ir	nitials: H.R.	
Case Payment Totals: \$2	288.00			
Claim Payments:				
CL2023-A79F	A			
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern P		Advocacy		
<u>Date(s)</u> o Conteic e (If 8/8/2023-8/8/2023	Applicable)			
Case ID Number: CS20	23-A89E	Victim Ir	nitials: K.F.	
Case Payment Totals: \$	676.00			
Claim Payments:				
CL2023-5633				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/08/2023 Payee: Northern P	\$388.00 lains Children'S /	Mental Health		
Date(s) of Centre (If		lavoolog		
5/1/2023-5/1/2023				
4/24/2023-4/24/2023 4/14/2023-4/14/2023				
CL2023-265D				
<u>Approval Date</u> 04/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P				
Date(s) o f 9819i ce (If 3/21/2023-3/21/2023	Applicable)	-		
ND Crime Victims Compen	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

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.

ase ID Number: CS2023-AA30 Case Payment Totals: \$3,555.18		Victim Initials: J.S.		
laim Payments:				
CL2023-07DD				
Approval Date 09/28/2023	<u>AmountPaid</u> \$50.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.S.				
<u>Date(s) of Service</u> 11/30/2022-11/30/				
CL2023-2814				
Approval Date 09/28/2023	<u>AmountPaid</u> \$35.19	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.S.				
Date(s) of Service 12/28/2022-12/28/				
CL2023-3A76				
<u>Approval Date</u> 09/28/2023	<u>AmountPaid</u> \$1,108.11	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.S.				
<u>Date(s) of Service</u> 10/8/2022-10/8/20				
CL2023-3FF1				
<u>Approval Date</u> 09/28/2023	<u>AmountPaid</u> \$70.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Payee: J.S.	\$70.00	Medical	Dental	
Date(s) of Service 10/19/2022-10/19/				
CL2023-5507				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
09/28/2023 Payee: J.S.	\$150.00	Medical	Hospital or Clinic	
<u>Date(s) of Service</u> 12/28/2022-12/28/				
CL2023-9B6D				
<u>Approval Date</u> 09/28/2023	<u>AmountPaid</u> \$386.74	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: J.S.				
<u>Date(s) of Service</u> 10/8/2022-10/8/20				
CL2023-A7E9				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
D Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
O Box 1898		Email: <u>DOCRcor</u>	<u>mpensation@nd.gov</u>	Page 594 of 3

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.

09/28/2023 Payee: J.S.	\$1,400.00	Medical	Dental
Payee: J.S. <u>Date(s) of Service (</u> 1/20/2023-1/20/202			
CL2023-C90F			
Approval Date 09/28/2023	<u>AmountPaid</u> \$343.07	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: J.S. <u>Date(s) of Service (</u> 12/28/2022-12/28/2			
CL2023-D4C4			
<u>Approval Date</u> 09/28/2023 Payee: J.S.	<u>AmountPaid</u> \$12.07	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Prescription
Date(s) of Service (12/28/2022-12/28/2			
Case ID Number: CS2	2023-AA62	Victim Ir	nitials: M.C.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2023-B4C3			
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
	Plains Children'S A		
Case ID Number: CS2	2023-AB16	Victim Ir	nitials: J.G.
Case Payment Totals:	\$1,227.69		
Claim Payments:			
CL2024-EAAA			
<u>Approval Date</u> 06/28/2024	<u>AmountPaid</u> \$288.74	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G. <u>Date(s) of Service (</u> 3/18/2024-3/18/202 2/22/2024-2/22/202	24		
CL2024-DE21			
Approval Date 03/28/2024	<u>AmountPaid</u> \$440.61	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G. <u>Date(s) of Service (</u> 1/22/2024-1/22/202 1/17/2024-1/17/202 1/3/2024-1/3/2024	(If Applicable) 24		
1/3/2024-1/3/2024 ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

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<u>Approval Date</u> 02/05/2024	<u>AmountPaid</u> \$498.34	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
02/05/2024 Payee: S.G.	\$498.34	Mental Health	
Date(s) of Service 12/6/2023-12/6/202 11/30/2023-11/30/2 11/22/2023-11/22/2 11/3/2023-11/3/202	23 2023 2023		
ase ID Number: CS	2023-AB19	Victim Ir	nitials: A.G.
Case Payment Totals:	\$4,992.56		
Claim Payments:			
CL2023-7F43			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
03/28/2023	\$4,992.56 I Sons Funeral Char	Funeral	
		Victim Ir	nitials: W.B.
Case Payment Totals: Claim Payments: CL2023-0F57	\$440.00		
Approval Date 08/23/2023	\$440.00 <u>AmountPaid</u> \$440.00	Victim Ir <u>Claim Category</u> Medical	nitials: W.B. <u>Medical Category (if applicable)</u> Hospital or Clinic
Case Payment Totals: Claim Payments: CL2023-0F57 <u>Approval Date</u>	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable)	<u>Claim Category</u>	Medical Category (if applicable)
Case Payment Totals: Claim Payments: CL2023-0F57 <u>Approval Date</u> 08/23/2023 Payee: Killdeer A <u>Date(s) of Service</u> 6/13/2023-6/13/202	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23	<u>Claim Category</u> Medical	Medical Category (if applicable)
Case Payment Totals: Claim Payments: CL2023-0F57 <u>Approval Date</u> 08/23/2023 Payee: Killdeer A <u>Date(s) of Service</u> 6/13/2023-6/13/202 ase ID Number: CS2	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23 2023-B064	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case Payment Totals: Claim Payments: CL2023-0F57 Approval Date 08/23/2023 Payee: Killdeer A Date(s) of Service 6/13/2023-6/13/202 ase ID Number: CS Case Payment Totals:	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23 2023-B064	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case Payment Totals: Claim Payments: CL2023-0F57 Approval Date 08/23/2023 Payee: Killdeer A Date(s) of Service 6/13/2023-6/13/202 ase ID Number: CS Case Payment Totals:	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23 2023-B064	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case Payment Totals: Claim Payments: CL2023-0F57 <u>Approval Date</u> 08/23/2023 Payee: Killdeer A <u>Date(s) of Service</u> 6/13/2023-6/13/202 ase ID Number: CS Case Payment Totals: Claim Payments:	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23 2023-B064	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case Payment Totals: Claim Payments: CL2023-0F57 <u>Approval Date</u> 08/23/2023 Payee: Killdeer A <u>Date(s) of Service</u> 6/13/2023-6/13/202 Case ID Number: CS Case Payment Totals: Claim Payments: CL2023-D5A6 <u>Approval Date</u> 06/11/2023	\$440.00 <u>AmountPaid</u> \$440.00 Area Ambulance (If Applicable) 23 2023-B064 \$288.00 <u>AmountPaid</u>	<u>Claim Category</u> Medical Victim Ir <u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	23-B213	Victim Ir	iitials: L.F.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2023-0014				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/13/2023 Payee: Northern Pla	\$288.00 ains Children'S A	Mental Health		
Date(s) of Coentraice (If A		laroouoj		
1/31/2023-1/31/2023				
Case ID Number: CS202	23-B233	Victim Ir	nitials: E.M.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2023-2311				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	Medical Category (if applicable)	
12/14/2023 Payee: Northern Pla	\$288.00 ains Children'S A		Hospital or Clinic	
Date(s) of geterce (If /				
Case ID Number: CS20	23-B379	Victim Ir	nitials: L.L.	
Case ID Number: CS202 Case Payment Totals: \$5 Claim Payments: CL2025-18F3		Victim Ir	nitials: L.L.	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 Approval Date	,504.00 <u>AmountPaid</u>	Claim Category	nitials: L.L. Medical Category (if applicable)	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3	,504.00 <u>AmountPaid</u> \$752.00	<u>Claim Category</u> Mental Health		
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A	<u>Claim Category</u> Mental Health		
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCenteice (If /</u> 4/28/2025-4/28/2025 4/23/2025-4/23/2025 4/7/2025-4/7/2025	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A	<u>Claim Category</u> Mental Health		
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCsetteice (If //</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	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A	<u>Claim Category</u> Mental Health		
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCenteice (If /</u> 4/28/2025-4/28/2025 4/23/2025-4/28/2025 4/23/2025-4/23/2025 4/7/2025-4/7/2025 4/1/2025-4/1/2025 CL2025-CB50 <u>Approval Date</u>	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A <u>Applicable</u>) <u>AmountPaid</u> \$672.00	<u>Claim Category</u> Mental Health Advocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCserteice (If A</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> 05/14/2025 Payee: Northern Pla <u>Date(s) oCserteice (If A</u>	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A <u>Applicable</u>) <u>AmountPaid</u> \$672.00 ains Children'S A	<u>Claim Category</u> Mental Health Advocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCSettace (If A</u> 4/28/2025-4/28/2025 4/23/2025-4/23/2025 4/1/2025-4/1/2025 CL2025-CB50 <u>Approval Date</u> 05/14/2025 Payee: Northern Pla	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A <u>Applicable</u>) <u>AmountPaid</u> \$672.00 ains Children'S A	<u>Claim Category</u> Mental Health Advocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCserteice (If //</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> 05/14/2025 Payee: Northern Pla <u>Date(s) oCserteice (If //</u> 3/24/2025-3/24/2025	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A <u>Applicable</u>) <u>AmountPaid</u> \$672.00 ains Children'S A	<u>Claim Category</u> Mental Health Advocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Case Payment Totals: \$5 Claim Payments: CL2025-18F3 <u>Approval Date</u> 06/12/2025 Payee: Northern Pla <u>Date(s) oCerteice (If /</u> 4/28/2025-4/28/2025 4/23/2025-4/28/2025 4/23/2025-4/23/2025 4/7/2025-4/7/2025 4/1/2025-4/1/2025 CL2025-CB50 <u>Approval Date</u> 05/14/2025 Payee: Northern Pla <u>Date(s) oCerteice (If /</u> 3/24/2025-3/24/2025 3/17/2025-3/17/2025 3/10/2025-3/10/2025	,504.00 <u>AmountPaid</u> \$752.00 ains Children'S A <u>Applicable</u>) <u>AmountPaid</u> \$672.00 ains Children'S A	<u>Claim Category</u> Mental Health Advocacy <u>Claim Category</u> Mental Health	Medical Category (if applicable)	

PO Box 1898

Bismarck, ND 58502-1898

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/01/2025 \$672.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coeffice (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$672.00 Mental Health 04/07/2025 Payee: Northern Plains Children'S Advocacy Date(s) of Contracte (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category Mental Health 03/27/2025 \$1,152.00 Payee: Northern Plains Children'S Advocacy Date(s) of Coentrice (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 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 01/10/2025 \$336.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 11/14/2024-11/14/2024 11/5/2024-11/5/2024 CL2024-B1FA Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 08/15/2024 \$168.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) o Centerce (If Applicable) 5/23/2024-5/23/2024 CL2024-48AE Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 06/18/2024 \$168.00 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 4/11/2024-4/11/2024

North Dakota Crime Victims Compensation

	North D	Dakota Crime \	/ictims Compensation	
Cla	Personal Reimbursements, by Case	07/03/2025 1:05:50AM		
		7-10 business days f CTRL+F, then enter	or processing and check issuance. ring text to search.	
CL2024-0EE3				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/15/2024	\$288.00	Mental Health		
Payee: Northern I <u>Date(s)</u> o Centeic e (1 3/19/2024-3/19/2024 3/6/2024-3/6/2024	f Applicable)	Auvocacy		
CL2024-DBE1				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I <u>Date(s)</u> o Centeric e (1 2/15/2024-2/15/2024	f Applicable)	Advocacy		
CL2024-E49D				
<u>Approval Date</u> 03/20/2024	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern I <u>Date(s)</u> o Contern I 1/18/2024-1/18/2024	f Applicable)	Advocacy		
CL2024-6067				
<u>Approval Date</u> 01/29/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern I <u>Date(s)</u> o Ceeteic e (12/6/2023-12/6/202	lf Applicable)	Advocacy		
Case ID Number: CS2	023-B424	Victim In	itials: J.M.	
Case Payment Totals:	51,098.50			
Claim Payments:				
CL2023-8876 <u>Approval Date</u> 12/05/2023 Payee: N.M.	<u>AmountPaid</u> \$1,098.50	<u>Claim Category</u> Loss Of Support	Medical Category (if applicable)	
Case ID Number: CS2	023-B431	Victim In	itials: K.G.	
Case Payment Totals:	3,064.05			
Claim Payments:	-			
CL2025-B5EC				
Approval Date 05/14/2025 Payee: S.G.	<u>AmountPaid</u> \$484.38	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

Approval Date 06/28/2024	<u>AmountPaid</u> \$236.03	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G.			
Date(s) of Service (If A	pplicable)		
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> 06/28/2024	<u>AmountPaid</u> \$453.51	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G.			
Date(s) of Service (If	Applicable)		
4/4/2024-4/4/2024			
3/21/2024-3/21/2024	Ļ		
2/19/2024-2/19/2024	Ļ		
2/8/2024-2/8/2024			

CL2024-2F89

<u>Approval Date</u> 03/28/2024	<u>AmountPaid</u> \$426.87	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G.			
Date(s) of Service (I	f Applicable)		
1/25/2024-1/25/2024	ļ		
1/17/2024-1/17/2024	Ļ		
1/3/2024-1/3/2024			

CL2024-4D5A

<u>Approval Date</u> 03/28/2024	<u>AmountPaid</u> \$963.97	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: S.G.			
Date(s) of Service (If A	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

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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.	¥ 199129		
Date(s) of Service (If A	pplicable)		
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: CS202	23-B4CC	Victim Ir	nitials: J.L.
Case Payment Totals: \$64	43.00		
Claim Payments:			
CL2024-1351			
<u>Approval Date</u> 01/29/2024	<u>AmountPaid</u> \$39.23	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla	ins Children'S A	Advocacy	
Date(s) o Coentraice (If A			
10/30/2023-10/30/2023	3		
CL2023-CE78			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/01/2023	\$315.77	Mental Health	
Payee: Northern Pla Date(s) o Ceetker e (If A		Advocacy	
10/16/2023-10/16/2023			
10/11/2023-10/11/2023	3		
10/3/2023-10/3/2023			
9/26/2023-9/26/2023 9/21/2023-9/21/2023			
9/21/2023-9/21/2023 9/15/2023-9/15/2023			
CL2023-7251 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
01/19/2023	\$288.00	Medical	Hospital or Clinic
Payee: Northern Pla		Advocacy	
<u>Date(s)</u> o Centeic e (If A 12/19/2022-12/19/2022			
Case ID Number: CS202	23-B9DD	Victim Ir	nitials: K.W.
Case Payment Totals: \$72	26.40		
Claim Payments:			
CL2024-E59E			
<u>Approval Date</u> 01/19/2024	<u>AmountPaid</u> \$528.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
Payee: Sticka Denta		-	
<u>Date(s) of Service (If A</u> 1/17/2024-1/17/2024	<u>applicable)</u>		

С			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
	proval, please allow a searched by clicking	-	for processing and check issuance. ring text to search.	1:05:50AM
CL2024-69E2				
<u>Approval Date</u> 01/08/2024 Payee: Sticka De <u>Date(s) of Service</u> 11/28/2023-11/28/2	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
Case ID Number: CS	2023-BAD8	Victim Ir	nitials: D.M.	
Case Payment Totals:	\$288.00			
-	ψ200.00			
Claim Payments:				
CL2023-62E0 <u>Approval Date</u> 06/06/2023	AmountPaid \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s) oC99t%ce</u> 5/23/2023-5/23/20		dvocacy		
Case ID Number: CS	2023-BB5F	Victim Ir	nitials: W.H.	
Case Payment Totals:	\$288.00			
-	φ200.00			
Claim Payments:				
CL2023-F2F1 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/14/2023	\$288.00	Medical	Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o Ceeteic e 6/12/2023-6/12/20		ldvocacy		
Case ID Number: CS	2023-BC9E	Victim Ir	nitials: E.B.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-492C				
<u>Approval Date</u> 01/02/2024	AmountPaid \$288.00 Plains Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
10/20/2023-10/20/				
Case ID Number: CS	2023-BD02	Victim Ir	nitials: A.T.	
Case Payment Totals:	\$304.98			
Claim Payments:	+			
-				
CL2023-EE07 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	· · ·	8-6195; 1-800-445-2322	

PO Box 1898 Bismarck, ND 58502-1898 Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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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

Approval Date 06/30/2023	<u>AmountPaid</u> \$830.86	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A	<u>pplicable)</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			
L2023-0C6C			
	AmountPaid	Claim Catagony	Madical Catagory (if applicable)
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)

CL

Approval Date	AmountPaid	Claim Category	Medical Categ
04/13/2023	\$849.46	Mental Health	
Payee: Dakota Child	ren'S Advocacy	Center	
Date(s) of Service (If A	pplicable)		
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

Medical Category (if applicable) Approval Date AmountPaid Claim Category \$288.00 Mental Health 11/06/2023 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 9/14/2023-9/14/2023

Case ID Number: CS2023-BE2C

Victim Initials: N.D.

Case Payment Totals: \$2,664.00

Claim Payments:

	laim Payments: So		/ictims Compensation & Personal Reimbursements, by Case	07/03/202 1:05:50A	
TE: Upon payment approval, 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> 05/15/2024	<u>AmountPaid</u> \$312.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern Date(s) o Centeic e 2/8/2024-2/8/2024 2/2/2024-2/2/2024		Advocacy			
CL2024-B71E					
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$264.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s)</u> o Centeice 3/19/2024-3/19/20 3/8/2024-3/8/2024		dvocacy			
CL2024-E67F					
<u>Approval Date</u> 03/20/2024	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s) oCseteice</u> 1/12/2024-1/12/20		Advocacy			
CL2024-7DDA					
<u>Approval Date</u> 01/29/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Northern <u>Date(s)</u> o C3etteice 12/21/2023-12/21/ 12/15/2023-12/15/	2023	Advocacy			
CL2024-BE6A					
Approval Date 01/04/2024	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
	Plains Children'S A (If Applicable)				
CL2023-AC5B	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
CL2023-AC5B Approval Date 12/01/2023	\$432.00				
Approval Date 12/01/2023	\$432.00 Plains Children'S A (If Applicable) 2023 2023	Ndvocacy			
Approval Date 12/01/2023 Payee: Northern <u>Date(s)</u> o Centra 10/20/2023-10/20/ 10/12/2023-10/12/	\$432.00 Plains Children'S A (If Applicable) 2023 2023	Ndvocacy			

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 10/31/2023 \$600.00 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Medical Category (if applicable) Approval Date AmountPaid Claim Category \$192.00 Mental Health 09/20/2023 Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 7/28/2023-7/28/2023 CL2023-B1BC Approval Date AmountPaid Claim Category Medical Category (if applicable) \$288.00 07/14/2023 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 03/30/2023 Medical Hospital or Clinic \$160.00 Payee: Altru Health System Date(s) of Service (If Applicable) 6/17/2022-6/17/2022 Victim Initials: B.O. Case ID Number: CS2023-C1CF Case Payment Totals: \$442.58 Claim Payments: CL2024-B876 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 01/29/2024 \$30.66 Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 11/14/2023-11/14/2023 CL2023-3C8B Medical Category (if applicable) Approval Date AmountPaid Claim Category 12/01/2023 Mental Health \$62.59 ND Crime Victims Compensation, DOCR

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Centric**e (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> 10/31/2023	<u>AmountPaid</u> \$61.33	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F	1			
Date(s) of Centreice (I		lavoouoy		
8/28/2023-8/28/2023				
8/21/2023-8/21/2023	3			
CL2023-9545				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/04/2023	\$288.00	Medical	Hospital or Clinic	
Payee: Northern F		dvocacy		
Date(s) of Determine (1 3/28/2023-3/28/2023				
e ID Number: CS2	023-C1EF	Victim Ir	nitials: V.A.	
ise Payment Totals: \$	51,399.20			
aim Payments:				
CL2024-700F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
Approval Date 02/28/2024	\$226.40	Mental Health	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail	\$226.40 County Medical Ce	Mental Health	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (1	\$226.40 County Medical Ce f Applicable)	Mental Health	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail	\$226.40 County Medical Ce f Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (1	\$226.40 County Medical Ce f Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
<u>Approval Date</u> 02/28/2024 Payee: Mountrail <u>Date(s) of Service (I</u> 1/24/2024-1/24/2024	\$226.40 County Medical Ce f Applicable)	Mental Health	<u>Medical Category (if applicable)</u>	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (1 1/24/2024-1/24/2024	\$226.40 County Medical Ce (f Applicable) 4	Mental Health enter		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail	\$226.40 County Medical Ce f Applicable) 4 AmountPaid \$514.40 County Medical Ce	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I	\$226.40 County Medical Ce f Applicable) 4 AmountPaid \$514.40 County Medical Ce f Applicable)	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/18/20	\$226.40 County Medical Ce (f Applicable) 4 AmountPaid \$514.40 County Medical Ce (f Applicable) 023	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023	\$226.40 County Medical Ce (f Applicable) 4 AmountPaid \$514.40 County Medical Ce (f Applicable) 023 3	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/18/20	\$226.40 County Medical Ce (f Applicable) 4 AmountPaid \$514.40 County Medical Ce (f Applicable) 023 3	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023	\$226.40 County Medical Ce (f Applicable) 4 AmountPaid \$514.40 County Medical Ce (f Applicable) 023 3	Mental Health enter <u>Claim Category</u> Mental Health		
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023 9/20/2023-9/20/2023	\$226.40 County Medical Ce (f Applicable) 4 AmountPaid \$514.40 County Medical Ce (f Applicable) 023 3	Mental Health enter <u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023 9/20/2023-9/20/2023 CL2023-4177 Approval Date 12/14/2023	\$226.40 County Medical Ca f Applicable) 4 AmountPaid \$514.40 County Medical Ca f Applicable) 023 3 3 AmountPaid \$288.00	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023 9/20/2023-9/20/2023	\$226.40 County Medical Ca f Applicable) 4 AmountPaid \$514.40 County Medical Ca f Applicable) 023 3 3 AmountPaid \$288.00	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/18/20 10/4/2023-10/4/2023 9/20/2023-9/20/2023 CL2023-4177 Approval Date 12/14/2023 Payee: Northern F Date(s) of Settrace (I	\$226.40 County Medical Ce <u>f Applicable</u>) 4 <u>AmountPaid</u> \$514.40 County Medical Ce <u>f Applicable</u>) 023 3 3 <u>AmountPaid</u> \$288.00 Plains Children'S A <u>If Applicable</u>)	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/18/20 10/4/2023-10/4/2023 9/20/2023-9/20/2023 CL2023-4177 Approval Date 12/14/2023 Payee: Northern F	\$226.40 County Medical Ce <u>f Applicable</u>) 4 <u>AmountPaid</u> \$514.40 County Medical Ce <u>f Applicable</u>) 023 3 3 <u>AmountPaid</u> \$288.00 Plains Children'S A <u>If Applicable</u>)	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/18/20 10/4/2023-10/4/2023 9/20/2023-9/20/2023 CL2023-4177 Approval Date 12/14/2023 Payee: Northern F Date(s) of Settrace (I	\$226.40 County Medical Ce <u>f Applicable</u>) 4 <u>AmountPaid</u> \$514.40 County Medical Ce <u>f Applicable</u>) 023 3 3 <u>AmountPaid</u> \$288.00 Plains Children'S A <u>If Applicable</u>)	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	
Approval Date 02/28/2024 Payee: Mountrail Date(s) of Service (I 1/24/2024-1/24/2024 CL2023-CE73 Approval Date 12/21/2023 Payee: Mountrail Date(s) of Service (I 10/18/2023-10/4/2023 9/20/2023-9/20/2023 CL2023-4177 Approval Date 12/14/2023 Payee: Northern F Date(s) oC90190cc (I 7/17/2023-7/17/2023	\$226.40 County Medical Ce <u>f Applicable</u>) 4 <u>AmountPaid</u> \$514.40 County Medical Ce <u>f Applicable</u>) 023 3 3 <u>AmountPaid</u> \$288.00 Plains Children'S A <u>If Applicable</u>)	Mental Health enter Claim Category Mental Health enter Claim Category Medical	Medical Category (if applicable)	

		7-10 business days f CTRL+F, then ente	or processing and check issuance. ring text to search.
09/18/2023	\$370.40	Mental Health	
Payee: Mountrail	County Medical Ce	enter	
Date(s) of Service (I	<u>f Applicable)</u>		
9/6/2023-9/6/2023	5		
8/30/2023-8/30/2023	D		
Case ID Number: CS2	023-C46B	Victim Ir	iitials: M.S.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2023-0BB9			
<u>Approval Date</u> 12/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F		dvocacy	
<u>Date(s)</u> o £90f¢i ce (I 7/20/2023-7/20/2023			
Case ID Number: CS2	023-C49E	Victim Ir	iitials: K.A.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2023-2D96			
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F <u>Date(s)</u> o Ceeteic e (1 5/22/2023-5/22/2023	f Applicable)	Advocacy	
Case ID Number: CS2	023-C56D	Victim Ir	nitials: K.H.
Case Payment Totals: \$	1,230.25		
Claim Payments:			
CL2024-185F			
<u>Approval Date</u> 06/24/2024	<u>AmountPaid</u> \$379.61	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: E.H.	f Applicable)		
Date(s) of Service (I 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 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/02/2024	\$850.64	Mental Health	
Payee: E.H.			

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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) 3/5/2024-3/5/2024 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: \$3	17.37		
Claim Payments:			
CL2023-CAD9			
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$29.37	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pla Date(s) o Ceetric e (If A 5/26/2023-5/26/2023		dvocacy	
CL2023-6101			
<u>Approval Date</u> 02/08/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ains Children'S A	dvocacy	
<u>Date(s)</u> o C90f/ei ce (If A 12/29/2022-12/29/202			
Case ID Number: CS202	23-C6B8	Victim In	nitials: K.E.
Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2024-FF78			
<u>Approval Date</u> 01/23/2024	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	\$288.00 dren'S Advocacv		
Date(s) of Service (If / 9/13/2023-9/13/2023	-		
Case ID Number: CS202	23-C852	Victim In	nitials: C.H.
Case Payment Totals: \$1	,724.00		
Claim Payments:			
CL2025-BDF8			
<u>Approval Date</u> 03/12/2025	<u>AmountPaid</u> \$96.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Summit Cou			
,	-		

NOTE: Upon payment approval, 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> 08/15/2024	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Summit Co	\$128.00	Mental Health		
Date(s) of Service (If	-			
7/2/2024-7/2/2024	Applicable)			
6/18/2024-6/18/2024	ł			
6/5/2024-6/5/2024				
5/21/2024-5/21/2024	ŀ			
5/2/2024-5/2/2024				
4/17/2024-4/17/2024	ŀ			
4/3/2024-4/3/2024				
3/21/2024-3/21/2024	+			
CL2024-4642				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/04/2024	\$1,500.00	Wage Loss		
Payee: C.H.				
Case ID Number: CS20	 023-C882	Victim Ir	itials: D.K.	
Case Payment Totals: \$				
	8,495.00			
Claim Payments:	8,495.00			
Claim Payments: CL2024-4EE5	8,495.00			
\$	8,495.00 <u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)	
CL2024-4EE5 Approval Date 05/13/2024		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K.	<u>AmountPaid</u> \$565.00			
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K. <u>Date(s) of Service (It</u>	<u>AmountPaid</u> \$565.00 f Applicable)			
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K.	<u>AmountPaid</u> \$565.00 f Applicable)			
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K. <u>Date(s) of Service (It</u>	<u>AmountPaid</u> \$565.00 f Applicable)			
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K. <u>Date(s) of Service (II</u> 4/29/2024-4/29/2024 CL2023-9E94 <u>Approval Date</u>	<u>AmountPaid</u> \$565.00 <u>f Applicable)</u> 4 <u>AmountPaid</u>	Medical <u>Claim Category</u>	Dental <u>Medical Category (if applicable)</u>	
CL2024-4EE5 <u>Approval Date</u> 05/13/2024 Payee: D.K. <u>Date(s) of Service (II</u> 4/29/2024-4/29/2024	<u>AmountPaid</u> \$565.00 <u>f Applicable)</u>	Medical	Dental	

NOTE: Upon payment approval, 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

Approval Date 10/24/2023 Payee: D.K. Date(s) of Service (If A 10/13/2023-10/13/2023		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
CL2023-8040			
<u>Approval Date</u> 09/10/2023 Payee: D.K.	<u>AmountPaid</u> \$1,780.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Date(s) of Service (If A 4/21/2023-4/21/2023	<u>applicable)</u>		
CL2023-279E			
<u>Approval Date</u> 09/08/2023	<u>AmountPaid</u> \$550.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental
Payee: D.K.	<i>4000100</i>		
<u>Date(s) of Service (If A</u> 7/20/2022-7/20/2022	<u>applicable)</u>		
CL2023-4A97			
Approval Date 08/21/2023	<u>AmountPaid</u> \$120.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage
Payee: D.K .	•		
Date(s) of Service (If A 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			

Cla			/ictims Compensation	07/03/2025
NOTE: Upon payment appro Document can be se		-	or processing and check issuance. ring text to search.	1:05:50AM
CL2023-BC11				
<u>Approval Date</u> 08/21/2023	<u>AmountPaid</u> \$500.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: D.K. <u>Date(s) of Service (I</u> 7/20/2023-7/20/2023				
CL2023-FD10				
Approval Date 08/21/2023 Payee: D.K.	<u>AmountPaid</u> \$15.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (I</u> 8/2/2022-8/2/2022	f Applicable)			
Case ID Number: CS2	023-C963	Victim Ir	iitials: R.S.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2023-071A				
<u>Approval Date</u> 02/09/2023 Payee: Northern F <u>Date(s)</u> o Ceeteic e (I 1/17/2023-1/17/2023	f Applicable)	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	023-C989	Victim Ir	iitials: B.S.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2023-01ED				
Approval Date 03/30/2023 Payee: Dakota Ch	AmountPaid \$288.00	<u>Claim Category</u> Mental Health Contor	Medical Category (if applicable)	
Date(s) of Service (I 2/6/2023-2/6/2023	-	Center		
Case ID Number: CS20	023-CB9E	Victim Ir	itials: M.H.	
Case Payment Totals: \$	12,500.00			
Claim Payments:				
CL2023-4AC4				
<u>Approval Date</u> 10/09/2023	<u>AmountPaid</u> \$2,844.88	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Mckenzie (Date(s) of Service (I	f Applicable)	System		
1/30/2023-1/30/2023	5			

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea	•	-	or processing and check issuance. ring text to search.	
CL2023-5405 <u>Approval Date</u> 10/09/2023	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Hospi <u>Date(s) of Service (If A</u> 1/30/2023-1/30/2023		Meuicai		
Case ID Number: CS202	3-CD7F	Victim Ir	nitials: R.S.	
Case Payment Totals: \$7 ,	679.40			
Claim Payments:				
CL2023-4F1E	A reason wat Datial	Olaima Catanam <i>i</i>	Madical Catagory (if applicable)	
<u>Approval Date</u> 04/24/2023	<u>AmountPaid</u> \$6,688.20	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Chi St. Alexie		on (Mercy		
<u>Date(s)</u> o Mssii@at) (If A 12/5/2022-12/5/2022	<u>pplicable)</u>			
CL2023-054C				
<u>Approval Date</u> 04/11/2023	<u>AmountPaid</u> \$991.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Alexi Date(s) o Meelicat) (If A 12/5/2022-12/5/2022		on (Mercy		
Case ID Number: CS202	3-CDD5	Victim Ir	nitials: E.M.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2023-531E				
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla		dvocacy		
<u>Date(s)</u> o C9etkeic e (If A 8/10/2023-8/10/2023	pplicable)			
Case ID Number: CS202	3-CF16	Victim Ir	nitials: W.S.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2023-A34E				
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o C90teic e (If A		dvocacy		
4/26/2023-4/26/2023				

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS20)23-CF77	Victim In	itials: I.G.
Case Payment Totals: \$6	6,200.00		
Claim Payments:			
CL2023-A606			
<u>Approval Date</u> 10/23/2023	<u>AmountPaid</u> \$160.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered		Lorenz	
<u>Date(s) of Service (If</u> 10/17/2023-10/17/202			
CL2023-09A3			
<u>Approval Date</u> 09/05/2023	<u>AmountPaid</u> \$160.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered		Lorenz	
Date(s) of Service (If 8/17/2023-8/17/2023			
CL2023-4A07			
<u>Approval Date</u> 08/04/2023	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered		Lorenz	
Date(s) of Service (If 8/3/2023-8/3/2023	<u>Applicable</u>)		
CL2023-E18F			
<u>Approval Date</u> 06/19/2023	<u>AmountPaid</u> \$640.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Empowered		Lorenz	
Date(s) of Service (If 5/23/2023-5/23/2023			
5/16/2023-5/16/2023			
5/12/2023-5/12/2023			
CL2023-4110			
<u>Approval Date</u> 05/10/2023	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)
Payee: Fulkerson I	-	- unoral	
Case ID Number: CS20	122 D000	Victim In	nitials: T.M.
Case ID Number: C320		victini II	
Claim Payments:	+00.00		
Claim Payments.			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
ND Crime Victims Compen PO Box 1898	sation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov

	North E	Dakota Crime	Victims Compensation	
Clain	n Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approv Document can be sea				
06/08/2023	\$192.00	Mental Health		
Payee: Northern Pla		Advocacy		
<u>Date(s)</u> o Centric e (If A 5/19/2023-5/19/2023	<u>pplicable)</u>			
CL2023-461E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/04/2023 Payee: Northern Pla	\$288.00	Medical	Hospital or Clinic	
<u>Date(s)</u> o Centeric e (If A 4/17/2023-4/17/2023		uvocacy		
Case ID Number: CS202	3-D0E2	Victim Ir	nitials: E.M.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2023-0740				
<u>Approval Date</u> 09/14/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	• • • • •			
Date(s) o Centraic e (If A 8/7/2023-8/7/2023		-		
Case ID Number: CS202	3-D28B	Victim Ir	nitials: A.V.	
Case Payment Totals: \$3,	022.93			
Claim Payments:				
CL2023-4B22				
<u>Approval Date</u> 06/27/2023	<u>AmountPaid</u> \$406.36	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota Child	-	/ Center		
<u>Date(s) of Service (If A</u> 5/4/2023-5/4/2023	<u>pplicable)</u>			
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>	AmountPaid	Claim Category	Medical Category (if applicable)	
04/25/2023 Payee: Dakota Child	\$1,211.26 Iren'S Advocacy	Mental Health		
Date(s) of Service (If A	-	Jenter		
2/22/2023-2/22/2023	<u> </u>			
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				
10/10/000 10/10/000	2			
12/19/2022-12/19/2022				

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

CL2023-35C0

Approval Date 03/30/2023	<u>AmountPaid</u> \$1,405.31	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	. ,		
Date(s) of Service (If Ap	-		
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: CS202	3-D3BC	Victim In	nitials: H.N.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2024-9B0F			
<u>Approval Date</u> 01/23/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child			
Date(s) of Service (If A) 9/26/2023-9/26/2023	oplicable)		
Case ID Number: CS202		Victim In	nitials: T.D.
Case Payment Totals: \$40	.00		
Claim Payments:			
CL2023-C9D4			
Approval Date 07/24/2023 Payee: Mid Dakota C Date(s) of Service (If Ar 6/7/2023-6/7/2023		<u>Claim Category</u> Medical ealth	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS202	3-D87C	Victim In	nitials: D.L.
Case Payment Totals: \$17	5.00		
Claim Payments:			
CL2023-E5C4			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
03/27/2023 Payee: D.L.	\$175.00	Mental Health	

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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

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Case ID Number: CS2023-D891		Victim Ir	nitials: L.S.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2023-0294 <u>Approval Date</u> 12/14/2023 Payee: Northern Plate <u>Date(s) of Setrice (If A</u> 7/20/2023-7/20/2023		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS202	3-D8B2	Victim Ir	itials: D.S.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2023-3E5D <u>Approval Date</u> 03/13/2023 Payee: Northern Pla <u>Date(s) oCentraice (If A</u> 1/20/2023-1/20/2023		<u>Claim Category</u> Mental Health Advocacy	Medical Category (if applicable)
Case ID Number: CS202	3-D9D3	Victim Ir	nitials: T.A.
Case Payment Totals: \$1 ,	144.00		
Claim Payments:			
CL2024-FECB <u>Approval Date</u> 10/09/2024 Payee: Decoteau Tra <u>Date(s) oPSactice,(PIA</u> 7/18/2024-7/18/2024		<u>Claim Category</u> Mental Health Care &	Medical Category (if applicable)
CL2024-C222			
<u>Approval Date</u> 09/17/2024 Payee: Decoteau Tra		<u>Claim Category</u> Mental Health Care &	Medical Category (if applicable)
<u>Date(s)</u> o P5actice ,([f]]A 7/18/2024-7/18/2024	<u>pplicable)</u>		

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

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Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	3-DC5D	Victim Ir	nitials: M.U.
Case Payment Totals: \$28	8.00		
Claim Payments:			
CL2023-DDA7			
<u>Approval Date</u> 06/06/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plai Date(s) o C9eteic e (If A 5/31/2023-5/31/2023		dvocacy	
Case ID Number: CS202	3-DC7E	Victim Ir	nitials: G.S.
Case Payment Totals: \$62	4.00		
Claim Payments:			
CL2023-CAFC			
<u>Approval Date</u> 12/18/2023	<u>AmountPaid</u> \$336.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Plai <u>Date(s)</u> o Center (If A) 6/26/2023-6/26/2023 6/5/2023-6/5/2023		dvocacy	
CL2023-EF32			
Approval Date 09/20/2023 Payee: Northern Plai Date(s) oCentreice (If A 8/4/2023-8/4/2023 7/6/2023-7/6/2023		<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)
Case ID Number: CS202	3-DE4C	Victim Ir	nitials: T.S.
Case Payment Totals: \$4, 6	646.00		
Claim Payments:			
CL2023-88DF			
<u>Approval Date</u> 03/02/2023 Payee: Thomas Fune	AmountPaid \$3,951.00 eral Home	<u>Claim Category</u> Funeral	Medical Category (if applicable)
CL2023-B78C			
<u>Approval Date</u> 03/02/2023	<u>AmountPaid</u> \$695.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)
Payee: F.T.			

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Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: \$2,4	09.06			
Claim Payments:				
CL2024-671D				
<u>Approval Date</u> 07/30/2024	<u>AmountPaid</u> \$394.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: D.M.				
<u>Date(s) of Service (If Ap</u> 11/10/2023-11/10/2023 11/3/2023-11/3/2023	<u>pplicable)</u>			
CL2024-6C32				
Approval Date 07/30/2024	AmountPaid \$53.87	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: D.M.			•	
<u>Date(s) of Service (If Ap</u> 2/1/2024-2/1/2024	plicable)			
CL2024-90E7				
<u>Approval Date</u> 07/10/2024	<u>AmountPaid</u> \$78.96	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Nelson Count Date(s) of Service (If Ap 11/3/2023-11/3/2023 11/10/2023-11/10/2023				
CL2024-07CB				
Approval Date 03/14/2024	<u>AmountPaid</u> \$394.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Nelson Count				
<u>Date(s) of Service (If Ap</u> 11/10/2023-11/10/2023 11/3/2023-11/3/2023	pplicable)			
CL2024-6443				
<u>Approval Date</u> 01/12/2024	<u>AmountPaid</u> \$1,486.63	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Altru Health S	ystem			
Date(s) of Service (If Ap 11/14/2023-11/14/2023 11/13/2023-11/13/2023 11/30/2023-11/30/2023	pplicable)			
Case ID Number: CS2023	B-DFDD	Victim Ini	tials: H.E.	
Case Payment Totals: \$288	3.00			
Claim Payments:				
ND Crime Victims Compensa	tion. DOCR	Phone: (701)-328-	-6195: 1-800-445-2322	

Clair			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM		
NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F , then entering text to search.						
CL2023-67AB						
<u>Approval Date</u> 07/14/2023 Payee: Northern Pla <u>Date(s)</u> o C9eteic e (If, 5/31/2023-5/31/2023		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Case ID Number: CS20	23-E0E2	Victim In	itials: L.L.			
Case Payment Totals: \$2	88.00					
Claim Payments:						
CL2024-B50B						
<u>Approval Date</u> 01/23/2024 Payee: Dakota Chil <u>Date(s) of Service (If</u> 11/15/2023-11/15/202	Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Case ID Number: CS20	23-E0F4	Victim In	itials: K.I.			
Case Payment Totals: \$1 Claim Payments: CL2023-D9E7 <u>Approval Date</u> 12/14/2023 Payee: Sanford Hea <u>Date(s) of Service (If</u> 10/13/2023-10/13/202	AmountPaid \$15,802.24 alth Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic			
Case ID Number: CS20	23-E195	Victim In	iitials: A.B.			
Case Payment Totals: \$2 Claim Payments: CL2023-CC7D <u>Approval Date</u> 03/13/2023 Payee: Northern Pla Date(s) o Centric e (If <i>J</i> 1/23/2023-1/23/2023	<u>AmountPaid</u> \$288.00 ains Children'S A	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>			
Case ID Number: CS20	23-E3B6	Victim In	iitials: E.H.			
Case Payment Totals: \$1	.326.34					
Claim Payments:	,					
Cl2024-AF5B						
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)			
ND Crime Victims Compens	sation, DOCR	· · ·	8-6195; 1-800-445-2322			

Email: DOCRcompensation@nd.gov

NOTE: Upon payment approval, 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 Payee: E.H.	\$521.39	Mental Health		
Date(s) of Service (If A	<u>Applicable)</u>			
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				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
04/02/2024	\$804.95	Mental Health		
Payee: E.H.				
Date(s) of Service (If A	<u>Applicable)</u>			
3/6/2024-3/6/2024 2/21/2024-2/21/2024				
2/2//2024-2/2//2024				
1/31/2024-1/31/2024				
1/17/2024-1/17/2024				
1/3/2024-1/3/2024				
e ID Number: CS202	23-E53A	Victim Ir	nitials: D.G.	
		Victimi		
se Payment Totals: \$8	,959.20			
aim Payments:				
CL2023-4EA8				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
11/13/2023	\$900.00	Wage Loss		
Payee: D.G.				
CL2023-E9AA Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/05/2023	\$1,800.00	Wage Loss		
Payee: D.G.	, ,	0		
N 0000 4505				
CL2023-1595	AmountDaid	Claim Catagory	Medical Category (if applicable)	
<u>Approval Date</u> 09/29/2023	<u>AmountPaid</u> \$427.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity Medic	+	mealoui		
Date(s) of Service (If A	•			
7/18/2023-7/18/2023				
7/21/2023-7/21/2023				
CL2023-5C3B				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
Crime Victims Compens	ation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
Box 1898		, ,	npensation@nd.gov	
marck, ND 58502-1898		2a <u>200100</u>	<u></u>	Page 621 of

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/21/2023 \$3,075.20 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 7/7/2023-7/7/2023 CL2023-1C7A Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 08/21/2023 \$238.40 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 7/24/2023-7/24/2023 CL2023-4E11 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/21/2023 \$232.00 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 7/14/2023-7/14/2023 CL2023-9237 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/21/2023 \$186.40 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 7/24/2023-7/24/2023

Case ID Number: CS2023-E57D

Victim Initials: K.H.

Case Payment Totals: \$654.58

Claim Payments:

CL2024-E26E

Approval Date 08/21/2024	<u>AmountPaid</u> \$379.07	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford He	alth		
Date(s) of Service (If 8/21/2023-8/21/2023	Applicable)		
CL2024-5609			
<u>Approval Date</u> 07/10/2024	<u>AmountPaid</u> \$116.42	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: D.H.			
Date(s) of Service (If	Applicable)		
8/21/2023-8/21/2023			
ND Crime Victims Compen	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322

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

C			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment app Document can be	1:05:50AM			
CL2023-AB31 <u>Approval Date</u> 11/29/2023 Payee: Sanford I <u>Date(s) of Service</u> 8/21/2023-8/21/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS		Victim Ir	nitials: I.P.	
	¢000.00			
Case Payment Totals:	\$200.00			
Claim Payments:				
CL2023-5299 <u>Approval Date</u> 01/02/2024 Payee: Northern <u>Date(s)</u> o C99t@c e 2/8/2023-2/8/2023	<u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2023-EA4E	Victim Ir	nitials: S.F.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-B4B8 Approval Date 06/11/2023		<u>Claim Category</u> Medical 7 Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2023-EAA1	Victim II	nitials: K.B.	
Case Payment Totals:	\$130.35			
Claim Payments:	• • • • •			
CL2023-8D29 <u>Approval Date</u> 07/31/2023 Payee: K.B.	<u>AmountPaid</u> \$130.35	<u>Claim Category</u> Travel	Medical Category (if applicable)	
Case ID Number: CS	2023-ECDE	Victim Ir	nitials: A.B.	
Case Payment Totals:	\$3,600.00			
Claim Payments:				
CL2024-46B3 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp PO Box 1898	ensation, DOCR	• •	8-6195; 1-800-445-2322 mpensation@nd.gov	Dogo 602 of 7

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North Dakota Crime Victims Compensation				
Claim Payments: Service Providers & Personal Reimbursements, by Case	07/03/2025 1:05:50AN			
NOTE: Upon payment approval, 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\$95.12Mental HealthPayee:Soul Survivor Counseling Services, PcDate(s) of Service (If Applicable)9/30/2024-9/30/2024				
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				
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				
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				
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 <u>Approval Date</u> <u>AmountPaid</u> <u>Claim Category</u> <u>Medical Category (if applicable)</u>				

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Approval Date AmountPaid Claim Category Medical Category (if applicable) \$1,164.88 Mental Health 11/27/2023 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:

CI 2024-E6D9

CL2024-L0D9			
<u>Approval Date</u> 04/19/2024	<u>AmountPaid</u> \$232.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Chi St. Ale	xius Health Willist	on (Mercy	
<u>Date(s)</u> o Meeliøal) (I 10/28/2022-10/28/20			
CL2023-217D			
<u>Approval Date</u> 11/06/2023	<u>AmountPaid</u> \$705.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Mercy Med	lical Center		
<u>Date(s) of Service (I</u> 10/28/2022-10/28/20			
Case ID Number: CS2	023-EFDB	Victim II	nitials: A.M.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2023-6AB7			
<u>Approval Date</u> 05/04/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F	Plains Children'S A	dvocacy	
Date(s) o Ceeteic e (I	f Applicable)		

4/13/2023-4/13/2023

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

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	3-F0F0	Victim In	itials: M.M.	
Case Payment Totals: \$1, 9	944.00			
Claim Payments:				
CL2023-B39B				
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$480.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plat <u>Date(s)</u> o Centeic e (If A 9/19/2023-9/19/2023 9/5/2023-9/5/2023 8/21/2023-8/21/2023		dvocacy		
CL2023-5D5B				
<u>Approval Date</u> 09/20/2023	<u>AmountPaid</u> \$1,176.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Plai <u>Date(s)</u> o Coetvice (If A 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		uvocacy		
CL2023-2D2D				
<u>Approval Date</u> 02/08/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Centeic e (If A 1/10/2023-1/10/2023		dvocacy		
Case ID Number: CS202	3-F424	Victim In	itials: A.R.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2023-1955 <u>Approval Date</u> 04/19/2023 Payee: Northern Plai <u>Date(s) of Setraice (If A</u> 2/28/2023-2/28/2023		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	3-FA5D	Victim In	itials: V.T.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
ND Crime Victims Compensa PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Daga 626 of 725

	North D)akota Crime '	Victims Compensation		
Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/ 1:05:5					
		7-10 business days CTRL+F, then ente	for processing and check issuance. ring text to search.		
CL2023-C51D					
Approval Date	AmountPaid	Claim Category	<u>Medical Category (if applicable)</u>		
01/02/2024 Pavee: Northern	\$288.00 Plains Children'S A	Medical	Hospital or Clinic		
Date(s) o Centeic e (11/15/2023-11/15/2	If Applicable)				
Case ID Number: CS2	2023-FABE	Victim II	nitials: S.F.		
Case Payment Totals:	\$912.00				
Claim Payments:					
CL2023-3338					
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		
12/18/2023	\$336.00 Plains Children'S A	Mental Health			
Date(s) o Ceete ice (luvocacy			
6/12/2023-6/12/202					
5/26/2023-5/26/202	3				
CL2023-B20D					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
09/20/2023	\$288.00	Mental Health			
Payee: Northern Date(s) o Ceenteic e (Plains Children'S A	dvocacy			
7/21/2023-7/21/202					
6/26/2023-6/26/202	3				
CL2023-8767					
Approval Date			Medical Category (if applicable)		
05/05/2023	\$288.00	Medical	Hospital or Clinic		
Payee: Northern Date(s) o Cente ice (Plains Children'S A	dvocacy			
4/24/2023-4/24/202					
Case ID Number: CS2	2023-FB30	Victim II	nitials: A.F.		
Case Payment Totals:	\$1,520.00				
Claim Payments:					
CL2023-0E69					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
07/18/2023	\$288.00 Blaing Childron's A	Mental Health			
Date(s) o Ceete ice (Plains Children'S A If Applicable)	uvocacy			
6/27/2023-6/27/202					
6/5/2023-6/5/2023					
CL2023-C88E					
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)		
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	28-6195; 1-800-445-2322		
PO Box 1898		• •	mpensation@nd.gov	Page 627 of 725	
Bismarck, ND 58502-189	8			, age 027 01720	

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07/18/2023 Payee: Northern Date(s) o CServer 5/26/2023-5/26/202 5/18/2023-5/18/202 5/4/2023-5/4/2023	23			
CL2023-D417 Approval Date 06/08/2023	<u>AmountPaid</u> \$268.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Plains Children'S A (If Applicable) 23	Advocacy		
CL2023-A59D Approval Date 05/05/2023	AmountPaid \$268.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	Plains Children'S A (If Applicable) 23			
CL2023-A5AC Approval Date 04/19/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C3eteic e 3/21/2023-3/21/202		Advocacy		
ase ID Number: CS	2023-FBCF	Victim I	nitials: B.H.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-CA83				
<u>Approval Date</u> 12/01/2023	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota C	hildren'S Advocacy	/ Center		
Date(s) of Service 9/11/2023-9/11/202				
ase ID Number: CS	2023-FD24	Victim I	nitials: K.H.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2023-A7D6 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp PO Box 1898 Bismarck, ND 58502-189		• •	28-6195; 1-800-445-2322 mpensation@nd.gov	Page 628 of

07/03/2025

		7-10 business days f CTRL+F, then ente	or processing and check issuance. ring text to search.
06/11/2023 Payee: Dakota C <u>Date(s) of Service (</u> 3/13/2023-3/13/202		Medical 7 Center	Hospital or Clinic
Case ID Number: CS2	2024-0486	Victim Ir	nitials: C.S.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-53C3			
Approval Date 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern <u>Date(s)</u> o Coeteic e 4/26/2024-4/26/202		Advocacy	
Case ID Number: CS2	2024-06BC	Victim Ir	nitials: E.Y.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-5E13			
Approval Date 05/15/2024 Payee: Dakota C Date(s) of Service 3/6/2024-3/6/2024	<u>AmountPaid</u> \$288.00 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic
Case ID Number: CS2	2024-06ED	Victim Ir	nitials: S.B.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-7A0C			
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern <u>Date(s)</u> o f 90/97 6/12/2024-6/12/202		\dvocacy	
Case ID Number: CS2	2024-0848	Victim Ir	nitials: C.P.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-4267			
Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 05/15/2024 \$288.00 Payee: Northern Plains Children'S Advocacy Date(s) of Genteice (If Applicable) 2/15/2024-2/15/2024 Victim Initials: T.B. Case ID Number: CS2024-0950 Case Payment Totals: \$1,260.00 Claim Payments: CL2024-95EF Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/14/2024 \$1,260.00 Wage Loss Payee: T.B. Victim Initials: D.O. Case ID Number: CS2024-0A41 Case Payment Totals: \$4,168.34 Claim Payments: CL2025-11BF Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 05/14/2025 \$1,099.80 Medical 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 AmountPaid Claim Category Medical Category (if applicable) 05/14/2025 \$765.41 Medical 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 AmountPaid Claim Category Medical Category (if applicable) 05/14/2025 \$200.55 Medical Hospital or Clinic Payee: D.O. Date(s) of Service (If Applicable) 5/26/2024-5/26/2024 CL2025-A5C0 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 05/14/2025 \$294.32 Medical Payee: D.O.

North Dakota Crime Victims Compensation

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 05/14/2025 \$208.26 Medical Hospital or Clinic Payee: D.O. Date(s) of Service (If Applicable) 6/5/2024-6/5/2024 CL2025-E979 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/14/2025 \$1,600.00 Medical Hospital or Clinic Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/21/2024 \$277.60 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 5/20/2024-5/20/2024 **CL2024-1DAE** Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/21/2024 \$60.00 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 7/3/2024-7/3/2024 CL2024-45BA Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 10/21/2024 \$54.40 Payee: Sanford Health Date(s) of Service (If Applicable) 5/29/2024-5/29/2024 CL2024-7A85 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 10/21/2024 \$47.54 Medical Hospital or Clinic Pavee: Sanford Health Date(s) of Service (If Applicable) 4/5/2024-4/5/2024

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 10/21/2024 \$376.80 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 7/3/2024-7/3/2024 CL2024-B4AD AmountPaid Medical Category (if applicable) Approval Date Claim Category 10/21/2024 \$47.54 Medical Hospital or Clinic Pavee: Sanford Health Date(s) of Service (If Applicable) 4/24/2024-4/24/2024 CL2024-C975 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/21/2024 \$215.20 Medical Hospital or Clinic Payee: Sanford Health Date(s) of Service (If Applicable) 7/24/2024-7/24/2024 CL2024-1B9A AmountPaid Claim Category Medical Category (if applicable) Approval Date 06/18/2024 \$1,127.90 Medical Hospital or Clinic Payee: Altru Health System Date(s) of Service (If Applicable) 3/10/2024-3/10/2024 Case ID Number: CS2024-0D6F Victim Initials: M.M. Case Payment Totals: \$616.45 Claim Payments: CL2024-B389 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 12/13/2024 \$344.89 Payee: Northwest Therapy Services Llc Date(s) of Service (If Applicable) 7/17/2024-7/17/2024 6/25/2024-6/25/2024 CL2024-ECD3 AmountPaid Claim Category Medical Category (if applicable) Approval Date 11/18/2024 \$271.56 Medical Hospital or Clinic Payee: Chi St. Alexius Health Williston (Mercy Date(s) of Meetinal (If Applicable) 6/20/2024-6/20/2024

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 09/25/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 6/12/2024-6/12/2024 Case ID Number: CS2024-1141 Victim Initials: A.L. Case Payment Totals: \$288.00 Claim Payments: CL2025-238F Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 01/10/2025 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softeice (If Applicable) 11/1/2024-11/1/2024 Case ID Number: CS2024-124E Victim Initials: M.M. Case Payment Totals: \$288.00 Claim Payments: CL2024-D703 Approval Date AmountPaid Claim Category Medical Category (if applicable) 03/20/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contence (If Applicable) 1/29/2024-1/29/2024 Case ID Number: CS2024-14E6 Victim Initials: G.A. Case Payment Totals: \$288.00 Claim Payments: CL2024-D739 AmountPaid Claim Category Medical Category (if applicable) Approval Date 05/15/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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: CS202	24-16C1	Victim In	itials: C.J.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-DC03				
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla	•		Hospital of Clinic	
Date(s) o Centeic e (If A				
4/12/2024-4/12/2024				
Case ID Number: CS202	24-198C	Victim In	itials: E.P.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-4AFA				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
05/15/2024 Payee: Northern Pla	\$288.00 hins Children'S A	Medical	Hospital or Clinic	
Date(s) o Cente ice (If A		·····,		
2/15/2024-2/15/2024				
Case ID Number: CS202	24-1B79	Victim In	itials: B.V.	
	-			
Case Payment Totals: \$3 ,	,800.80			
Claim Payments:				
CL2025-6415				
<u>Approval Date</u> 06/12/2025	<u>AmountPaid</u> \$532.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern Pla	ins Children'S A			
Date(s) of Coentraice (If A	<u>Applicable)</u>			
4/30/2025-4/30/2025 4/17/2025-4/17/2025				
4/9/2025-4/9/2025				
CL2025-66BA				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/22/2025	\$624.00	Mental Health		
Payee: Northern Pla		dvocacy		
<u>Date(s) oCeateice (If A</u> 3/31/2025-3/31/2025	<u>Applicable)</u>			
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>	Medical Category (if applicable)	
ND Crime Victims Compens	ation DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		• •	npensation@nd.gov	Daga 624 of 72

			/ictims Compensation	07/02/2020
Cla	im Payments: Se	ervice Providers &	Personal Reimbursements, by Case	07/03/2025 1:05:50AN
OTE: Upon payment appr Document can be se	-	-	or processing and check issuance. ring text to search.	
05/01/2025 Payee: Northern F Date(s) o Coerteic e (I 2/25/2025-2/25/2025 2/18/2025-2/18/2025 2/10/2025-2/10/2025	<u>f Applicable)</u> 5 5	Mental Health . dvocacy		
CL2025-0181				
<u>Approval Date</u> 03/27/2025	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F <u>Date(s)</u> o Ceatai ce (l 12/9/2024-12/9/2024	f Applicable)	dvocacy		
CL2025-C354				
<u>Approval Date</u> 01/10/2025	<u>AmountPaid</u> \$144.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F <u>Date(s)</u> o C3ettaic e (I 11/5/2024-11/5/2024	f Applicable)	dvocacy		
CL2024-A9EC				
Approval Date 12/17/2024 Payee: Northern F Date(s) o Centraic e (I' 9/24/2024-9/24/2024 9/17/2024-9/17/2024 9/5/2024-9/5/2024	<u>f Applicable)</u> 1	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2024-E22C				
Approval Date 10/31/2024 Payee: Northern F Date(s) of Settrace (li 8/21/2024-8/21/2024 8/6/2024-8/6/2024	f Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
CL2024-E84B				
Approval Date 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F Date(s) o Ceetteic e (l	<u>f Applicable)</u> 1	dvocacy		
7/29/2024-7/29/2024 7/22/2024-7/22/2024				

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07/03/2025 1:05:50AM

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CL2024-F55F <u>Approval Date</u> 08/15/2024 Payee: Northern F <u>Date(s) oCentratice (1</u> 5/29/2024-5/29/2024 5/8/2024-5/8/2024 5/3/2024-5/3/2024	f Applicable)	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
CL2024-E372 <u>Approval Date</u> 07/10/2024 Payee: Northern F <u>Date(s)</u> o C90t @ce (1 4/2/2024-4/2/2024		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	024-1C68	Victim Ir	itials: N.S.	
Case Payment Totals: \$ Claim Payments: CL2024-6026 Approval Date 05/15/2024 Payee: Northern F Date(s) of Set Price (I 3/20/2024-3/20/2024	<u>AmountPaid</u> \$288.00 Plains Children'S A If Applicable)	<u>Claim Category</u> Medical Idvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	024-1E16	Victim Ir	nitials: E.L.	
Case Payment Totals: \$ Claim Payments: CL2024-B459 <u>Approval Date</u> 11/26/2024 Payee: A.J.	5,000.00 <u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS2	024-1FFF	Victim Ir	nitials: C.G.	
Case Payment Totals: \$	51,823.03			
Claim Payments: CL2025-C08F <u>Approval Date</u> 05/14/2025 Payee: Soul Survi	<u>AmountPaid</u> \$136.52 ivor Counseling Se	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
ND Crime Victims Compe PO Box 1898	nsation, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Daga 626 of 72

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health \$136.52 04/07/2025 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 3/17/2025-3/17/2025 CL2025-BC28 Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/07/2025 \$105.30 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 1/6/2025-1/6/2025 CL2025-5F2E Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/21/2025 \$105.30 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 1/2/2025-1/2/2025 CL2024-3279 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/04/2024 \$66.60 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 8/6/2024-8/6/2024 CL2024-D468 Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/14/2024 \$204.46 Mental Health 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 07/09/2024 \$552.79 Mental Health 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 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322 PO Box 1898 Email: DOCRcompensation@nd.gov Bismarck, ND 58502-1898

CI	aim Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow a searched by clicking	•	for processing and check issuance. ring text to search.	1.00.00410
05/28/2024	\$515.54	Mental Health		
Payee: Soul Surv	vivor Counseling Se	ervices, Pc		
Date(s) of Service	(If Applicable)			
5/1/2024-5/1/2024				
4/24/2024-4/24/202 4/10/2024-4/10/202				
4/10/2024-4/10/202	-4			
Case ID Number: CS2	2024-2093	Victim Ir	nitials: E.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-4648				
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
Date(s) o C9et¢i ce 4/30/2024-4/30/202				
Case ID Number: CS2	2024-22CB	Victim Ir	nitials: P.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-13F5				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/31/2024	\$288.00	Medical	Hospital or Clinic	
	Plains Children'S A	dvocacy		
<u>Date(s)</u> o £99t¢i ce 7/11/2024-7/11/202				
Case ID Number: CS2	2024-269F	Victim Ir	nitials: D.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2025-5867				
<u>Approval Date</u> 01/10/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
<u>Date(s)</u> o C99/eic e 11/21/2024-11/21/2	· · · · · · · · · · · · · · · · · · ·			
Case ID Number: CS2	2024-26EB	Victim Ir	nitials: J.E.	
Case Payment Totals:	\$3,969.00			
Claim Payments:				
CL2025-A420				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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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

se ID Number: CS202 ase Payment Totals: \$1,		Victim Ir	itials: L.B.	
<u>Date(s) of Service (If A</u> 12/4/2024-12/4/2024 11/21/2024-11/21/2024				
CL2025-2B22 <u>Approval Date</u> 01/09/2025 Payee: Trinity Medic	AmountPaid \$143.14 al Group	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2025-FD2F <u>Approval Date</u> 02/11/2025 Payee: Trinity Hospi <u>Date(s) of Service (If A</u> 1/21/2025-1/21/2025 1/2/2025-1/2/2025		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2025-274A <u>Approval Date</u> 03/06/2025 Payee: Trinity Medic <u>Date(s) of Service (If A</u> 1/30/2025-1/30/2025	-	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Date(s) of Service (If A 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	pplicable)			
05/29/2025 Payee: Laura Hower	\$190.18 y Siercks	<u>Claim Category</u> Mental Health		

CL2025-032F

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

ND Crime Victims Compensation, DOCR	Phone: (701)-328-6195; 1-800-445-2322
PO Box 1898	Email: <u>DOCRcompensation@nd.gov</u>
Bismarck, ND 58502-1898	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 04/25/2025 \$220.00 Payee: Date(s) of Service (If Applicable) 4/8/2025-4/8/2025 CL2025-A678 AmountPaid Claim Category Medical Category (if applicable) Approval Date 02/28/2025 \$660.00 Mental Health Payee: Staci Ekblad Professional Date(s) of Coenvised in grading the rapy Wellness 2/4/2025-2/4/2025 1/29/2025-1/29/2025 1/22/2025-1/22/2025 CL2024-2FF2 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 10/31/2024 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (If Applicable) 8/22/2024-8/22/2024 CL2024-CA77 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/09/2024 \$220.00 Mental Health Payee: Staci Ekblad Professional Date(s) of Countrading/Exploited Tenerapy 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 02/26/2025 \$120.00 Mental Health Payee: S.A. Date(s) of Service (If Applicable) 2/12/2025-2/12/2025 CL2025-472D Claim Category Medical Category (if applicable) Approval Date **AmountPaid** Mental Health 01/13/2025 \$120.00 Payee: S.A. Date(s) of Service (If Applicable) 1/2/2025-1/2/2025 CL2024-88A9 Approval Date AmountPaid Claim Category Medical Category (if applicable)

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 A	(nnliaghla)		
12/4/2024-12/4/2024	<u>Applicable</u>		
L2024-9CAC			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
11/21/2024	\$240.00	Mental Health	
Payee: S.A.			
Date(s) of Service (If A 10/29/2024-10/29/2024 10/15/2024-10/15/2024	4		
L2024-6941			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
09/24/2024	\$360.00	Mental Health	
Payee: S.A.			
Date(s) of Service (If A 9/11/2024-9/11/2024	<u>Applicable)</u>		
8/27/2024-8/27/2024			
7/16/2024-7/16/2024			
L2024-DFBB			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/20/2024	\$120.00	Mental Health	
Payee: S.A.			
Date(s) of Service (If A 8/13/2024-8/13/2024	Applicable)		
L2024-7FFE			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/15/2024	\$120.00	Mental Health	
Payee: S.A.			
<u>Date(s) of Service (If A</u> 7/30/2024-7/30/2024	<u>Applicable)</u>		
L2024-0D4E			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
07/09/2024	\$1,733.80	Mental Health	
–			

Payee: S.A.

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

CI 2024-9475

<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla	ains Children'S A	dvocacy		
<u>Date(s)</u> o C9010 0ce (If / 4/29/2024-4/29/2024	Applicable)			

Case ID Number: CS2024-3123

Victim Initials: K.K.

Case Payment Totals: \$288.00

Claim Payments:

CL2025-E746

Approval Date 05/20/2025

AmountPaid Claim Category

Medical

Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 9/20/2024-9/20/2024

\$288.00

Medical Category (if applicable) Hospital or Clinic

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>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensation, DOCR PO Box 1898		()	8-6195; 1-800-445-2322 npensation@nd.gov	
Bismarck, ND 58502-18	98		<u></u>	Page 642 of 725

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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.

08/20/2024 Payee: A.S.	\$5,000.00	Funeral		
CL2024-D02B <u>Approval Date</u> 08/20/2024 Payee: A.S. <u>Date(s) of Service (</u> 6/25/2023-6/25/202		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2024-E1CD <u>Approval Date</u> 08/20/2024 Payee: A.S. <u>Date(s) of Service (</u> 6/26/2023-6/26/202	<u>AmountPaid</u> \$187.89 (If Applicable) 23	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2024-EC84 <u>Approval Date</u> 08/20/2024 Payee: A.S. <u>Date(s) of Service (</u> 6/26/2023-6/26/202		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2024-FE84 <u>Approval Date</u> 08/20/2024 Payee: A.S. <u>Date(s) of Service (</u> 6/26/2023-6/26/202		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
ase ID Number: CS2	2024-31F0	Victim Ir	nitials: K.M.	
Case Payment Totals: Claim Payments: CL2024-A9A2 <u>Approval Date</u> 10/31/2024 Payee: Northern <u>Date(s) of Soffeice (</u> 8/13/2024-8/13/202	<u>AmountPaid</u> \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Idvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
case ID Number: CS2 Case Payment Totals: Claim Payments:		Victim Ir	nitials: J.L.	
ID Crime Victims Compensation, DOCR 20 Box 1898			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 643 of

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025
NOTE: Upon payment approv Document can be sea	1:05:50AM			
	loned by bloking			
CL2024-6B8B <u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s)</u> o Ceet eice (If A 7/16/2024-7/16/2024		dvocacy		
Case ID Number: CS202	4-3376	Victim Ir	nitials: A.H.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2024-6501				
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla <u>Date(s) oC90teice (If A</u> 6/14/2024-6/14/2024		dvocacy		
Case ID Number: CS202	4-3442	Victim Ir	nitials: A.K.	
Case Payment Totals: \$28	38.00			
Claim Payments:				
CL2025-A784				
<u>Approval Date</u> 05/20/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child Date(s) of Service (If A 9/20/2024-9/20/2024	-	Center		
Case ID Number: CS202	4-34D2	Victim Ir	nitials: E.W.	
Case Payment Totals: \$2 ,	220.00			
Claim Payments:				
CL2024-54F9				
<u>Approval Date</u> 04/22/2024 Payee: E.W.	<u>AmountPaid</u> \$2,220.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS202	4-377D	Victim Ir	nitials: V.V.	
Case Payment Totals: \$28	8 00			
Claim Payments:				
CL2024-68D0 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compense	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: <u>DOCRcompensation@nd.gov</u>

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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05/15/2024

Medical \$288.00

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:

CI 2025-EEB0

<u>Approval Date</u> 03/28/2025	<u>AmountPaid</u> \$1,429.81	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Kaleidoscop	be Behavioral He	alth	
Date(s) of Service (If A	Applicable)		
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> 01/22/2025	<u>AmountPaid</u> \$134.15	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Hosp	oital		
Date(s) of Service (If / 4/22/2024-4/22/2024	Applicable)		
CL2024-6BBC			
<u>Approval Date</u> 09/24/2024	<u>AmountPaid</u> \$401.51	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Medi		Weated	
Date(s) of Service (If	-		
4/22/2024-4/22/2024	<u>Applicable)</u>		
CL2024-CBB6			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
08/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Northern Pla	ains Children'S A	dvocacy	
<u>Date(s)</u> o Centeic e (If / 5/7/2024-5/7/2024	Applicable)		
ase ID Number: CS202	24-3A3A	Victim In	itials: C.E.
Case Payment Totals: \$2	88.00		
-			
Claim Payments:			
Claim Payments: CL2024-25B2			

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

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

Email: DOCRcompensation@nd.gov

Claim Payments: Service Providers & Personal Reimbursements, by Case				07/03/2025 1:05:50AM	
NOTE: Upon payment app Document can be s					
05/15/2024	\$288.00	Medical	Hospital or Clinic		
Payee: Dakota Cl	hildren'S Advocacy	Center			
<u>Date(s) of Service (</u> 3/25/2024-3/25/202	(<u>If Applicable)</u> 24				
Case ID Number: CS2	2024-3CE9	Victim II	nitials: M.Y.		
Case Payment Totals:	\$288.00				
Claim Payments:					
CL2024-4587					
<u>Approval Date</u> 05/20/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
	Plains Children'S A	dvocacy			
<u>Date(s)</u> o Centeic e (3/18/2024-3/18/202					
Case ID Number: CS2	2024-3E0F	Victim Ir	nitials: A.M.		
Case Payment Totals:	\$2,283.30				
Claim Payments:					
CL2025-4A5A					
<u>Approval Date</u> 02/26/2025	<u>AmountPaid</u> \$2,283.30	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)		
Payee: A.M.		-			
Case ID Number: CS2	2024-3E71	Victim Ir	nitials: L.D.		
Case Payment Totals:	¢095 60				
2	\$ 303.00				
Claim Payments:					
CL2024-E79F	AmountDaid	Claim Catagory	Madical Catagory (if applicable)		
<u>Approval Date</u> 11/20/2024	<u>AmountPaid</u> \$145.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: The Villag	e Family Service C	enter			
<u>Date(s) of Service (</u> 10/3/2024-10/3/202					
CI 2024 4002					
CL2024-1B82 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)		
10/03/2024	\$840.00	Wage Loss	<u></u>		
Payee: L.D.					

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 08/15/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) oCenteice (If Applicable) 5/13/2024-5/13/2024 Case ID Number: CS2024-4115 Victim Initials: A.P. Case Payment Totals: \$400.00 Claim Payments: CL2025-B7EA Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 02/28/2025 \$400.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPservice, (PlApplicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/18/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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 AmountPaid Approval Date Claim Category Medical Category (if applicable) 06/12/2025 \$337.60 Mental Health Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 5/29/2025-5/29/2025

North Dakota Crime Victims Compensation

5/21/2025-5/21/2025

	North D	akota Crime V	Victims Compensation		
Claim Payments: Service Providers & Personal Reimbursements, by Case					
NOTE: Upon payment appro Document can be se		-	for processing and check issuance. ring text to search.		
CL2025-54D2					
Approval Date 05/22/2025	<u>AmountPaid</u> \$465.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau T <u>Date(s)</u> o P3actice,(P1 5/6/2025-5/6/2025 4/30/2025-4/30/2025 4/23/2025-4/23/2025	l Ap plicable)	Care &			
CL2025-7556					
<u>Approval Date</u> 04/25/2025	<u>AmountPaid</u> \$313.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: Decoteau T <u>Date(s)</u> o Pserfice,(R 4/15/2025-4/15/2025 4/9/2025-4/9/2025	Applicable)	Care &			
CL2025-17AD					
<u>Approval Date</u> 04/07/2025 Payee: Decoteau T	AmountPaid \$577.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Date(s) o PSactice, (M 4/2/2025-4/2/2025 3/27/2025-3/27/2025 3/12/2025-3/12/2025	Applicable)				
Case ID Number: CS20	24-465B	Victim Ir	nitials: L.M.		
Case Payment Totals: \$2	288.00				
Claim Payments:					
CL2024-4540					
Approval Date 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Northern P	+				
Date(s) o C89treic e (lf 8/13/2024-8/13/2024		-			
Case ID Number: CS20	24-4776	Victim Ir	nitials: P.L.		
Case Payment Totals: \$2	288.00				
Claim Payments:					
CL2024-4F70					
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Northern P	lains Children'S A	dvocacy			
<u>Date(s)</u> o C98/e ice (If 5/13/2024-5/13/2024					

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

Case ID Number: CS20	24-4B28	Victim Ir	nitials: T.S.	
Case Payment Totals: \$4	4,682.76			
Claim Payments:				
CL2024-F634				
<u>Approval Date</u> 04/26/2024	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Alternative Treatment	
Payee: Zynex Medi	\$40.00 ical	Medical	Alternative Treatment	
Date(s) of Service (If 9/7/2023-9/7/2023 9/7/2023-9/7/2023 11/9/2023-9/7/2023 9/9/2023-9/9/2023 9/8/2023-9/9/2023 10/9/2023-10/9/2023				
CL2024-0891				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/26/2024 Payee: Sanford He	\$2,673.04 alth	Medical	Hospital or Clinic	
Date(s) of Service (lf 11/30/2023-11/30/202 10/31/2023-10/31/202 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	23			
CL2024-22CD				
<u>Approval Date</u> 02/26/2024 Payee: T.S.	<u>AmountPaid</u> \$1,473.16	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If</u> 6/14/2023-12/8/2023	Applicable)			
CL2024-302A				
<u>Approval Date</u> 02/21/2024 Payee: T.S.	<u>AmountPaid</u> \$496.56	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service (If 6/15/2023-6/15/2023				
Case ID Number: CS20	24-4B46	Victim Ir	nitials: A.L.	
Case Payment Totals: \$1	1,332.00			
Claim Payments:				
CL2025-04B7 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compen PO Box 1898 Bismarck, ND 58502-1898	sation, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Page 649 of 725

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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) o**Coetic**e (If Applicable) 4/24/2025-4/24/2025 4/4/2025-4/4/2025

CL2025-7375

<u>Approval Date</u> 05/14/2025	<u>AmountPaid</u> \$576.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Northern Pl		dvocacy	
Date(s) o Centrace (If		-	
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			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/01/2025	\$288.00	Mental Health	
Payee: Northern Pl		dvocacy	
<u>Date(s)</u> o Ceate ice (If 2/21/2025-2/21/2025	Applicable)		
2/5/2025-2/5/2025			
21012020-21012020			
CL2025-E16A			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
04/07/2025	\$168.00	Mental Health	
Payee: Northern Pl		dvocacy	
<u>Date(s)</u> o Centeic e (If 1/16/2025-1/16/2025	<u>Applicable)</u>		
	24-4F22	Victim Ir	nitials: M.M.
Case ID Number: CS20		Victim Ir	nitials: M.M.
Case ID Number: CS20 Case Payment Totals: \$1		Victim Ir	nitials: M.M.
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments:		Victim Ir	nitials: M.M.
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C	00.00		
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments:		Victim Ir <u>Claim Category</u> Mental Health	nitials: M.M. Medical Category (if applicable)
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C Approval Date	00.00 <u>AmountPaid</u> \$100.00	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C Approval Date 05/01/2025 Payee: Resilient He Date(s) of Service (If, 3/4/2025-3/4/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C Approval Date 05/01/2025 Payee: Resilient He Date(s) of Service (If 3/4/2025-3/4/2025 2/6/2025-2/6/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025 Payee: Resilient He <u>Date(s) of Service (If</u> 3/4/2025-3/4/2025 2/6/2025-2/6/2025 1/30/2025-1/30/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025 Payee: Resilient He <u>Date(s) of Service (If,</u> 3/4/2025-3/4/2025 2/6/2025-2/6/2025 1/30/2025-1/30/2025 1/23/2025-1/23/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025 Payee: Resilient He <u>Date(s) of Service (If</u> 3/4/2025-3/4/2025 2/6/2025-2/6/2025 1/30/2025-1/30/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co	<u>Claim Category</u> Mental Health	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025 Payee: Resilient He <u>Date(s) of Service (If</u> 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	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co Applicable)	<u>Claim Category</u> Mental Health enter	<u>Medical Category (if applicable)</u>
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C <u>Approval Date</u> 05/01/2025 Payee: Resilient He <u>Date(s) of Service (If,</u> 3/4/2025-3/4/2025 2/6/2025-2/6/2025 1/30/2025-1/30/2025 1/23/2025-1/23/2025	00.00 <u>AmountPaid</u> \$100.00 ealth & Trauma Co Applicable)	<u>Claim Category</u> Mental Health enter	
Case ID Number: CS20 Case Payment Totals: \$1 Claim Payments: CL2025-C12C Approval Date 05/01/2025 Payee: Resilient He Date(s) of Service (If 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	00.00 AmountPaid \$100.00 ealth & Trauma Co Applicable) 24-4FFD	<u>Claim Category</u> Mental Health enter	<u>Medical Category (if applicable)</u>

Claim Payments:

	North E	Dakota Crime	Victims Compensation	
Clai			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be sea	-	•	for processing and check issuance. ring text to search.	
CL2024-CBD2				
<u>Approval Date</u> 10/23/2024	<u>AmountPaid</u> \$48.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv	or Counseling Se	ervices, Pc		
Date(s) of Service (If, 8/28/2024-8/28/2024 8/22/2024-8/22/2024 8/15/2024-8/15/2024	<u>Applicable)</u>			
CL2024-7E80				
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$64.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv				
<u>Date(s) of Service (If</u> 7/24/2024-7/24/2024	Applicable)			
7/17/2024-7/17/2024 7/10/2024-7/10/2024				
7/2/2024-7/2/2024				
CL2024-DB94				
<u>Approval Date</u> 08/14/2024	<u>AmountPaid</u> \$80.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Surviv Date(s) of Service (If	-	ervices, PC		
6/12/2024-6/12/2024	<u>, , , , , , , , , , , , , , , , , , , </u>			
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: CS20	24-5228	Victim Ir	nitials: Z.S.	
Case Payment Totals: \$2	2,744.50			
Claim Payments:				
CL2025-4354				
<u>Approval Date</u> 06/25/2025	<u>AmountPaid</u> \$104.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: The Edge O <u>Date(s)</u> o Services (If, 6/16/2025-6/16/2025		rapy		
CL2025-9415				
Approval Date 06/02/2025 Payee: The Edge O		<u>Claim Category</u> Mental Health rapy	Medical Category (if applicable)	
Date(s) o S9evides (If, 5/29/2025-5/29/2025				
CL2025-9400				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compension	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		· · ·	mpensation@nd.gov	Page 651 of 7
Bismarck ND 58502-1898				-

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Mental Health 05/14/2025 \$110.00 Payee: The Edge Of The Center Therapy Date(s) of Services (If Applicable) 4/29/2025-4/29/2025 CL2025-7FD8 AmountPaid Claim Category Medical Category (if applicable) Approval Date 04/25/2025 \$110.00 Mental Health Payee: The Edge Of The Center Therapy Date(s) o Services (If Applicable) 4/14/2025-4/14/2025 CL2025-D074 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 04/07/2025 \$110.00 Payee: The Edge Of The Center Therapy Date(s) oServices (If Applicable) 4/3/2025-4/3/2025 CL2025-0152 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$110.00 Mental Health 03/27/2025 Payee: The Edge Of The Center Therapy Date(s) oServices (If Applicable) 3/25/2025-3/25/2025 CL2025-602F Claim Category Approval Date AmountPaid Medical Category (if applicable) 03/14/2025 \$110.00 Mental Health Payee: The Edge Of The Center Therapy Date(s) of Secrites (If Applicable) 3/14/2025-3/14/2025 CL2025-C81F Approval Date Claim Category Medical Category (if applicable) AmountPaid 03/06/2025 \$110.00 Mental Health Payee: The Edge Of The Center Therapy Date(s) oServices (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) oServices (If Applicable) 2/25/2025-2/25/2025 CL2025-EBF9 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) Mental Health 02/28/2025 \$110.00 ND Crime Victims Compensation, DOCR

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

Payee: The Edge Date(s) o Services	e Of The Center The		ring text to search.
2/18/2025-2/18/202			
L2025-F540			
Approval Date 02/12/2025	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Edge <u>Date(s)</u> o Servives 2/12/2025-2/12/202		rapy	
L2025-9932			
Approval Date 02/07/2025	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Date(s) o Servives 2/3/2025-2/3/2025	e Of The Center The (If Applicable)	гару	
L2025-57A4			
<u>Approval Date</u> 01/22/2025	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Edge <u>Date(s)</u> o Services 1/21/2025-1/21/202		rapy	
L2025-37BD			
Approval Date 01/21/2025	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Edge <u>Date(s)</u> o Services 1/15/2025-1/15/202		rapy	
L2024-F589			
<u>Approval Date</u> 12/23/2024	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Edge <u>Date(s)</u> o \$9evides 12/19/2024-12/19/2		rapy	
L2024-02AC			
<u>Approval Date</u> 12/17/2024	<u>AmountPaid</u> \$110.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Edge <u>Date(s)</u> o Services 12/2/2024-12/2/202		rapy	
L2024-ACC2			
Approval Date 11/26/2024	<u>AmountPaid</u> \$550.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

NOTE: Upon payment approval, 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

Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/26/2024 \$440.00 Mental Health Payee: The Edge Of The Center Therapy Date(s) of Services (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

Claim Category

Medical

Case ID Number: CS2024-52B9

Victim Initials: B.H.

Medical Category (if applicable)

Hospital or Clinic

Case Payment Totals: \$288.00

Claim Payments:

CL2024-2FC5

Approval Date AmountPaid 08/15/2024 \$288.00 Payee: Northern Plains Children'S Advocacy

Date(s) of Genteice (If Applicable) 5/21/2024-5/21/2024

Case ID Number: CS2024-55E9

Bismarck, ND 58502-1898

Victim Initials: M.O.

Case Payment Totals:	\$1,329.20			
Claim Payments:				
CL2025-26AE				
<u>Approval Date</u> 02/07/2025	<u>AmountPaid</u> \$105.60	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Soul Sur	vivor Counseling Se	ervices, Pc		
Date(s) of Service 1/20/2025-1/20/20				
CL2024-3768				
<u>Approval Date</u> 12/30/2024	<u>AmountPaid</u> \$190.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	ea Ambulance Serv			
Date(s) of Service 5/8/2024-5/8/2024				
CL2024-F18E				
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRco</u> i	mpensation@nd.gov	Page 654 of 7

Claim			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear	-	-	for processing and check issuance. ring text to search.	1.00.00/11/
12/16/2024 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 12/10/2024-12/10/2024	\$140.00 r Counseling Se	Mental Health	5	
CL2024-959B <u>Approval Date</u> 11/21/2024 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 10/21/2024-10/21/2024	pplicable)	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2024-7951 <u>Approval Date</u> 10/23/2024 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 9/11/2024-9/11/2024	_	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2024-A63B <u>Approval Date</u> 09/25/2024 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 8/19/2024-8/19/2024	-	<u>Claim Category</u> Mental Health ervices, Pc	Medical Category (if applicable)	
CL2024-FE38 <u>Approval Date</u> 08/15/2024 Payee: Soul Survivo <u>Date(s) of Service (If A</u> 7/23/2024-7/23/2024 7/8/2024-7/8/2024	-	<u>Claim Category</u> Mental Health ervices, Pc	<u>Medical Category (if applicable)</u>	
Case ID Number: CS202	4-5785	Victim Ir	nitials: G.A.	
Case Payment Totals: \$28 Claim Payments: CL2024-ECA3 <u>Approval Date</u> 08/15/2024 Payee: Northern Pla <u>Date(s) oCeeteice (If A</u> 5/30/2024-5/30/2024	<u>AmountPaid</u> \$288.00 ins Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	4-58A2	Victim Ir	nitials: R.S.	
Case Payment Totals: \$28	8.00			
Claim Payments: 	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Cla		Oakota Crime V ervice Providers 8	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	•	•	or processing and check issuance. ring text to search.	1.00.00/ 11
CL2024-D91A <u>Approval Date</u> 06/18/2024 Payee: Dakota Chi <u>Date(s) of Service (li</u> 4/15/2024-4/15/2024	f Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20	024-5932	Victim In	itials: R.B.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2024-E2ED <u>Approval Date</u> 12/12/2024 Payee: Northern P <u>Date(s) of Setterce (It</u> 9/6/2024-9/6/2024		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
		Victim In	itials: C.H.	
Case Payment Totals: \$		Victim In	itials: C.H.	
Case Payment Totals: \$ Claim Payments:		Victim In	itials: C.H.	
-	AmountPaid \$64.46 fical Group	Victim In <u>Claim Category</u> Medical	i tials: C.H. <u>Medical Category (if applicable)</u> Hospital or Clinic	
Case Payment Totals: \$ Claim Payments: CL2024-EC33 <u>Approval Date</u> 12/12/2024 Payee: Trinity Mec <u>Date(s) of Service (It</u> 4/20/2024-4/20/2024	AmountPaid \$64.46 fical Group	Claim Category	Medical Category (if applicable)	
Case Payment Totals: \$ Claim Payments: CL2024-EC33 <u>Approval Date</u> 12/12/2024 Payee: Trinity Med Date(s) of Service (II 4/20/2024-4/20/2024 CL2024-5CEE <u>Approval Date</u> 10/09/2024	1,388.25 <u>AmountPaid</u> \$64.46 dical Group f <u>Applicable</u>) 4 <u>AmountPaid</u> \$224.00	Claim Category	Medical Category (if applicable)	
Case Payment Totals: \$ Claim Payments: CL2024-EC33 <u>Approval Date</u> 12/12/2024 Payee: Trinity Med Date(s) of Service (If 4/20/2024-4/20/2024 CL2024-5CEE <u>Approval Date</u>	1,388.25 <u>AmountPaid</u> §64.46 dical Group f Applicable) <u>AmountPaid</u> §224.00 ical Center f Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	
Case Payment Totals: \$ Claim Payments: CL2024-EC33 Approval Date 12/12/2024 Payee: Trinity Med Date(s) of Service (III 4/20/2024-4/20/2024 CL2024-5CEE Approval Date 10/09/2024 Payee: Tioga Medi Date(s) of Service (III 5/31/2024-5/31/2024 7/5/2024-7/5/2024 7/10/2024-7/5/2024 7/10/2024-7/10/2024 6/21/2024-6/21/2024 6/7/2024-6/7/2024 6/12/2024-6/7/2024 6/28/2024-6/28/2024 5/20/2024-5/20/2024	1,388.25 <u>AmountPaid</u> §64.46 dical Group f Applicable) <u>AmountPaid</u> §224.00 ical Center f Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	

PO Box 1898 Bismarck, ND 58502-1898

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

0

CL2024-4AAA			
<u>Approval Date</u> 08/14/2024 Payee: C.H.	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
CL2024-B77F Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
08/14/2024	\$458.50	Medical	Hospital or Clinic
Payee: Tioga Fire <u>Date(s)</u> o 58evides (4/20/2024-4/20/202		bulance	
CL2024-E733			
<u>Approval Date</u> 08/14/2024	AmountPaid \$44.46	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Me <u>Date(s) of Service (</u> 4/20/2024-4/20/202	(If Applicable)		
Case ID Number: CS2	2024-5CB7	Victim Ir	nitials: J.G.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-A723			
<u>Approval Date</u> 06/18/2024 Payee: Dakota Cl Date(s) of Service (AmountPaid \$288.00 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic
5/13/2024-5/13/202	24		
Case ID Number: CS2	2024-5DA4	Victim Ir	nitials: B.B.
Case Payment Totals:	\$2,387.03		
Claim Payments:			
CL2024-F511			
<u>Approval Date</u> 02/21/2024	<u>AmountPaid</u> \$2,387.03	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Guardian <u>Date(s)</u> o Fight ice (7/8/2023-7/8/2023	Flight Llc Dba Valle (If Applicable)	ey Med	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/31/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotteice (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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/20/2025 Medical Hospital or Clinic \$40.00 Payee: Sanford Health Date(s) of Service (If Applicable) 10/10/2024-10/10/2024 CL2025-CF12 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Medical Hospital or Clinic 05/01/2025 \$3,244.46 Pavee: Sanford Health

Date(s) of Service 1/14/2025-1/14/20 3/11/2025-3/11/20 10/10/2024-10/10/ 2/11/2025-2/11/20 1/28/2025-1/28/20 1/14/2025-1/14/20 11/27/2024-11/27/2 11/7/2024-11/30/20	25 25 2024 25 25 25 25 2024			
CL2025-3CAF				
<u>Approval Date</u> 04/07/2025 Payee: Trinity M <u>Date(s) of Service</u> 6/6/2024-7/9/2024	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2025-89DE				
Approval Date 03/21/2025	<u>AmountPaid</u> \$34.30	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Trinity M <u>Date(s) of Service</u> 8/27/2024-8/27/20	(If Applicable)			
CL2025-7A84				
Approval Date 01/22/2025 Payee: Trinity H Date(s) of Service 7/9/2024-7/9/2024	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
CL2024-FC2A				
<u>Approval Date</u> 12/30/2024	<u>AmountPaid</u> \$149.82	<u>Claim Category</u> Medical	Medical Category (if applicable) Hospital or Clinic	
Payee: Trinity H <u>Date(s) of Service</u> 6/1/2024-6/1/2024 6/11/2024-6/11/202	(If Applicable)			
se ID Number: CS	2024-630F	Victim Ir	itials: J.B.	
ase Payment Totals:	\$855.30			
aim Payments:				
CL2024-19A1				
<u>Approval Date</u> 10/21/2024 Payee: Trinity M	AmountPaid \$42.52 edical Group	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service				

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Medical Category (if applicable) **AmountPaid** Claim Category Approval Date 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>AmountPaid</u> Medical Category (if applicable) Approval Date Claim Category 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/21/2024 \$102.13 Medical Hospital or Clinic Pavee: Trinity Medical Group Date(s) of Service (If Applicable) 1/1/2024-1/1/2024 CL2024-A5CB Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 10/21/2024 \$87.56 Medical Payee: Trinity Medical Group Date(s) of Service (If Applicable) 1/15/2024-1/15/2024 CL2024-AEC6 AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/21/2024 \$29.38 Hospital or Clinic Medical Payee: Trinity Medical Group Date(s) of Service (If Applicable) 2/8/2024-2/8/2024

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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-B9C0 Medical Category (if applicable) <u>AmountPaid</u> Claim Category Approval Date 10/21/2024 Medical Hospital or Clinic \$232.59 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 12/25/2023-12/25/2023 12/24/2023-12/24/2023 CL2024-C7D1 Approval Date AmountPaid Claim Category Medical Category (if applicable) Medical Hospital or Clinic 10/21/2024 \$66.89 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 2/15/2024-2/15/2024 CL2024-C9F8 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/21/2024 \$9.90 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 1/11/2024-1/11/2024 Case ID Number: CS2024-6490 Victim Initials: K.K. Case Payment Totals: \$288.00 Claim Payments: CL2024-72B7 Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/18/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 06/02/2025 \$136.52 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 5/13/2025-5/13/2025 CL2025-0FEB AmountPaid Approval Date Claim Category Medical Category (if applicable) 04/25/2025 \$136.52 Mental Health Payee: Soul Survivor Counseling Services, Pc

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health \$136.52 04/25/2025 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 3/19/2025-3/19/2025 CL2025-00A0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Mental Health 02/28/2025 \$409.56 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 12/23/2024 Mental Health \$251.10 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 10/31/2024 \$288.00 Hospital or Clinic Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 11/21/2024 \$1,224.11 Medical Hospital or Clinic Payee: Altru Health System Date(s) of Service (If Applicable) 4/20/2024-4/20/2024 Case ID Number: CS2024-6AEC Victim Initials: T.D. Case Payment Totals: \$288.00 Claim Payments: CL2024-DC3F AmountPaid Approval Date Claim Category Medical Category (if applicable) 05/15/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 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

Case ID Number: CS202	24-6B1B	Victim In	nitials: S.R.
Case Payment Totals: \$3 ,	455.00		
Claim Payments:			
CL2024-24E3			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
01/29/2024 Payee: S.G.	\$3,455.00	Funeral	
Case ID Number: CS202	24-6D8B	Victim Ir	nitials: M.K.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2025-4982			
<u>Approval Date</u> 05/20/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	-	Center	
Date(s) of Service (If A 9/13/2024-9/13/2024	<u>pplicable)</u>		
Case ID Number: CS202	24-6D9B	Victim Ir	nitials: J.K.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2024-87C6			
<u>Approval Date</u> 03/20/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla	ins Children'S A	dvocacy	
<u>Date(s)</u> o Centeic e (If A 1/22/2024-1/22/2024	<u>applicable)</u>		
Case ID Number: CS202	24-6E2A	Victim Ir	nitials: L.H.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2025-8D8E			
Approval Date 05/20/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Child	Iren'S Advocacy	Center	
Date(s) of Service (If A 9/26/2024-9/26/2024	<u>applicable)</u>		

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 05/08/2025 \$5,000.00 Funeral Payee: R.S. Victim Initials: T.F. Case ID Number: CS2024-7049 Case Payment Totals: \$288.00 Claim Payments: CL2024-0851 Claim Category Medical Category (if applicable) Approval Date AmountPaid Hospital or Clinic 05/15/2024 \$288.00 Medical Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/20/2024-2/20/2024 Case ID Number: CS2024-753F Victim Initials: R.S. Case Payment Totals: \$288.00 Claim Payments: CL2024-F32B Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/18/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Contence (If Applicable) 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 AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/05/2024 \$24,843.51 Medical Hospital or Clinic Payee: Chi St. Alexius Health Date(s) of Service (If Applicable) 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

Case Payment Totals: \$288.00 Claim Payments: CL2024-C930 Approval Date AmountPaid Claim Category Payee: Daktot Children's Advocacy Center Date(a) of Service (if Applicable) 21/2/2024-21/2/2024 Case Payment Totals: \$888.00 Claim Payments: CL2024-011F Approval Date AmountPaid Claim Category 10/3/2024 8/22/2024 CL2024-47/2024 CL2024-47/2024 CL2024-47/2024 CL2024-47/2024 CL2024-47/2024 CL2024-47/2024 CL2024-47/19/2024 CL2024-47/19/2024 CL2024-47/19/2024 CL2024-47/19/2024 CL2024-47/19/2024 CL2024-67/2024 CL2024-47/202	Case ID Number: CS2	024-75E7	Victim Ir	nitials: L.F.
CL2024-0930 AmountPaid Claim Category Medical Category (if applicable) Payee: Data(s) of Service (if Applicable) Payee: Data(s) of Service (if Applicable) 21/12/2024-21/12/2024 Claim Category Medical Category (if applicable) 21/12/2024-21/12/2024 Victim Initials: K.B. Case ID Number: CS2024-77.60 Victim Initials: K.B. Case Payment Totals: S888.00 Claim Payments: Claim Category Medical Category (if applicable) 10/31/2024 S312.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024-8/22/2024 S312.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024-3/2/2024 S144.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 10/31/2024-7/19/2024 S280.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 08/15/2024-5/9/2024 S280.00 Mental Health Payee: Northern Plains Children'S Advocacy	Case Payment Totals:	\$288.00		
Approval Date AmountPaid \$288.00 Gaim Category Medical Medical Category (if applicable) Hospital or Clinic Payee: Datot 61/lifetrer'S Advocacy Center Datot 61/lifetrer'S Advocacy Center Date(s) of Service (if Applicable) 2/12/2024-2/12/2024 State 10/lifetrer'S Advocacy Center Case ID Number: CS2024-7760 Victim Initials: K.B. Case Payment Totals: \$888.00 Claim Category Claim Payments: Claim Category 0/10/10/2024 S12.00 Mental Health Medical Category (if applicable) 9/2/2024-8/2/2024 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024 S144.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024 S144.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024-7/19/2024 S28.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/31/2024-5/3/2024 S28.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 0/	Claim Payments:			
05/15/2024 \$288.00 Medical Hospital or Clinic Payee: Datata Children's Advocacy Center Date(s) of Service (If Applicable) 2/12/2024-2/12/2024 Case ID Number: CS2024-7760 Victim Initials: K.B. Case ID Number: CS2024-7760 Victim Initials: K.B. Claim Payment: CL2024-011F Approval Date AmountPaid Claim Category 10/31/2024 \$312.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Service: (If Applicable) 3/2/2024-8/2/2024 S122.00 Medical Category (if applicable) 10/31/2024 \$312.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Service: (If Applicable) 3/2/2024-8/2/2024 S124-00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Service: (If Applicable) 7/19/2024-7/19/2024 S288.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 9/3/2024-5/3/2024 S28.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 9/3/2024-5/3/2024 S/3/2024-5/3/2024 S/3/2024-5/3/2024 5/3/2024-5/3/2024 S/3/2024-5/3/20	CL2024-C930			
Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 21/2/2024-21/2/2024 Classe ID Number: CS2024-7760 Victim Initials: K.B. Case Payment Totals: \$888.00 Claim Payments: CL2024-011F Approval Date AmountPaid Claim Category Medical Category (If applicable) 10/31/2024 Bate(s) of Date (If Applicable) 32/2/024-8/2/2024 82/2/024-8/2/2024 CL2024-43A8 Approval Date AmountPaid Claim Category Medical Category (If applicable) 10/31/2024 CL2024-43/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024-43/2/2024 CL2024 CL2024-43/2/2024 CL2024-4	Approval Date			
Date(s) of Service (If Applicable) 2/12/2024-2/12/2024 Case ID Number: CS2024-7760 Victim Initials: K.B. Case Payment Totals: \$888.00 Claim Payments: CL2024-011F Approval Date AmountPaid 10/31/2024 \$312.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Detector (If Applicable) 8/2/2024-8/2/2024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-8/2/2024 9/2024-7/19/2024 CL2024-625 Approval Date AmountPaid 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/2024 9/2024-5/3/20				Hospital or Clinic
2/12/2024-2/12/2024 Case ID Number: CS2024-7760 Victim Initials: K.B. Case Payment Totals: \$888.00 Claim Payments: CL2024-011F Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/31/2024 \$312.00 Mental Health Medical Category (if applicable) 8/2/2024-8/2/2024 8/2/2024 Medical Category (if applicable) Other Plains Children'S Advocacy Date(s) oDBettice (if Applicable) Medical Category (if applicable) 10/31/2024 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oDBettice (if Applicable) Date(s) oDBettice (if Applicable) Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oDBettice (if Applicable) 06/15/2024 \$228.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oDBettice (if Applicable) 06/15/2024 \$228.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oDBettice (if Applicable) 06/15/2024 \$144.00 Medical Category (if applicable) <tr< th=""><th>-</th><th>-</th><th>Center</th><th></th></tr<>	-	-	Center	
Case Payment Totals: \$888.00 Claim Payments: CL2024-011F Approval Date AmountPaid Claim Category Medical Category (if applicable) 9/2024-8/22/2024 - 8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 7/19/2024-7/19/2024 CL2024-8C25 Approval Date AmountPaid Claim Category Medical Category (if applicable) 0//19/2024-7/19/2024 CL2024-609E Approval Date AmountPaid Claim Category Medical Category (if applicable) 6//19/2024 5/3/2024-5/3/2024 5/3/2024-5/3/2024 8/244.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) 0/// Mental Health Medical Category (if applicable) 6//18/2024 8/2024-5/3/2024 8/2024-5/				
Claim Payments: CL2024-011F Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 Medical Category (if applicable) 8/22/2024-8/22/2024 Medical Category (if applicable) Medical Category (if applicable) 8/22/2024-8/22/2024 Medical Category (if applicable) Monthern Plains Children'S Advocacy Date(s) of Detection (If Applicable) Medical Category (if applicable) 7/19/2024-7/19/2024 Medical Category (if applicable) 7/19/2024-7/19/2024 Medical Category (if applicable) 8/15/2024 S288.00 Medical Category (if applicable) 9/8/15/2024 S288.00 Medical Category (if applicable) 9/9/2024-6/9/2024 S/9/2024-6/9/2024 S/9/2024-6/9/2024 5/9/2024-6/9/2024 S/9/2024-6/9/2024 Medical Category (if applicable) 9/6/13/2024 Medical Category (if applicable) Medical Category (if applicable) 0/6/13/2024 Medica	Case ID Number: CS2	024-7760	Victim Ir	nitials: K.B.
CL2024-011F Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/31/2024 \$312.00 Mental Health Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Bate(s) of Setting (if applicable) 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/2/2024-8/22/2024 8/2/2024-8/22/2024 Bate(s) of Setting (if applicable) Medical Category (if applicable) 10/31/2024 AmountPaid Claim Category 10/31/2024 AmountPaid Claim Category Date(s) of Setting (if Applicable) Medical Category (if applicable) 7/19/2024-7/19/2024 Medical Category (if applicable) 7/19/2024-7/19/2024 Medical Category (if applicable) 08/15/2024 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 08/15/2024 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 5/9/2024-5/9/2024 \$7/3/2024 \$7/3/2024 5/9/2024-5/9/2024 \$7/3/2024 Mental Health Payee: Northern Plains Children'S Ad	Case Payment Totals:	\$888.00		
Approval Date AmountPaid Claim Category Medical Category (if applicable) Payee: Northern Plains Children'S Advocacy Date(s) oCBetters (if Applicable) 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 8/22/2024-8/22/2024 Status Medical Category (if applicable) 8/22/2024-8/22/2024 8/22/2024-8/22/2024 Status Medical Category (if applicable) 8/22/2024-8/2/2024 Medical Category (if applicable) Medical Category (if applicable) Modical Category (if applicable) Medical Category (if applicable) 7/19/2024-7/19/2024 Status Medical Category (if applicable) Medical Category (if applicable) 7/19/2024-7/19/2024 Sta8.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) Si/9/2024-5/9/2024 Sta8.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) Si/9/2024-5/9/2024 Status Medical Category (if applicable) Si/9/2024-5/9/2024 Medical Category (if applicable) Medical Category (if applicable) Gette	Claim Payments:			
10/31/2024 \$312.00 Mental Health Payes: Northern Plains Children'S Advocacy Date(s) oCBetteice (If Applicable) 8/2/2/024-8/2/2/024 8/2/2024-8/2/2024 8/2/2024-8/2/2024 CL2024-43/28 Approval Date AmountPaid Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 7/19/2024-7/19/2024 Statk.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 7/19/2024-7/19/2024 Statk.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 08/15/2024 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBetteice (If Applicable) 5/9/2024-5/9/2024 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) oCBetteice (If Applicable) 5/9/2024-5/9/2024 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Medical Category (if applicable) 6/9/30224 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Med	CL2024-011F			
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06/18/2024 \$144.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Coentratice (If Applicable)	CL2024-C69B			
Payee: Northern Plains Children'S Advocacy Date(s) of Center (If Applicable)				Medical Category (if applicable)
		• • • •		
	Date(s) o Ceeterce (lf Applicable)	-	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 05/15/2024 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/8/2024-1/8/2024 Case ID Number: CS2024-779F Victim Initials: L.C. Case Payment Totals: \$288.00 Claim Payments: CL2024-CD06 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 08/15/2024 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Softeice (If Applicable) 5/31/2024-5/31/2024 Case ID Number: CS2024-77A7 Victim Initials: L.C. Case Payment Totals: \$180.00 Claim Payments: CL2024-2D92 Claim Category Approval Date AmountPaid Medical Category (if applicable) 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 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 Genterce (If Applicable) 5/2/2024-5/2/2024

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2	024-783B	Victim Ir	itials: K.V.
Case Payment Totals:	\$348.80		
Claim Payments:			
CL2024-E307			
<u>Approval Date</u> 07/11/2024 Payee: Trinity Me	-	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
<u>Date(s) of Service (</u> 11/19/2023-11/19/20 11/19/2023-11/19/20	023		
Case ID Number: CS2	024-7975	Victim Ir	nitials: K.Y.
Case Payment Totals:	\$288.00		
Claim Payments:			
CL2024-565B			
Approval Date	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
05/15/2024			
05/15/2024 Payee: Dakota Ch <u>Date(s) of Service (</u> 3/18/2024-3/18/2024	hildren'S Advocacy	Center	
Payee: Dakota Ch Date(s) of Service (hildren'S Advocacy If Applicable) 4		nitials: M.M.
Payee: Dakota Ch <u>Date(s) of Service (</u> 3/18/2024-3/18/202	hildren'S Advocacy If Applicable) 4 024-79CF		nitials: M.M.
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202	hildren'S Advocacy If Applicable) 4 024-79CF		nitials: M.M.
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: \$	hildren'S Advocacy If Applicable) 4 024-79CF		nitials: M.M.
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: S Claim Payments: CL2024-0B1F Approval Date	hildren'S Advocacy If Applicable) 4 024-79CF 288.00 AmountPaid		<u>Medical Category (if applicable)</u>
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: S Claim Payments: CL2024-0B1F	hildren'S Advocacy If Applicable) 4 024-79CF \$288.00 <u>AmountPaid</u> \$288.00	Victim In <u>Claim Category</u> Medical	
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: Claim Payments: CL2024-0B1F Approval Date 10/31/2024	hildren'S Advocacy If Applicable) 4 024-79CF \$288.00 <u>AmountPaid</u> \$288.00 Plains Children'S A If Applicable)	Victim In <u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u>
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: S Claim Payments: CL2024-0B1F Approval Date 10/31/2024 Payee: Northern I Date(s) o C90t9ice (hildren'S Advocacy If Applicable) 4 024-79CF 288.00 AmountPaid \$288.00 Plains Children'S A If Applicable) 4	Victim Ir Claim Category Medical Movocacy	<u>Medical Category (if applicable)</u>
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/2024 Case ID Number: CS2 Case Payment Totals: S Claim Payments: CL2024-0B1F Approval Date 10/31/2024 Payee: Northern I Date(s) of Service (7/23/2024-7/23/2024	hildren'S Advocacy If Applicable) 4 024-79CF 288.00 AmountPaid \$288.00 Plains Children'S A If Applicable) 4 024-7A67	Victim Ir Claim Category Medical Movocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: \$ Claim Payments: CL2024-0B1F Approval Date 10/31/2024 Payee: Northern I Date(s) o C90t9t Ce (7/23/2024-7/23/202	hildren'S Advocacy If Applicable) 4 024-79CF 288.00 AmountPaid \$288.00 Plains Children'S A If Applicable) 4 024-7A67	Victim Ir Claim Category Medical Movocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic
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Payee: Dakota Ch Date(s) of Service (3/18/2024-3/18/202 Case ID Number: CS2 Case Payment Totals: \$ Claim Payments: CL2024-0B1F <u>Approval Date</u> 10/31/2024 Payee: Northern I Date(s) oC90100ce (7/23/2024-7/23/202 Case ID Number: CS2 Case Payment Totals: \$ Claim Payments:	hildren'S Advocacy If Applicable) 4 024-79CF 288.00 AmountPaid \$288.00 Plains Children'S A If Applicable) 4 024-7A67	Victim Ir Claim Category Medical Movocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 07/03/2025 NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. 07/03/2025 Document can be searched by clicking CTRL+F, then entering text to search. 07/03/2025

Case Payment Totals: \$288.00 Claim Payments: CL2024-70C4 <u>Approval Date</u> <u>Amour</u> 05/15/2024 \$288.0 Payee: Dakota Children'S Ac <u>Date(s) of Service (If Applicable</u> 2/1/2024-2/1/2024	00 Medical dvocacy Center	<u>Medical Category (if applicable)</u> Hospital or Clinic
CL2024-70C4 <u>Approval Date</u> <u>Amour</u> 05/15/2024 \$288.0 Payee: Dakota Children'S Ac Date(s) of Service (If Applicable	00 Medical dvocacy Center	
Approval DateAmour05/15/2024\$288.0Payee:Dakota Children'S AcDate(s) of Service (If Applicable)	00 Medical dvocacy Center	
05/15/2024 \$288.0 Payee: Dakota Children'S Ac Date(s) of Service (If Applicable	00 Medical dvocacy Center	
Date(s) of Service (If Applicable	-	
	<u>57</u>	
Case ID Number: CS2024-7B04	A Victim	Initials: K.P.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2024-9DC9		
<u>Approval Date</u> <u>Amour</u> 10/31/2024 \$288.0		<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Plains Child Date(s) of Settince (If Applicable 7/8/2024-7/8/2024	=	
Case ID Number: CS2024-7B80	C Victim	Initials: D.S.
Case Payment Totals: \$669.60		
Claim Payments:		
CL2024-A8E8	ntPaid Claim Category	Madical Catagory (if applicable)
<u>Approval Date</u> <u>Amour</u> 06/05/2024 \$669.6		<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Trinity Hospital		
Date(s) of Service (If Applicable 12/21/2023-12/21/2023 12/22/2023-12/22/2023 12/21/2023-12/21/2023	<u>e)</u>	
Case ID Number: CS2024-7F64	Victim	Initials: S.H.
Case Payment Totals: \$288.00		
Claim Payments:		
CL2024-6402		
Approval Date <u>Amour</u> 06/18/2024 \$288.0		<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Dakota Children'S Ac	-	
Date(s) of Service (If Applicable 5/6/2024-5/6/2024	<u>e)</u>	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS202	24-8157	Victim In	itials: S.S.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-A08B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/31/2024 Payee: Northern Pla	\$288.00 hins Childron'S A	Medical	Hospital or Clinic	
Date(s) o Centeic e (If A		avocacy		
7/26/2024-7/26/2024				
Case ID Number: CS202	24-8202	Victim In	itials: K.H.	
Case Payment Totals: \$8 ,	977.54			
Claim Payments:				
CL2025-6813	America	Claim Catanam/	Madiaal Catagony (if applicable)	
<u>Approval Date</u> 02/28/2025	<u>AmountPaid</u> \$283.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford Hea	lth			
Date(s) of Service (If A 8/13/2024-8/13/2024	<u>Applicable)</u>			
0/10/2024 0/10/2024				
CL2025-BF1E				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/12/2025 Payee: Sanford Hea	\$181.60 lth	Medical	Hospital or Clinic	
Date(s) of Service (If A				
8/2/2024-8/2/2024				
CL2025-479B				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
01/30/2025 Payee: Sanford Hea	\$6,525.60	Medical	Hospital or Clinic	
Date(s) of Service (If A				
8/2/2024-8/2/2024				
CL2024-A4A8				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
11/18/2024	\$1,987.14	Medical	Hospital or Clinic	
Payee: Metro-Area A <u>Date(s) of Service (If</u> A		ce		
8/2/2024-8/2/2024				
Case ID Number: CS202	24-8233	Victim In	itials: K.H.	
Case Payment Totals: \$3 ,	102.58			
Claim Payments:				
claim r dymonto.				
ND Crime Victims Compens	ation DOCR	Phone: (701). 32	8-6195; 1-800-445-2322	
PO Box 1898			npensation@nd.gov	

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Bismarck, ND 58502-1898

CL2025-8BC8				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
04/07/2025 Payee: E.H.	\$1,245.24	Mental Health		
Date(s) of Service ((If Applicable)			
3/3/2025-3/3/2025				
2/24/2025-2/24/202				
2/17/2025-2/17/202 2/11/2025-2/11/202				
2/3/2025-2/3/2025	5			
1/27/2025-1/27/202	25			
CL2024-4095				
Approval Date 11/20/2024	<u>AmountPaid</u> \$1,515.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: E.H.	ψ1,010.00	Mental Health		
Date(s) of Service ((If Applicable)			
10/28/2024-10/28/2				
10/21/2024-10/21/2				
10/14/2024-10/14/2 10/7/2024-10/7/202				
9/23/2024-9/23/202				
CL2024-1DC4 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
07/10/2024	\$342.34	Mental Health		
Payee: E.H.				
Date(s) of Service (
4/22/2024-4/22/202	24			
4/8/2024-4/8/2024				
Case ID Number: CS2	2024-827C	Victim Ir	nitials: J.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-2158				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
06/18/2024	\$288.00	Medical	Hospital or Clinic	
,	Plains Children'S A	dvocacy		
<u>Date(s) oC9019ice (</u> 4/23/2024-4/23/202				
Case ID Number: CS2	2024-84ED	Victim Ir	nitials: A.M.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2025-7AA1				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	
PO Box 1898		• •	mpensation@nd.gov	
Diamarak ND 59502 190	0		·	Page 671 of 7

· · · · · ·	•	•	for processing and check issuance.	1:05:50AM
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01/10/2025 Payee: Northern <u>Date(s) of Settince</u> 11/5/2024-11/5/202		Medical dvocacy	Hospital or Clinic	
Case ID Number: CS	2024-85E6	Victim Ir	nitials: M.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-6F17				
Approval Date 12/12/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C9eteic e 9/18/2024-9/18/202		dvocacy		
Case ID Number: CS	2024-8625	Victim Ir	nitials: A.N.	
Case Payment Totals:	\$25,000.00			
Claim Payments:				
CL2025-1309				
<u>Approval Date</u> 01/30/2025	<u>AmountPaid</u> \$16,980.39	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford I Date(s) of Service 3/9/2024-3/10/2024	(If Applicable)			
CL2024-E8AE				
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$6,163.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford I <u>Date(s) of Service</u> 3/9/2024-3/9/2024	(If Applicable)			
CL2024-FDA8				
<u>Approval Date</u> 06/18/2024	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: F-M Amb <u>Date(s) of Service</u> 3/9/2024-3/9/2024	(If Applicable)	Medical	Hospital of Clinic	
CL2024-C0D5		Claim Category	Medical Category (if applicable)	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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Bismarck, ND 58502-1898

Case ID Number: CS202	24-8645	Victim Ir	nitials: H.N.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-7430 <u>Approval Date</u> 12/12/2024 Payee: Northern Pla	<u>AmountPaid</u> \$288.00 ains Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) o Centeic e (lf / 9/20/2024-9/20/2024		-		
Case ID Number: CS202	24-8DBD	Victim Ir	nitials: H.R.	
Case Payment Totals: \$1	,298.26			
Claim Payments:				
CL2024-BE90				
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$782.38	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: B.R. Date(s) of Service (If <i>I</i>	(nnlicable)			
2/12/2024-2/12/2024	<u>Applicable</u>			
1/31/2024-1/31/2024				
1/22/2024-1/22/2024				
CL2024-F1C7				
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$515.88	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: T.R.	\$315.00	Mental Health		
Date(s) of Service (If A	Applicable)			
1/25/2024-1/25/2024 1/16/2024-1/16/2024				
1/10/2024-1/10/2024				
Case ID Number: CS202	24-8F2A	Victim Ir	nitials: G.B.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-B7ED				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Dakota Child	-	Center		
Date(s) of Service (If A 1/2/2024-1/2/2024	Applicable)			
Case ID Number: CS202	24-8FF2	Victim Ir	nitials: P.M.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
ND Crime Victims Compens	ation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898		Email: <u>DOCRco</u> i	mpensation@nd.gov Page	673 of 725

	North D)akota Crime V	Victims Compensation	
C			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	proval, please allow a searched by clicking	-	for processing and check issuance. ring text to search.	
CL2025-BC32				
<u>Approval Date</u> 01/10/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
Date(s) o Ceete ice 11/21/2024-11/21/2				
Case ID Number: CS	2024-90F5	Victim Ir	nitials: E.B.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-ED45				
Approval Date 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o f@et@c e 8/26/2024-8/26/202		dvocacy		
Case ID Number: CS	2024-919D	Victim Ir	nitials: T.R.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-B0FD				
Approval Date 03/20/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern <u>Date(s)</u> o C9eteic e 1/18/2024-1/18/20		dvocacy		
Case ID Number: CS	2024-929E	Victim Ir	nitials: M.P.	
Case Payment Totals:	\$934.36			
Claim Payments:				
CL2025-3E46				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
02/03/2025	\$934.36	Medical	Hospital or Clinic	
Payee: Chi St. A Date(s) of Service				
8/15/2024-9/9/2024				
Case ID Number: CS	2024-945E	Victim Ir	nitials: K.P.	
Case Payment Totals:	\$578.91			
Claim Payments:				
CL2024-C64E				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp PO Box 1898	ensation, DOCR	• •	8-6195; 1-800-445-2322 <u>mpensation@nd.gov</u>	Dego 674 of 72

	North D	akota Crime V	/ictims Compensation	
Claim	Payments: Se	ervice Providers &	Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment approva Document can be sear			or processing and check issuance. ring text to search.	
12/31/2024 Payee: Melissa Nyst	\$290.91 uen Counseling	Mental Health Services		
Date(s) of Service (If A	<u>pplicable)</u>			
7/29/2024-7/29/2024 7/15/2024-7/15/2024				
CL2024-F59C				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
10/31/2024 Payee: Northern Pla	\$288.00 inc Childron'S A	Medical	Hospital or Clinic	
Date(s) o Ceptra ce (If A 7/11/2024-7/11/2024		uvocacy		
Case ID Number: CS202	4-9773	Victim In	itials: B.W.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2024-5CE3				
<u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	Medical Category (if applicable)	
Payee: Northern Pla <u>Date(s)</u> o C9ete ice (If A 8/22/2024-8/22/2024	ins Children'S A		Hospital or Clinic	
Case ID Number: CS202	4-97C3	Victim In	itials: X.W.	
Case Payment Totals: \$30	4.98			
Claim Payments:				
CL2024-EE64				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
09/25/2024	\$304.98	Mental Health		
Payee: Dakota Child <u>Date(s) of Service (If A</u> 8/16/2024-8/16/2024	-	Center		
Case ID Number: CS202	4-9809	Victim In	itials: P.M.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2024-82ED				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
12/12/2024 Payee: Northern Pla	\$288.00 ins Children'S A	Medical dvocacy	Hospital or Clinic	
Date(s) o C90t9ic e (If A 9/26/2024-9/26/2024				

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

Case ID Number: CS202	4-9B58	Victim In	nitials: J.J.
Case Payment Totals: \$2 ,	260.73		
Claim Payments:			
CL2025-0641			
Approval Date 05/22/2025	<u>AmountPaid</u> \$605.23	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child <u>Date(s) of Service (If A</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	pplicable)	Center	
CL2025-5B01			
Approval Date 05/22/2025	<u>AmountPaid</u> \$1,367.50	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child <u>Date(s) of Service (If A</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	<u>pplicable)</u> 4	Center	
CL2024-9A44 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/15/2024	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Child Date(s) of Service (If A 2/2/2024-2/2/2024	-	Center	
Case ID Number: CS202	4-9B8E	Victim In	nitials: A.G.
Case Payment Totals: \$28	38.00		
Claim Payments:			
CL2024-8CD2			
<u>Approval Date</u> 05/15/2024 Payee: Dakota Child <u>Date(s) of Service (If A</u> 1/25/2024-1/25/2024	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2024	4-9E55	Victim In	itials: J.H.
Case Payment Totals: \$48	0.00		
Claim Payments:			
CL2024-F0AE <u>Approval Date</u> 12/30/2024 Payee: Brooke Baker Date(s) of Service (If Ap	-	<u>Claim Category</u> Medical xer Dental	<u>Medical Category (if applicable)</u> Dental
6/20/2024-6/20/2024			
Case ID Number: CS2024	4-9F18	Victim In	itials: M.H.
Case Payment Totals: \$2,0	59.71		
Claim Payments:			
CL2025-8410			
Approval Date 02/11/2025 Payee: Rebecca Kop Date(s) of Service (If Ap 10/15/2024-10/15/2024 7/23/2024-7/23/2024	oplicable)	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
CL2024-51BA			
<u>Approval Date</u> 07/10/2024 Payee: Rebecca Kop <u>Date(s) of Service (If Ap</u> 6/18/2024-6/18/2024	-	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
CL2024-85B8			
Approval Date 06/18/2024 Payee: Rebecca Kop Date(s) of Service (If Ap 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	-	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>
CL2024-66F2 <u>Approval Date</u> 06/05/2024 Payee: A.H.	<u>AmountPaid</u> \$504.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)

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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) 5/7/2024-5/7/2024 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.

Medical Category (if applicable)

Hospital or Clinic

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-40CA

PO Box 1898

Bismarck, ND 58502-1898

 Approval Date
 AmountPaid
 Claim Category

 05/15/2024
 \$288.00
 Medical

 Payee:
 Dakota Children'S Advocacy Center

 Date(s) of Service (If Applicable)
 2/20/2024 (192/2024)

2/26/2024-2/26/2024

Case ID Number: CS2024-A110

Victim Initials: S.D.

Case ID Nulliber. C3202	4-A110	VICUIII III	illiais. 5.D.
Case Payment Totals: \$8 ′	18.00		
Claim Payments:			
CL2024-BA66			
Approval Date 09/25/2024	<u>AmountPaid</u> \$818.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Dakota Child	Iren'S Advocacy	Center	
Date(s) of Service (If A 9/3/2024-9/3/2024 8/27/2024-8/27/2024 8/19/2024-8/19/2024	<u>applicable)</u>		
Case ID Number: CS202	24-A187	Victim In	itials: K.K.
Case Payment Totals: \$28	88.00		
Claim Payments:			
CL2024-1C9B Approval Date	<u>AmountPaid</u>	<u>Claim Category</u>	Medical Category (if applicable)
ND Crime Victims Compens	ation, DOCR	Phone: (701)-328	8-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

06/18/2024	\$288.00	Medical	Hospital or Clinic	
-	Plains Children'S A	dvocacy		
<u>Date(s)</u> o fSet eice (4/16/2024-4/16/202				
Case ID Number: CS2	2024-A309	Victim Ir	nitials: C.C.	
Case Payment Totals:	\$907.03			
Claim Payments:				
CL2025-55DD				
<u>Approval Date</u> 02/07/2025	<u>AmountPaid</u> \$177.47	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	ge Family Service C	enter		
<u>Date(s) of Service (</u> 12/17/2024-12/17/2				
CL2025-B511				
Approval Date 01/10/2025	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
<u>Date(s)</u> o f398tetc e (11/19/2024-11/19/2				
CL2025-662F				
<u>Approval Date</u> 01/09/2025	<u>AmountPaid</u> \$441.56	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
	و Family Service C			
Date(s) of Service (If Applicable)			
11/25/2024-11/25/2 11/12/2024-11/12/2				
11/8/2024-11/8/202				
Case ID Number: CS2	2024-A562	Victim Ir	nitials: E.K.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-5EDE				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	hildren'S Advocacy			
Date(s) of Service ((If Applicable)			
3/7/2024-3/7/2024				
Case ID Number: CS2	2024-A7EB	Victim Ir	nitials: R.P.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe	ensation. DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Claim Payments: Service Providers & Personal Reimbursements, by Case

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07/03/2025

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			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
	roval, please allow 7 searched by clicking		or processing and check issuance. ring text to search.	1.00.00/ 11
CL2024-A539				
<u>Approval Date</u> 06/18/2024 Payee: Dakota Ch	<u>AmountPaid</u> \$288.00 hildren'S Advocacy	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (</u> 4/1/2024-4/1/2024	If Applicable)			
ase ID Number: CS2	2024-A988	Victim Ir	nitials: M.L.	
Case Payment Totals: \$	\$1,536.86			
Claim Payments:				
CL2024-7971				
<u>Approval Date</u> 06/24/2024 Payee: M.L.	<u>AmountPaid</u> \$420.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
CL2024-7DA7 Approval Date 05/24/2024	<u>AmountPaid</u> \$1,021.24	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Empower <u>Date(s) of Service (</u> 4/9/2024-4/9/2024 3/18/2024-3/18/202 3/13/2024-3/13/202	If Applicable) 4			
3/13/2024-3/13/2024 3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024				
3/4/2024-3/4/2024 2/20/2024-2/20/2024				
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB Approval Date	4 <u>AmountPaid</u>	<u>Claim Category</u> Mantal Health	Medical Category (if applicable)	
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB	4 <u>AmountPaid</u> \$95.62 Iealth	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB <u>Approval Date</u> 05/24/2024 Payee: Sanford H <u>Date(s) of Service (</u> 2/2/2024-2/2/2024	4 <u>AmountPaid</u> \$95.62 Iealth If Applicable)	Mental Health	Medical Category (if applicable)	
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB Approval Date 05/24/2024 Payee: Sanford H Date(s) of Service (2/2/2024-2/2/2024	AmountPaid \$95.62 lealth If Applicable) 2024-A994	Mental Health		
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB <u>Approval Date</u> 05/24/2024 Payee: Sanford H <u>Date(s) of Service (</u> 2/2/2024-2/2/2024	AmountPaid \$95.62 lealth If Applicable) 2024-A994	Mental Health		
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB Approval Date 05/24/2024 Payee: Sanford H Date(s) of Service (AmountPaid \$95.62 lealth If Applicable) 2024-A994	Mental Health		
3/4/2024-3/4/2024 2/20/2024-2/20/2024 2/13/2024-2/13/2024 CL2024-7FEB Approval Date 05/24/2024 Payee: Sanford H Date(s) of Service (2/2/2024-2/2/2024 Case Payment Totals: \$ Claim Payments:	AmountPaid \$95.62 lealth If Applicable) 2024-A994	Mental Health		

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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>AmountPaid</u> Claim Category Medical Category (if applicable) Approval Date 10/23/2024 Mental Health \$208.00 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 9/26/2024-9/26/2024 CL2024-4712 AmountPaid Claim Category Medical Category (if applicable) Approval Date 09/25/2024 \$105.60 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 8/28/2024-8/28/2024 CL2024-6A4D Approval Date AmountPaid Claim Category Medical Category (if applicable) 08/14/2024 \$196.00 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 6/26/2024-6/26/2024 CL2024-6211 Claim Category Medical Category (if applicable) Approval Date AmountPaid 05/28/2024 \$196.00 Mental Health Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 5/16/2024-5/16/2024 CL2024-57DF Approval Date AmountPaid Claim Category Medical Category (if applicable) Mental Health 04/24/2024 \$588.00 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 4/10/2024-4/10/2024 3/27/2024-3/27/2024 3/12/2024-3/12/2024 CL2024-DF43 <u>Amount</u>Paid Claim Category Medical Category (if applicable) Approval Date Mental Health 03/07/2024 \$1,312.00 Payee: Soul Survivor Counseling Services, Pc Date(s) of Service (If Applicable) 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

07/03/2025 1:05:50AM

Case ID Number: CS2024	4-AA96	Victim Ir	nitials: S.M.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2024-20FD				
Approval Date 05/15/2024 Payee: Dakota Childr Date(s) of Service (If Aj 3/26/2024-3/26/2024	-	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2024	4-AB0B	Victim Ir	nitials: B.D.	
Case Payment Totals: \$5,0	00.00			
Claim Payments:				
CL2024-4E20				
<u>Approval Date</u> 01/19/2024 Payee: M.D.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS2024 Case Payment Totals: \$2,4		Victim Ir	nitials: L.M.	
Claim Payments:				
CL2025-15A5 <u>Approval Date</u> 05/14/2025	<u>AmountPaid</u> \$280.80	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Chatter Pedia Date(s) of Service (If Ar 4/14/2025-4/14/2025 4/7/2025-4/7/2025		84736		
CL2025-AF53				
Approval Date 04/07/2025	<u>AmountPaid</u> \$421.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Chatter Pedia Date(s) of Service (If Ar 3/24/2025-3/24/2025 3/17/2025-3/17/2025 3/3/2025-3/3/2025		84736		
CL2025-A91F				
Approval Date 03/14/2025 Payee: Chatter Pedia	AmountPaid \$982.80 tric Therapy #1	<u>Claim Category</u> Mental Health 84736	Medical Category (if applicable)	
ND Crime Victims Compensa PO Box 1898 Bismarck, ND 58502-1898	tion, DOCR	• •	8-6195; 1-800-445-2322 npensation@nd.gov	Page 682 of 725

NOTE: Upon payment approval, 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				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
01/09/2025	\$730.08 ediatric Therapy #1	Mental Health		
Date(s) of Service (04/30		
12/30/2024-12/30/2				
12/16/2024-12/16/2	024			
12/11/2024-12/11/20				
12/4/2024-12/4/202	4			
Case ID Number: CS2	2024-AD6A	Victim Ir	nitials: F.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-1A3F				
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	Plains Children'S A	dvocacy		
Date(s) o C9eteic e (6/25/2024-6/25/202				
Case ID Number: CS2	-	Victim Ir	nitials: K.F.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-3269				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
	Plains Children'S A	dvocacy		
<u>Date(s)</u> o Centeic e (2/27/2024-2/27/202				
Case ID Number: CS2	2024-B378	Victim Ir	nitials: R.K.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2025-595D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compe	ensation, DOCR		8-6195; 1-800-445-2322	
PO Box 1898 Bismarck, ND 58502-189	8	Email: <u>DOCRco</u>	mpensation@nd.gov	Page 683 of 725

NOTE: Upon payment app	roval, please allow	7-10 business days f	or processing and check issuance.	1:05:50AM
Document can be s	earched by clicking	CTRL+F, then ente Medical	ring text to search.	
05/20/2025 Payee: Dakota Ch	\$288.00 hildren'S Advocacy		Hospital or Clinic	
<u>Date(s) of Service (</u> 9/24/2024-9/24/202	If Applicable)			
Case ID Number: CS2	024-B4BB	Victim Ir	nitials: I.W.	
Case Payment Totals: S	\$288.00			
Claim Payments:				
CL2024-24FF				
Approval Date 12/12/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern I <u>Date(s)</u> o C9eteic e (9/5/2024-9/5/2024	Plains Children'S A			
Case ID Number: CS2	024-B583	Victim Ir	nitials: M.W.	
Case Payment Totals:	\$2,560.00			
Claim Payments:				
CL2024-A6C4				
<u>Approval Date</u> 12/12/2024 Payee: M.W.	<u>AmountPaid</u> \$2,560.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Case ID Number: CS2	024-B5B5	Victim Ir	iitials: S.C.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-A937 Approval Date 10/31/2024 Payee: Northern I	<u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s)</u> o F98teic e (8/19/2024-8/19/202	If Applicable)			
Case ID Number: CS2	024-B8B4	Victim Ir	nitials: E.H.	
Case Payment Totals:	\$2,044.80			
Claim Payments:				
CL2024-DC0F				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	

07/03/2025

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

Payee: E.H.

Wage Loss

Case ID Number: CS2024-BA35

Victim Initials: H.M.

Case Payment Totals: \$2,274.64

Claim Payments:

CL2025-531F

Payee: The Kids Therapy Center, Llc Date(s) of Service (If Applicable) 12/13/2024-12/13/2024 12/9/2024-12/9/2024 12/4/2024-12/4/2024 11/26/2024-11/26/2024 11/22/2024-11/26/2024 11/12/2024-11/2/2024 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	Approval Date 01/13/2025	<u>AmountPaid</u> \$886.49	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
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	Payee: The Kids The	erapy Center, Llc		
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	Date(s) of Service (If A	<u>pplicable)</u>		
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	12/13/2024-12/13/2024	ļ		
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	12/9/2024-12/9/2024			
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	12/4/2024-12/4/2024			
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	11/26/2024-11/26/2024			
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	11/22/2024-11/22/2024			
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	11/12/2024-11/12/2024			
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	11/7/2024-11/7/2024			
10/2/2024-10/2/2024 9/27/2024-9/27/2024 9/17/2024-9/17/2024 9/12/2024-9/12/2024	10/28/2024-10/28/2024	Ļ		
9/27/2024-9/27/2024 9/17/2024-9/17/2024 9/12/2024-9/12/2024	10/14/2024-10/14/2024	Ļ		
9/17/2024-9/17/2024 9/12/2024-9/12/2024	10/2/2024-10/2/2024			
9/12/2024-9/12/2024	9/27/2024-9/27/2024			
	9/17/2024-9/17/2024			
8/29/2024-8/29/2024	9/12/2024-9/12/2024			
	8/29/2024-8/29/2024			

CL2024-1971

<u>Approval Date</u> 10/03/2024	<u>AmountPaid</u> \$603.18	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids Th	erapy Center, Llc		
Date(s) of Service (If	Applicable)		
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 Approval Date 08/15/2024	<u>AmountPaid</u> \$496.97	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: The Kids Th	erapy Center, Llc		
Date(s) of Service (If	Applicable)		
Date(s) of Service (If 6/20/2024-6/20/2024	Applicable)		
6/20/2024-6/20/2024 6/11/2024-6/11/2024	<u>Applicable)</u>		
6/20/2024-6/20/2024	Applicable)		
6/20/2024-6/20/2024 6/11/2024-6/11/2024 6/6/2024-6/6/2024 5/31/2024-5/31/2024	<u>Applicable)</u>		
6/20/2024-6/20/2024 6/11/2024-6/11/2024 6/6/2024-6/6/2024	<u>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	<u>Applicable</u>)		

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

			Victims Compensation	/ /	
Claim	n Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM	
NOTE: Upon payment approval, 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-E740					
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Dakota Child	-	Center			
Date(s) of Service (If A 5/13/2024-5/13/2024	pplicable)				
ase ID Number: CS202	4-BC1F	Victim Ir	nitials: E.J.		
Case Payment Totals: \$1 ,	816.80				
Claim Payments:					
CL2024-78E1					
Approval Date 10/03/2024	<u>AmountPaid</u> \$383.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: The Village F <u>Date(s) of Service (If A</u> 7/30/2024-7/30/2024 7/9/2024-7/9/2024 7/9/2024-7/9/2024	-	enter			
CL2024-F006					
Approval Date 08/15/2024 Payee: The Village F Date(s) of Service (If A 6/27/2024-6/27/2024 6/12/2024-6/12/2024 6/12/2024-6/12/2024	-	<u>Claim Category</u> Mental Health enter	Medical Category (if applicable)		
CL2024-331D					
Approval Date 06/24/2024	<u>AmountPaid</u> \$339.20	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		
Payee: The Village F <u>Date(s) of Service (If A</u> 5/20/2024-5/20/2024 5/13/2024-5/13/2024		enter			
CL2024-4ED8					
<u>Approval Date</u> 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Dakota Child Date(s) of Service (If A 4/9/2024-4/9/2024	-	Center			
CL2024-2E6B					
Approval Date 05/24/2024	AmountPaid \$423.20 Family Service C	<u>Claim Category</u> Mental Health	Medical Category (if applicable)		

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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) 4/29/2024-4/29/2024 4/29/2024-4/29/2024 4/22/2024-4/22/2024

Case ID Number: CS2024-BD7E

Victim Initials: T.W.

Medical Category (if applicable)

Hospital or Clinic

Case Payment Totals: **\$288.00**

Claim Payments:

CL2024-F8BF

 Approval Date
 AmountPaid
 Claim Category

 06/18/2024
 \$288.00
 Medical

 Payee:
 Northern Plains Children'S Advocacy

 Date(s) of Settince (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>	Medical Category (if applicable)
12/27/2024	\$48.00	Mental Health	
David Conford	Usalth		

Payee: **Sanford Health** <u>Date(s) of Service (If Applicable)</u> 12/12/2024-12/12/2024 11/4/2024-11/4/2024 10/10/2024-10/10/2024

CL2024-F259

<u>Approval Date</u> 11/26/2024	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Sanford Hea	lth		
Date(s) of Service (If A	<u>Applicable)</u>		
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:

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

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. \$1,920.00 Wage Loss 07/31/2024 Payee: J.S. Victim Initials: J.G. Case ID Number: CS2024-BEDD Case Payment Totals: \$288.00 Claim Payments: CL2024-2554 Claim Category Approval Date AmountPaid Medical Category (if applicable) 05/15/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 1/25/2024-1/25/2024 Case ID Number: CS2024-BFE4 Victim Initials: A.H. Case Payment Totals: \$288.00 Claim Payments: CL2025-EBA0 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) 01/10/2025 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Gotterce (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$400.00 Mental Health 02/28/2025 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 1/23/2025-1/23/2025 1/9/2025-1/9/2025 CL2025-A3E8 AmountPaid Approval Date Claim Category Medical Category (if applicable) Mental Health 01/28/2025 \$400.00 Payee: Decoteau Trauma-Informed Care & Date(s) oPsectice, (PIApplicable) 1/23/2025-1/23/2025 1/9/2025-1/9/2025

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	OTE: Upon payment approval, 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-A8B9							
<u>Approval Date</u> 12/17/2024	<u>AmountPaid</u> \$240.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)				
Payee: Decoteau		Care &					
<u>Date(s)</u> o P3actice,(P 10/29/2024-10/29/20							
Case ID Number: CS20	024-C0AB	Victim Ir	nitials: C.J.				
Case Payment Totals: \$	288.00						
Claim Payments:							
CL2024-F62E							
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)				
05/15/2024	\$288.00	Medical	Hospital or Clinic				
Payee: Northern P <u>Date(s)</u> o C9eteic e (I 2/27/2024-2/27/2024	f Applicable)	Advocacy					
Case ID Number: CS20	024-C128	Victim Ir	nitials: A.A.				
Case Payment Totals: \$	288.00						
Claim Payments:							
CL2024-6F12							
Approval Date 10/31/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Payee: Northern P <u>Date(s)</u> o Ceeteic e (l 7/26/2024-7/26/2024	f Applicable)	dvocacy					
Case ID Number: CS20	024-C2C8	Victim Ir	nitials: D.B.				
Case Payment Totals: \$	288 00						
Claim Payments:	200.00						
CL2024-0541 Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)				
05/15/2024	\$288.00	Medical	Hospital or Clinic				
Payee: Dakota Ch	-	Center					
<u>Date(s) of Service (I</u> 1/10/2024-1/10/2024							
Case ID Number: CS20	024-C4DD	Victim Ir	nitials: J.W.				
Case Payment Totals: \$	25,000.00						
Claim Payments:							
CL2024-BE13							
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)				
ND Crime Victims Comper PO Box 1898	nsation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	Page 680 of 72			

	North E	Dakota Crime V	Victims Compensation	
C	aim Payments: So	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
· · · · · ·	•	7-10 business days t CTRL+F, then ente	for processing and check issuance. ring text to search.	
11/19/2024 Payee: Sanford I <u>Date(s) of Service</u> 8/13/2023-8/17/202	(If Applicable)	Medical	Hospital or Clinic	
Case ID Number: CS	2024-C4FA	Victim Ir	nitials: M.H.	
Case Payment Totals:	\$440.00			
Claim Payments:				
CL2025-5AB6 <u>Approval Date</u> 01/31/2025	<u>AmountPaid</u> \$440.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Decoteau <u>Date(s)</u> o PSactice, 1/22/2025-1/22/202 1/13/2025-1/13/202	25	Care &		
Case ID Number: CS	2024-C60C	Victim Ir	nitials: V.L.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-DFF3				
<u>Approval Date</u> 08/15/2024 Payee: Northern <u>Date(s) of Setrice</u> 5/2/2024-5/2/2024	AmountPaid \$288.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2024-C74B	Victim Ir	nitials: S.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-938A				
<u>Approval Date</u> 05/20/2024		<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS	2024-C7ED	Victim Ir	nitials: E.T.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-A316				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

NOTE: Upon payment app	proval, please allow 7	7-10 business days t	for processing and check issuance.	1:05:50AM
03/20/2024	searched by clicking \$288.00 Plains Children'S A	Medical	ring text to search. Hospital or Clinic	
<u>Date(s)</u> o C901/ei ce 1/2/2024-1/2/2024	(If Applicable)			
Case ID Number: CS	2024-C8BB	Victim Ir	nitials: H.M.	
Case Payment Totals:	\$480.00			
Claim Payments:				
CL2024-3860				
Date(s) o Centerce	<u>AmountPaid</u> \$192.00 Plains Children'S A (If Applicable)	<u>Claim Category</u> Mental Health dvocacy	Medical Category (if applicable)	
2/9/2024-2/9/2024				
CL2024-9936 <u>Approval Date</u> 03/20/2024 Payee: Northern <u>Date(s)</u> o Centerc e	<u>AmountPaid</u> \$288.00 Plains Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
1/9/2024-1/9/2024				
Case ID Number: CS	2024-C906	Victim Ir	nitials: N.V.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2024-5967				
<u>Approval Date</u> 02/23/2024 Payee: R.V.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS	2024-CBFD	Victim Ir	nitials: B.H.	
Case Payment Totals:	\$480.00			
Claim Payments:				
CL2024-1C44				
<u>Approval Date</u> 10/31/2024	<u>AmountPaid</u> \$192.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern <u>Date(s)</u> o Csetteic 7/1/2024-7/1/2024	Plains Children'S A (If Applicable)	dvocacy		
CL2024-2F0D				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

07/03/2025

North Dakota Crime Victims Compensation Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM							
NOTE: Upon payment app Document can be	1.03.30AM						
05/15/2024 Payee: Northern Date(s) o f 90ter ce	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 Setreme (If Applicable) 3/12/2024-3/12/2024						
Case ID Number: CS2	2024-CDA8	Victim Ir	nitials: S.P.				
Case Payment Totals:	\$900.00						
Claim Payments:							
CL2024-8015 <u>Approval Date</u> 06/18/2024 Payee: S.P.	<u>AmountPaid</u> \$900.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)				
Case ID Number: CS	2024-D397	Victim Ir	nitials: S.B.				
Case Payment Totals:	\$5,000.00						
Claim Payments:							
CL2024-82FC <u>Approval Date</u> 10/23/2024 Payee: M.T.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)				
Case ID Number: CS	2024-D3CD	Victim Ir	nitials: T.E.				
Case Payment Totals:	\$288.00						
Claim Payments:							
	AmountPaid \$288.00 Plains Children'S A	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic				
Date(s) o C9019i ce 5/1/2024-5/1/2024	(IT Applicable)						
Case ID Number: CS	2024-D4B8	Victim Ir	nitials: S.H.				
Case Payment Totals:	\$400.00						
Claim Payments:							
CL2025-61EC							
<u>Approval Date</u>	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)				
			0.0405.4.000.445.0000				

Claim Payments: Service Providers & Personal Reimbursements, by Case

NOTE: Upon payment approval, 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

Approval Date 05/01/2025	<u>AmountPaid</u> \$112.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Winds Of Cha	ange Counseling	g Center, Llc	
Date(s) of Service (If A	pplicable)		
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	Ļ		
12/11/2024-12/11/2024			
2024 D606			

CL2024-D606

<u>Approval Date</u> 12/23/2024	<u>AmountPaid</u> \$48.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Winds Of			
Date(s) of Service (I	•		
12/4/2024-12/4/2024			
11/21/2024-11/21/20)24		
11/13/2024-11/13/20)24		
CL2024-F528			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
12/13/2024	\$64.00	Mental Health	
Payee: Winds Of	Change Counselin	g Center, Llc	
Date(s) of Service (I	lf Applicable)		
11/6/2024-11/6/2024	1		
10/30/2024-10/30/20	024		
10/23/2024-10/23/20	024		
10/16/2024-10/16/20	024		
CL2024-C18B			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)

 10/22/2024
 \$128.00
 Mental Health

 Payee:
 Winds Of Change Counseling Center, Llc

 Date(s) of Service (If Applicable)

 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

07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> 05/15/2024 \$288.00 Medical Hospital or Clinic Pavee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/4/2023-12/4/2023 Victim Initials: A.D. Case ID Number: CS2024-D80E Case Payment Totals: \$288.00 Claim Payments: CL2024-8994 Claim Category Medical Category (if applicable) Approval Date <u>AmountPaid</u> Hospital or Clinic 05/15/2024 \$288.00 Medical Payee: Northern Plains Children'S Advocacy Date(s) of Gotteice (If Applicable) 3/15/2024-3/15/2024 Case ID Number: CS2024-D8BD Victim Initials: L.W. Case Payment Totals: \$288.00 Claim Payments: CL2024-6B45 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/08/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 2/22/2024-2/22/2024 Case ID Number: CS2024-D913 Victim Initials: A.G. Case Payment Totals: \$288.00 Claim Payments: CL2024-79F2 AmountPaid Claim Category Medical Category (if applicable) Approval Date 12/12/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 9/17/2024-9/17/2024

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.

Case ID Number: CS2024	4-D99C	Victim Ir	nitials: K.C.	
Case Payment Totals: \$56	8.00			
Claim Payments:				
CL2025-2797				
<u>Approval Date</u> 01/13/2025	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: <u>Date(s) of Service (If Ap</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> 12/31/2024	<u>AmountPaid</u> \$28.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Staci Ekblad				
<u>Date(s)</u> o Coented i(15/5 10/29/2024-10/29/2024		Wellness		
CL2024-D4E6				
Approval Date 09/19/2024 Payee: Staci Ekblad Date(s) oCeenveeli(10/5 7/2/2024-7/2/2024 6/18/2024-6/18/2024 6/3/2024-6/3/2024		<u>Claim Category</u> Mental Health Wellness	<u>Medical Category (if applicable)</u>	
CL2024-F649				
Approval Date 06/18/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s)</u> o Centeic e (If Ap 4/9/2024-4/9/2024		dvocacy		
Case ID Number: CS2024	4-D9DB	Victim Ir	nitials: A.B.	
Case Payment Totals: \$28	8.00			
Claim Payments:				
CL2024-A5BC				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Plai <u>Date(s)</u> o C9eteic e (If Ar 2/12/2024-2/12/2024		dvocacy		
ND Crime Victims Compensa PO Box 1898	tion, DOCR		8-6195; 1-800-445-2322 npensation@nd.gov	Daga 605 of 7

Page 695 of 725

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

ase ID Number: CS	2024-DBBB	Victim Ir	itials: M.T.
Case Payment Totals:	\$5,044.65		
Claim Payments:			
CL2025-2AC8			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/02/2025 Payee: M.T.	\$1,000.00	Medical	Dental
Date(s) of Service	(If Applicable)		
5/20/2025-5/20/20			
CL2024-9136			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
04/18/2024 Payee: Sanford	\$1,694.09 Health	Medical	Hospital or Clinic
Date(s) of Service			
1/30/2024-1/30/20			
CL2024-36D2			
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)
02/28/2024	\$160.00	Medical	Hospital or Clinic
Payee: F-M Amb	oulance		
Date(s) of Service			
1/28/2024-1/28/20	24		
CL2024-8CC9			
Approval Date	AmountPaid	Claim Category	<u>Medical Category (if applicable)</u>
02/27/2024 Payee: Essentia	\$900.49 Health	Medical	Hospital or Clinic
Date(s) of Service			
1/28/2024-1/28/20			
CL2024-4019			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/26/2024	\$765.07	Medical	Hospital or Clinic
Payee: Sanford			
<u>Date(s) of Service</u> 1/30/2024-1/30/20			
CL2024-30D6			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
02/20/2024	\$525.00	Wage Loss	
Payee: M.T.			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS2	024-DDED	Victim Ir	nitials: B.B.
Case Payment Totals: \$	288.00		
Claim Payments:			
CL2024-D83D			
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern F <u>Date(s)</u> o Centreic e (1 5/13/2024-5/13/2024	f Applicable)	dvocacy	
Case ID Number: CS2		Victim Ir	nitials: B.R.
Case Payment Totals: \$	2,393.48		
Claim Payments: CL2025-1085			
<u>Approval Date</u> 03/27/2025 Payee: B.R.	<u>AmountPaid</u> \$2,393.48	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
Case ID Number: CS2 Case Payment Totals: \$		Victim Ir	nitials: K.R.
Claim Payments:			
CL2024-65EB			

09/25/2024	\$1,547.89
Approval Date	AmountPa

ntPaidClaim Category7.89Mental Health

Medical Category (if applicable)

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: Watterud Counseling And Consultation

Date(s) of Bervice (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: CS	2024-E175	Victim Ir	nitials: B.H.	
Case Payment Totals	\$288.00			
Claim Payments:				
CL2024-1127				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern	n Plains Children'S A	Advocacy		
Date(s) o Conteic e				
<u>Date(s)</u> o f3etei ce 3/12/2024-3/12/20				
)24	Victim Ir	nitials: N.M.	
3/12/2024-3/12/20	52024-E230	Victim Ir	nitials: N.M.	
3/12/2024-3/12/20	52024-E230	Victim Ir	nitials: N.M.	
3/12/2024-3/12/20 Case ID Number: CS Case Payment Totals	52024-E230	Victim Ir	nitials: N.M.	
3/12/2024-3/12/20 Case ID Number: CS Case Payment Totals Claim Payments: CL2025-4B87 Approval Date	224 52024-E230 : \$5,000.00 <u>AmountPaid</u>	<u>Claim Category</u>	nitials: N.M. Medical Category (if applicable)	
3/12/2024-3/12/20 Case ID Number: CS Case Payment Totals Claim Payments: CL2025-4B87	52024-E230 55,000.00			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS202	24-E2FE	Victim Ir	nitials: S.C.
Case Payment Totals: \$2	88.00		
Claim Payments:			
CL2024-831C			
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Northern Pla <u>Date(s)</u> o C99t@c e (If <i>I</i> 5/20/2024-5/20/2024		dvocacy	
Case ID Number: CS202	24-E484	Victim Ir	nitials: M.O.
Case Payment Totals: \$2	,772.00		
Claim Payments:			
CL2024-AE8C			
<u>Approval Date</u> 07/10/2024	<u>AmountPaid</u> \$324.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford Hea			
<u>Date(s) of Service (If /</u> 3/26/2024-3/26/2024	Applicable)		
CL2024-1393			
Approval Date 07/09/2024	<u>AmountPaid</u> \$388.96	<u>Claim Category</u> Travel	Medical Category (if applicable)
Payee: G.O.			
CL2024-77D2			
<u>Approval Date</u> 05/24/2024	<u>AmountPaid</u> \$1,448.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: Open Range			
Date(s) of Service (If A 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	<u>Applicable)</u>		
CL2024-DB50			
Approval Date 04/18/2024 Payee: G.O.	<u>AmountPaid</u> \$611.04	<u>Claim Category</u> Travel	Medical Category (if applicable)
04/18/2024			<u>Medical Category (if applicable)</u>

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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

Bismarck, ND 58502-1898

Case ID Number: CS2	024-E645	Victim In	itials: A.T.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-EBCD				
<u>Approval Date</u> 09/19/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
-	Plains Children'S Ad	lvocacy		
<u>Date(s)</u> o C9et¢ic e (6/14/2024-6/14/202				
Case ID Number: CS2	024-E763	Victim In	itials: C.L.	
Case Payment Totals:	\$1,384.32			
Claim Payments:				
CL2024-8A86				
<u>Approval Date</u> 03/01/2024	<u>AmountPaid</u> \$604.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
=	se Family Dentistry			
<u>Date(s) of Service (</u> 3/1/2024-3/1/2024	<u>If Applicable)</u>			
CL2024-5C41				
<u>Approval Date</u> 02/23/2024	<u>AmountPaid</u> \$672.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
	se Family Dentistry	Medical	Denta	
Date(s) of Service (2/19/2024-2/19/202				
CL2024-550B				
<u>Approval Date</u> 02/15/2024	<u>AmountPaid</u> \$81.92	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
	se Family Dentistry			
<u>Date(s) of Service (</u> 2/15/2024-2/15/202				
CL2024-9EE4				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
02/15/2024 Payee: C.L.	\$25.60	Medical	Dental	
Date(s) of Service (If Applicable)			
2/15/2024-2/15/202	4			
Case ID Number: CS2	024-E77A	Victim In	itials: V.E.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe	ensation, DOCR		3-6195; 1-800-445-2322	
PO Box 1898		Email: DOCRcor	npensation@nd.gov	700 of 70

	North D) akota Crime \	Victims Compensation	
Cla			& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	-	-	or processing and check issuance. ring text to search.	
CL2024-E156 <u>Approval Date</u> 05/15/2024 Payee: Northern P <u>Date(s)</u> o C3eteic e (If 2/20/2024-2/20/2024	Applicable)	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20)24-E7B7	Victim Ir	nitials: S.B.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2024-A4E6				
Approval Date 12/12/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern P <u>Date(s)</u> o Ceptor ce (If 9/26/2024-9/26/2024	lains Children'S A Applicable)	dvocacy		
Case ID Number: CS20)24-E89B	Victim Ir	nitials: C.D.	
Case Payment Totals: \$ Claim Payments: CL2024-6AD7 <u>Approval Date</u> 05/15/2024 Payee: Northern P <u>Date(s) oCeeteice (II</u> 3/15/2024-3/15/2024	<u>AmountPaid</u> \$288.00 Iains Children'S A Applicable)	<u>Claim Category</u> Medical Advocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20)24-E8E5	Victim In	nitials: R.B.	
Case Payment Totals: \$ Claim Payments: CL2024-926D <u>Approval Date</u> 12/17/2024 Payee: Northern P <u>Date(s) of Seterice (It</u> 9/6/2024-9/6/2024	<u>AmountPaid</u> \$288.00 Iains Children'S A	<u>Claim Category</u> Medical Idvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20)24-EBF6	Victim Ir	nitials: Z.F.	
Case Payment Totals: \$	288.00			
Claim Payments:				
CL2024-B57A Approval Date	AmountPaid	<u>Claim Category</u>	Medical Category (if applicable)	
		Ciain Calegory		
ND Crime Victims Comper	sation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Email: DOCRcompensation@nd.gov

NOTE: Upon payment approval, 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 Medical Hospital or Clinic \$288.00 Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 4/1/2024-4/1/2024 Victim Initials: B.C. Case ID Number: CS2024-ECFF Case Payment Totals: \$1,261.68 Claim Payments: CL2025-EE6F Approval Date AmountPaid Claim Category Medical Category (if applicable) 02/25/2025 \$163.58 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 5/16/2024-5/16/2024 5/8/2024-5/8/2024 5/8/2024-5/8/2024 CL2024-3D9A Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/03/2024 \$240.00 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 4/19/2024-4/19/2024 CL2024-F4FF Approval Date AmountPaid Claim Category Medical Category (if applicable) 10/03/2024 \$858.10 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 4/19/2024-4/19/2024 Case ID Number: CS2024-F004 Victim Initials: E.S. Case Payment Totals: \$288.00 Claim Payments: CL2024-1028 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 05/08/2024 \$288.00 Medical Hospital or Clinic Payee: Dakota Children'S Advocacy Center Date(s) of Service (If Applicable) 12/4/2023-12/4/2023 Victim Initials: J.H. Case ID Number: CS2024-F01C Case Payment Totals: \$5,080.00 Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025

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07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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> 03/27/2025	<u>AmountPaid</u> \$40.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Sanford Hea <u>Date(s) of Service (If A</u> 12/17/2024-12/17/202 12/10/2024-12/10/202 11/19/2024-11/19/2024 11/12/2024-11/12/2024 7/15/2024-7/15/2024	Applicable) 4 4 4			
CL2024-3E5B				
Approval Date 12/17/2024 Payee: Sanford Hea Date(s) of Service (If A 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		<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-2866 <u>Approval Date</u> 05/15/2024 Payee: E.H.	<u>AmountPaid</u> \$5,000.00	<u>Claim Category</u> Funeral	Medical Category (if applicable)	
Case ID Number: CS202 Case Payment Totals: \$2	-	Victim Ir	nitials: M.P.	
Claim Payments:	50.00			
CL2024-F105				
<u>Approval Date</u> 06/18/2024 Payee: Dakota Child <u>Date(s) of Service (If A</u> 4/8/2024-4/8/2024	\$288.00 dren'S Advocacy	Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	24-F1C2	Victim Ir	nitials: K.P.	
Case Payment Totals: \$2	88.00			
Claim Payments:				
CL2024-BD4F				
<u>Approval Date</u> 08/15/2024	<u>AmountPaid</u> \$288.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Northern Pla Date(s) o C9etreic e (If A 5/8/2024-5/8/2024	ins Children'S A		···	
ND Crime Victims Compens PO Box 1898	ation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322	

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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

	AmountDaid	Claim Catanan	Madical Catagony (if anylights)
<u>Approval Date</u> 02/03/2025	<u>AmountPaid</u> \$4,243.29	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
Payee: K.T.	94,243.2 9	Meritar Freattri	
-	nuliaabla)		
Date(s) of Service (If A 9/25/2024-9/25/2024	<u>pplicable)</u>		
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			

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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: CS	2024-F3C5	Victim Ir	itials: B.K.	
Case Payment Totals:	\$304.98			
Claim Payments:				
CL2024-D724				
<u>Approval Date</u> 09/25/2024	<u>AmountPaid</u> \$304.98	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Dakota C <u>Date(s) of Service</u> 9/4/2024-9/4/2024	hildren'S Advocacy (If Applicable)	Center		
Case ID Number: CS	2024-F3F1	Victim Ir	iitials: C.T.	
Case Payment Totals:	\$1,020.00			
Claim Payments:				
CL2024-9E85				
<u>Approval Date</u> 12/17/2024	<u>AmountPaid</u> \$1,020.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
Payee: C.T.				
Case ID Number: CS		Victim Ir	iitials: K.W.	
Case ID Number: CS Case Payment Totals:		Victim Ir	iitials: K.W.	
Case ID Number: CS Case Payment Totals: Claim Payments:		Victim Ir	iitials: K.W.	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC Approval Date	\$2,414.11 <u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC	\$2,414.11			
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC <u>Approval Date</u> 05/22/2025	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable)	Claim Category	Medical Category (if applicable)	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC <u>Approval Date</u> 05/22/2025 Payee: K.W. Date(s) of Service	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable)	Claim Category	Medical Category (if applicable)	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC Approval Date 05/22/2025 Payee: K.W. Date(s) of Service 1/10/2025-1/10/202 CL2025-0057 Approval Date 05/14/2025	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable)	Claim Category	Medical Category (if applicable)	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC Approval Date 05/22/2025 Payee: K.W. Date(s) of Service 1/10/2025-1/10/202 CL2025-0057 Approval Date	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable) 25 <u>AmountPaid</u> \$25.00 (If Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC Approval Date 05/22/2025 Payee: K.W. Date(s) of Service 1/10/2025-1/10/202 CL2025-0057 Approval Date 05/14/2025 Payee: K.W. Date(s) of Service 12/6/2024-12/6/202	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable) 25 <u>AmountPaid</u> \$25.00 (If Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	
Case ID Number: CS Case Payment Totals: Claim Payments: CL2025-78EC Approval Date 05/22/2025 Payee: K.W. Date(s) of Service 1/10/2025-1/10/202 CL2025-0057 Approval Date 05/14/2025 Payee: K.W. Date(s) of Service	\$2,414.11 <u>AmountPaid</u> \$41.97 (If Applicable) 25 <u>AmountPaid</u> \$25.00 (If Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2025-1B23 <u>AmountPaid</u> Claim Category Approval Date Medical Category (if applicable) 05/14/2025 Medical Hospital or Clinic \$43.11 Payee: K.W. Date(s) of Service (If Applicable) 3/14/2025-3/14/2025 CL2025-5314 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 05/14/2025 \$57.96 Medical Prescription Payee: K.W. Date(s) of Service (If Applicable) 7/26/2024-12/16/2024 CL2025-98C9 Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/14/2025 \$27.00 Medical Hospital or Clinic Pavee: K.W. Date(s) of Service (If Applicable) 2/14/2025-2/14/2025 CL2025-CD40 Claim Category Medical Category (if applicable) Approval Date AmountPaid 05/14/2025 \$27.00 Medical Hospital or Clinic Payee: K.W. Date(s) of Service (If Applicable) 11/20/2024-11/20/2024 CL2024-14F0 Approval Date AmountPaid Claim Category Medical Category (if applicable) 12/20/2024 \$1,077.07 Medical Hospital or Clinic Payee: K.W. Date(s) of Service (If Applicable) 7/25/2024-10/4/2024 CL2024-9748 AmountPaid Approval Date Claim Category Medical Category (if applicable) 12/03/2024 \$329.70 Travel Payee: K.W. CL2024-3A87 Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Hospital or Clinic 11/26/2024 Medical \$90.00 Payee: K.W. Date(s) of Service (If Applicable) 8/29/2024-8/29/2024 7/24/2024-7/24/2024 CL2024-5009 AmountPaid Medical Category (if applicable) Approval Date Claim Category ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Email: DOCRcompensation@nd.gov

PO Box 1898 Bismarck, ND 58502-1898

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Travel 11/26/2024 \$206.76 Payee: K.W. CL2024-F339 AmountPaid Claim Category Medical Category (if applicable) Approval Date 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** Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid Mental Health 10/03/2024 \$80.00 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>Amount</u>Paid Claim Category Medical Category (if applicable) Approval Date 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 AmountPaid Approval Date Claim Category Medical Category (if applicable) 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 ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

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Bismarck, ND 58502-1898

CL2024-1F4A <u>Approval Date</u> 05/02/2024 Payee: The Kids <u>Date(s) of Service (</u> 3/12/2024-3/12/202		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Case ID Number: CS2	2024-F701	Victim Ir	nitials: E.B.	
Case Payment Totals:	\$195.00			
Claim Payments:				
CL2024-E053				
<u>Approval Date</u> 12/30/2024 Payee: C.B. <u>Date(s) of Service (</u> 4/14/2024-4/14/202 4/7/2024-4/7/2024		<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Case ID Number: CS2	2024-F78F	Victim Ir	nitials: R.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-8825				
<u>Approval Date</u> 12/12/2024 Payee: Northern <u>Date(s)</u> o Centeic e (9/23/2024-9/23/202		<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	2024-F844	Victim Ir	nitials: L.W.	
Case Payment Totals:	\$288.00			
Claim Payments:				
CL2024-EB9C				
<u>Approval Date</u> 05/15/2024	AmountPaid \$288.00 hildren'S Advocacy (If Applicable)	<u>Claim Category</u> Medical Center	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS2	2024-F99C	Victim Ir	nitials: F.S.	
Case Payment Totals:	\$288.00			
Claim Payments:				
ND Crime Victims Compe PO Box 1898	ensation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov Page 70	8 of 72

Clai			Victims Compensation & Personal Reimbursements, by Case	07/03/2025 1:05:50AM
NOTE: Upon payment appro Document can be se	1.03.30AW			
CL2024-EAA0 <u>Approval Date</u> 06/18/2024 Payee: Northern P <u>Date(s)</u> o Center (If 4/15/2024-4/15/2024	Applicable)	<u>Claim Category</u> Medical dvocacy	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS20)24-FA4F	Victim Ir	nitials: A.G.	
Case Payment Totals: \$2	216.00			
Claim Payments:				
CL2025-BB55 Approval Date 02/28/2025 Payee: Northern R	-	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s) of Service (If</u> 12/30/2024-12/30/20				
CL2025-F43E <u>Approval Date</u> 01/23/2025 Payee: Northern R <u>Date(s) of Service (If</u> 12/9/2024-12/9/2024 11/26/2024-11/26/202	Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-B127 <u>Approval Date</u> 12/16/2024 Payee: Northern R <u>Date(s) of Service (If</u> 11/13/2024-11/13/202	Applicable)	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
CL2024-B28C <u>Approval Date</u> 12/11/2024 Payee: Northern R <u>Date(s) of Service (If</u> 10/21/2024-10/21/20 10/16/2024-10/16/20 10/1/2024-10/1/2024 9/9/2024-9/9/2024 8/6/2024-8/6/2024	Applicable) 24 24	<u>Claim Category</u> Mental Health	<u>Medical Category (if applicable)</u>	
Case ID Number: CS20 Case Payment Totals: \$		Victim Ir	nitials: L.J.	

Claim Payments:

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. CL2025-38D1 Medical Category (if applicable) **AmountPaid** Claim Category Approval Date 06/23/2025 Medical Hospital or Clinic \$34.94 Payee: Trinity Medical Group Date(s) of Service (If Applicable) 10/26/2024-10/26/2024 CL2025-E239 <u>AmountPai</u>d Medical Category (if applicable) Approval Date Claim Category 06/23/2025 \$4.76 Medical Hospital or Clinic Payee: Trinity Medical Group Date(s) of Service (If Applicable) 10/26/2024-10/26/2024 CL2025-3420 Approval Date AmountPaid Claim Category Medical Category (if applicable) 01/21/2025 \$1,532.80 Medical Hospital or Clinic Payee: Trinity Hospital Date(s) of Service (If Applicable) 10/26/2024-10/26/2024 Case ID Number: CS2024-FC50 Victim Initials: B.M. Case Payment Totals: \$288.00 Claim Payments: CL2024-16C2 AmountPaid Claim Category Medical Category (if applicable) Approval Date 03/20/2024 \$288.00 Medical Hospital or Clinic Payee: Northern Plains Children'S Advocacy Date(s) of Genterce (If Applicable) 1/29/2024-1/29/2024 Case ID Number: CS2024-FCDE Victim Initials: L.K. Case Payment Totals: \$288.00 Claim Payments: CL2025-0895 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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-FDCD Victim Initials: T.S. Case Payment Totals: \$300.00 Claim Payments: ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

	& Personal Reimbursements, by Case	07/03/202		
	for processing and check issuance. ring text to search.	1:05:50AN		
CL2024-1790				
Approval Date 06/24/2024 Payee: T.S.	<u>AmountPaid</u> \$300.00	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)	
ase ID Number: CS	2024-FE9F	Victim Ir	nitials: N.D.	
Case Payment Totals:	\$768.00			
Claim Payments:				
CL2024-CD0B				
Approval Date 10/31/2024 Payee: Northern <u>Date(s)</u> o Centeice 7/2/2024-7/2/2024		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
CL2024-2488				
Approval Date 09/25/2024 Payee: Northern Date(s) o Coenteice 6/14/2024-6/14/20		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
CL2024-98AC				
Approval Date 08/15/2024		<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
CL2024-C3C0				
<u>Approval Date</u> 05/15/2024	<u>AmountPaid</u> \$288.00 • Plains Children'S A	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
<u>Date(s)</u> o C9at/ac e 2/20/2024-2/20/20	(If Applicable)	avocacy		
ase ID Number: CS	2025-0087	Victim Ir	nitials: W.W.	
Case Payment Totals:	\$300.00			
-				
Claim Payments:				
Claim Payments: CL2025-BF2A			Medical Category (if applicable)	

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: CS20	25-0E26	Victim Ir	nitials: I.R.
Case Payment Totals: \$8	326.04		
Claim Payments:			
CL2025-81C0			
<u>Approval Date</u> 06/12/2025	<u>AmountPaid</u> \$826.04	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Tioga Fire I <u>Date(s)</u> o \$8erites (If 11/22/2024-11/22/202	Applicable)	bulance	
Case ID Number: CS20	25-1054	Victim Ir	nitials: L.T.
Case Payment Totals: \$3	3,456.43		
Claim Payments:			
CL2025-B9D2			
<u>Approval Date</u> 03/27/2025	<u>AmountPaid</u> \$3,456.43	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford He			
Date(s) of Service (If 11/24/2024-11/24/202			
Case ID Number: CS20	25-116D	Victim Ir	nitials: L.C.
Case Payment Totals: \$1	13,593.38		
Claim Payments:	·		
CL2025-247F			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
06/02/2025 Payee: F-M Ambula	\$1,347.26	Medical	Hospital or Clinic
<u>Date(s) of Service (If</u> 2/24/2025-2/24/2025	Applicable)		
CL2025-6236			
Approval Date 06/02/2025 Payee: Sanford He		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Date(s) of Service (If 2/24/2025-2/24/2025 3/6/2025-3/6/2025			
CL2025-92BD			
<u>Approval Date</u> 06/02/2025 Payee: L.C.	<u>AmountPaid</u> \$2,533.96	<u>Claim Category</u> Wage Loss	Medical Category (if applicable)
, ayoo. .			

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

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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-F6DE Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/02/2025 Payee: Sanford I	\$253.60 Health	Medical	Hospital or Clinic	
Date(s) of Service				
2/24/2025-2/24/202				
CL2025-F797				
Approval Date 05/14/2025	<u>AmountPaid</u> \$108.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Chiropractic or Massage	
Payee: L.C.	<i></i>			
Date(s) of Service 3/20/2025-3/20/202 3/27/2025-3/27/202	25			
ase ID Number: CS	2025-1336	Victim Ir	nitials: B.W.	
Case Payment Totals:	\$145.60			
Claim Payments:				
CL2025-31B7				
Approval Date 06/22/2025 Payee: Sakakaw	<u>AmountPaid</u> \$145.60 ea Medical Center	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 2/4/2025-2/4/2025	(If Applicable)			
ase ID Number: CS	2025-1350	Victim Ir	nitials: C.K.	
Case Payment Totals:	\$5,000.00			
Claim Payments:				
CL2025-3CCD				
Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
03/11/2025 Payee: Fulkerso	\$5,000.00 n Stevenson Funera	Funeral al Home		
ase ID Number: CS	2025-14AC	Victim Ir	nitials: K.L.	
Case Payment Totals:	\$1,701.03			
Claim Payments:				
CL2025-6F7E				
<u>Approval Date</u> 06/25/2025 Payee: H.M.	<u>AmountPaid</u> \$213.68	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service 2/10/2025-2/10/202				
ND Crime Victims Comp PO Box 1898			8-6195; 1-800-445-2322 mpensation@nd.gov	Page 713 of
Bismarck, ND 58502-189	98			Page 71

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

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Bismarck, ND 58502-1898

CL2025-A0D4 Approval Date 06/25/2025	AmountPaid \$16.35	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford H	lealth		
<u>Date(s) of Service (</u> 2/11/2025-2/11/2025	lf Applicable)		
CL2025-111B			
Approval Date 06/24/2025	<u>AmountPaid</u> \$115.12	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford H Date(s) of Service (3/6/2025-3/6/2025			
CL2025-17DE			
<u>Approval Date</u> 06/24/2025 Payee: H.M.	<u>AmountPaid</u> \$17.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Date(s) of Service (12/6/2024-12/6/202			
CL2025-720D			
Approval Date 06/24/2025 Payee: Altru Heal Date(s) of Service (-	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
12/6/2024-12/6/202	4		
<u>Approval Date</u> 06/24/2025	<u>AmountPaid</u> \$57.56	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford H <u>Date(s) of Service (</u> 3/13/2025-3/13/202	If Applicable)		
CL2025-A2F4			
<u>Approval Date</u> 06/24/2025	<u>AmountPaid</u> \$283.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford H <u>Date(s) of Service (</u> 2/11/2025-2/11/2025	If Applicable)		
CL2025-CAD6			
<u>Approval Date</u> 06/24/2025 Payee: Altru Heal	<u>AmountPaid</u> \$3.12 th System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
<u>Date(s) of Service (</u> 12/6/2024-12/6/202	If Applicable)		
CL2025-D85D			
<u>Approval Date</u>	AmountPaid	Claim Category	Medical Category (if applicable)

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Hospital or Clinic 06/24/2025 \$281.57 Payee: Sanford Health Date(s) of Service (If Applicable) 2/10/2025-2/10/2025 CL2025-DB30 AmountPaid Medical Category (if applicable) Approval Date Claim Category 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 Victim Initials: D.H. Case ID Number: CS2025-1AFB Case Payment Totals: \$1,167.06 Claim Payments: CL2025-7BD0 AmountPaid Approval Date Claim Category Medical Category (if applicable) 06/02/2025 \$504.07 Wage Loss Payee: D.H.

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CL2025-F97F Approval Date	AmountPaid	Claim Category	Medical Category (if applicable)	
06/02/2025	\$30.57	Medical	Hospital or Clinic	
Payee: D.H.				
<u>Date(s) of Service (</u> 4/29/2025-4/29/202				
CL2025-6696				
<u>Approval Date</u> 05/21/2025	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: D.H.	\$437.21	Medical		
Date(s) of Service (11/11/2024-11/11/20 3/26/2025-3/26/2022 11/25/2024-11/25/20 2/27/2025-2/27/2022 10/15/2024-10/15/20 10/24/2024-10/24/20 12/10/2024-12/10/20 10/30/2024-10/30/20 1/30/2025-1/30/2022 12/30/2024-12/30/20	024 5 024 5 024 024 024 024 024 024 5			
CL2025-9824				
<u>Approval Date</u> 05/21/2025	<u>AmountPaid</u> \$58.21	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: D.H.	\$ 30.21	Medical	Hospital of Cliffic	
<u>Date(s) of Service (</u> 2/26/2025-2/26/2025				
CL2025-75E0				
Approval Date	AmountPaid	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Dental	
05/14/2025 Payee: D.H.	\$62.00	Medical	Dental	
<u>Date(s) of Service (1</u> 3/13/2025-3/13/2025				
CL2025-EDB2				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
05/14/2025	\$75.00	Medical	Hospital or Clinic	
Payee: D.H. Date(s) of Service (If Applicable)			
2/26/2025-2/26/2025				
ase ID Number: CS2	025-23B9	Victim Ir	iitials: B.J.	
ase Payment Totals: \$	\$1,918.88			
Claim Payments:				
CL2025-2FAC				
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ID Crime Victims Compe	nsation, DOCR	. ,	8-6195; 1-800-445-2322	
O Box 1898		Email: DOCRcor	<u>mpensation@nd.gov</u>	Page 716 of 7

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance. Document can be searched by clicking CTRL+F, then entering text to search. Medical Dental 02/07/2025 \$468.48 Payee: Maisey Dental Date(s) of Service (If Applicable) 2/6/2025-2/6/2025 CL2025-B477 AmountPaid Medical Category (if applicable) Approval Date Claim Category 02/07/2025 \$146.40 Medical Dental Payee: B.J. Date(s) of Service (If Applicable) 2/6/2025-2/6/2025 CL2025-5BA4 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) \$1,360.00 Medical Dental 06/25/2025 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 Claim Category Approval Date AmountPaid Medical Category (if applicable) 05/14/2025 \$144.80 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (If Applicable) 3/24/2025-3/24/2025 CL2025-C9AD Approval Date AmountPaid Claim Category Medical Category (if applicable) 05/01/2025 \$288.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Centerce (If Applicable) 2/27/2025-2/27/2025 2/11/2025-2/11/2025

	im Payments: Se	ervice Providers &	& Personal Reimbursements, by Case	07/03/2025 1:05:50AM
OTE: Upon payment appro Document can be se	or processing and check issuance. ring text to search.			
CL2025-59DD				
Approval Date 04/07/2025 Payee: Northern F Date(s) oContente (In 1/28/2025-1/28/2025 1/17/2025-1/17/2025	<u>f Applicable)</u> 5	<u>Claim Category</u> Mental Health dvocacy	<u>Medical Category (if applicable)</u>	
Case ID Number: CS2	025-49FB	Victim Ir	nitials: S.u.	
Case Payment Totals: \$	64,108.86			
Claim Payments:				
CL2025-BE8A				
<u>Approval Date</u> 05/01/2025	<u>AmountPaid</u> \$4,108.86	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Chi St. Ale Date(s) of Service (I 2/26/2024-2/26/2024	lf Applicable)			
Case ID Number: CS2	025 5120	Victim Ir	nitials: O.H.	
Case Payment Totals: \$	1,476.00			
Claim Payments:				
CL2025-061E				
<u>Approval Date</u> 06/24/2025 Payee: Northern F <u>Date(s)</u> o Conter 5/30/2025-5/30/2025	f Applicable)	<u>Claim Category</u> Mental Health Idvocacy	Medical Category (if applicable)	
5/5/2025-5/5/2025				
CL2025-2E3A				
<u>Approval Date</u> 06/12/2025	<u>AmountPaid</u> \$180.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: Northern F Date(s) o Ceeteic e (li	f Applicable)	dvocacy		
4/30/2025-4/30/2025				
4/30/2025-4/30/2025	<u>AmountPaid</u> \$168.00	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
4/30/2025-4/30/2025 CL2025-69EE <u>Approval Date</u> 05/14/2025 Payee: Northern P <u>Date(s) of Senteice (It</u>	\$168.00 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/30/2025-4/30/2025 CL2025-69EE <u>Approval Date</u> 05/14/2025 Payee: Northern F	\$168.00 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	
4/30/2025-4/30/2025 CL2025-69EE <u>Approval Date</u> 05/14/2025 Payee: Northern P <u>Date(s) of Senteice (It</u>	\$168.00 Plains Children'S A f Applicable)	Mental Health	Medical Category (if applicable)	

Victim Initials: N.M. Case Payment Totals: \$1,664.00 Claim Category Approval Date AmountPaid Medical Category (if applicable) Mental Health 06/23/2025 \$720.00 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 hone: (701)-328-6195; 1-800-445-2322 mail: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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\$312.00 Mental Health 05/01/2025

Payee: Northern Plains Children'S Advocacy

Date(s) of Contract (If Applicable) 2/27/2025-2/27/2025 2/12/2025-2/12/2025

CL2025-7B6E

Approval Date <u>AmountPaid</u> Claim Category 04/07/2025 \$456.00 Mental Health Payee: Northern Plains Children'S Advocacy Date(s) of Contract (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.

Medical Category (if applicable)

Case Payment Totals: \$1,170.65

Claim Payments:

CL2025-9432

022023-3432				
<u>Approval Date</u> 03/24/2025	<u>AmountPaid</u> \$877.10	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Payee: Sanford H	lealth			
<u>Date(s) of Service(</u> 12/15/2024-12/15/2	A			

CL2025-C80D

<u>Approval Date</u> 03/14/2025	<u>AmountPaid</u> \$293.55	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Sanford He	alth		
<u>Date(s) of Service (If</u> 12/15/2024-12/15/20			

Case ID Number: CS2025-692C

Claim Payments:

CL2025-A117

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North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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 **AmountPaid** Claim Category Medical Category (if applicable) Approval Date 04/25/2025 Mental Health \$512.00 Payee: Heather Kippen, Licsw, Just Breathe Date(s) of Service (If Applicable) 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 Claim Category Medical Category (if applicable) Approval Date AmountPaid 02/28/2025 \$432.00 Mental Health Payee: Heather Kippen, Licsw, Just Breathe Date(s) of Service (If Applicable) 1/31/2025-1/31/2025 12/20/2024-12/20/2024 12/4/2024-12/4/2024 11/5/2024-11/5/2024 Victim Initials: J.G. Case ID Number: CS2025-7FBE Case Payment Totals: \$847.85 Claim Payments: CL2025-B40C Approval Date <u>AmountPaid</u> Claim Category Medical Category (if applicable) Mental Health 05/14/2025 \$847.85 Payee: S.G. Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/12/2025

Payee: C.B.

Funeral

\$5,000.00

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

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Bismarck, ND 58502-1898

Case ID Number: CS202	25-83AF	Victim Initials: K.H.		
Case Payment Totals: \$1 ,	498.16			
Claim Payments:				
CL2025-A517				
<u>Approval Date</u> 06/12/2025	<u>AmountPaid</u> \$1,498.16	<u>Claim Category</u> Mental Health	Medical Category (if applicable)	
Payee: J.H.				
Date(s) of Service (If A 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 2/20/2023-2/20/2023 1/12/2023-1/12/2023 1/2/2023-1/2/2023	<u>pplicable)</u>			
Case ID Number: CS202	25-89A6	Victim Ir	nitials: E.O.	
Case Payment Totals: \$3	50.00			
Claim Payments:				
CL2025-0C7F				
<u>Approval Date</u> 03/03/2025 Payee: E.O.	<u>AmountPaid</u> \$350.00	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service (If A</u> 9/10/2024-9/10/2024	<u>applicable)</u>			
Case ID Number: CS202	25-8DF4	Victim Ir	nitials: R.B.	
Case Payment Totals: \$1 ,	011.04			
Claim Payments:				
CL2025-0E5F				
<u>Approval Date</u> 05/20/2025 Payee: Dickinson A i <u>Date(s) of Service (If A</u> 4/15/2025-4/15/2025		<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Case ID Number: CS202	25-9269	Victim Ir	nitials: C.S.	
Case Payment Totals: \$16	6,313.62			
Claim Payments:				
CL2025-6149 Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)	
ND Crime Victims Compensi PO Box 1898	ation, DOCR		8-6195; 1-800-445-2322 mpensation@nd.gov	

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Bismarck, ND 58502-1898

06/24/2025 Payee: Altru Hea	\$49.60 Ith System	Medical	Hospital or Clinic		
Date(s) of Service (If Applicable) 4/26/2025-4/26/2025					
CL2025-9A13					
Approval Date 06/24/2025 Payee: Altru Hea Date(s) of Service 4/26/2025-4/26/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
CL2025-B6DB					
Approval Date 06/24/2025 Payee: Altru Hea Date(s) of Service	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
4/28/2025-4/28/202	25				
CL2025-DFA6 <u>Approval Date</u> 06/24/2025 Payee: Altru Hea	<u>AmountPaid</u> \$47.20 Ilth System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
<u>Date(s) of Service</u> 4/26/2025-4/26/202	· · · · · · · · · · · · · · · · · · ·				
CL2025-2166					
Approval Date 06/23/2025 Payee: Altru Hea Date(s) of Service	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
4/26/2025-4/26/202	25				
CL2025-4EAC Approval Date 06/23/2025	AmountPaid \$60.80	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
Payee: Altru Hea Date(s) of Service 4/26/2025-4/26/202	(If Applicable)				
CL2025-A17D					
Approval Date 06/23/2025 Payee: Altru Hea Date(s) of Service 4/25/2025-4/26/202	(If Applicable)	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
L2025-A30D					
Approval Date 06/23/2025 Payee: Altru Hea	<u>AmountPaid</u> \$49.60 Ith System	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic		
O Crime Victims Comp	ensation, DOCR	Phone: (701)-32	8-6195; 1-800-445-2322		
) Box 1898	,	• •	mpensation@nd.gov	Page 72	

North Dakota Crime Victims Compensation 07/03/2025 Claim Payments: Service Providers & Personal Reimbursements, by Case 1:05:50AM NOTE: Upon payment approval, 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) 4/26/2025-4/26/2025 CL2025-C8E6 Approval Date **AmountPaid** Claim Category Medical Category (if applicable) \$53.60 Medical Hospital or Clinic 06/23/2025 Payee: Altru Health System Date(s) of Service (If Applicable) 4/26/2025-4/26/2025 CL2025-CBBB Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/23/2025 \$2,148.00 Medical Hospital or Clinic Payee: Altru Health System Date(s) of Service (If Applicable) 4/26/2025-4/26/2025 CL2025-D86F Approval Date AmountPaid Claim Category Medical Category (if applicable) 06/23/2025 \$12,888.00 Medical Hospital or Clinic Payee: Altru Health System Date(s) of Service (If Applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) 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 Approval Date AmountPaid Claim Category Medical Category (if applicable) Hospital or Clinic 03/12/2025 \$790.22 Medical Payee: Ashley Ambulance Service #23344 Date(s) of Service (If Applicable) 1/22/2025-1/22/2025 CL2025-8DF4 AmountPaid Approval Date Claim Category Medical Category (if applicable) ND Crime Victims Compensation, DOCR Phone: (701)-328-6195; 1-800-445-2322

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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02/28/2025 Payee: Harmony Date(s) of Service 2/18/2025-2/18/20 2/11/2025-2/11/202 2/4/2025-2/4/2025	(<u>If Applicable</u>) 25 25	Mental Health		
1/28/2025-1/28/20 1/22/2025-1/22/20				
L2025-9C39				
Approval Date 02/12/2025 Pavee: Ashley M	<u>AmountPaid</u> \$1,360.80 Iedical Center - Hos	<u>Claim Category</u> Medical pital	<u>Medical Category (if applicable)</u> Hospital or Clinic	
<u>Date(s) of Service</u> 1/22/2025-1/22/20	(If Applicable)			
L2025-8DC3				
<u>Approval Date</u> 02/11/2025	<u>AmountPaid</u> \$257.20	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic	
Date(s) of Service	ledical Center - Clin (If Applicable)	ic		
1/22/2025-1/22/20		Victim I	nitiolo: N.D.	
e ID Number: CS	2025-B899	Victim I	nitials: N.P.	
e ID Number: CS se Payment Totals: aim Payments:	2025-B899	Victim I	nitials: N.P.	
e ID Number: CS se Payment Totals: aim Payments: :L2025-119D	2025-B899			
e ID Number: CS se Payment Totals: aim Payments:	2025-B899 \$1,869.69 <u>AmountPaid</u>	Victim In <u>Claim Category</u> Medical	Medical Category (if applicable)	
e ID Number: CS se Payment Totals: aim Payments: L2025-119D Approval Date	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41	Claim Category		
e ID Number: CS se Payment Totals: aim Payments: :L2025-119D Approval Date 06/02/2025	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025	Claim Category	Medical Category (if applicable)	
e ID Number: CS se Payment Totals: aim Payments: £L2025-119D Approval Date 06/02/2025 Payee: Sanford Date(s) of Service 2/27/2025-2/27/20 11/22/2024-2/27/2 12/30/2024-12/30/	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025	Claim Category	Medical Category (if applicable)	
e ID Number: CS se Payment Totals: aim Payments: cL2025-119D Approval Date 06/02/2025 Payee: Sanford Date(s) of Service 2/27/2025-2/27/20 11/22/2024-2/27/2	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025	Claim Category	Medical Category (if applicable)	
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e ID Number: CS se Payment Totals: aim Payments: C2025-119D Approval Date 06/02/2025 Payee: Sanford Date(s) of Service 2/27/2025-2/27/20 11/22/2024-2/27/2 12/30/2024-12/30/ C225-C5E8 Approval Date	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025 2024 <u>AmountPaid</u> \$485.41 (If Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	
e ID Number: CS se Payment Totals: aim Payments: cL2025-119D Approval Date 06/02/2025 Payee: Sanford Date(s) of Service 2/27/2025-2/27/20 11/22/2024-2/27/2 12/30/2024-12/30/ cL2025-C5E8 Approval Date 06/02/2025 Payee: C.P. Date(s) of Service	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025 2024 <u>AmountPaid</u> \$485.41 (If Applicable)	<u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u>	
e ID Number: CS se Payment Totals: aim Payments: :L2025-119D <u>Approval Date</u> 06/02/2025 Payee: Sanford <u>Date(s) of Service</u> 2/27/2025-2/27/20 11/22/2024-2/27/2 12/30/2024-12/30/ :L2025-C5E8 <u>Approval Date</u> 06/02/2025 Payee: C.P. <u>Date(s) of Service</u> 11/22/2024-11/22/	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 025 2024 <u>AmountPaid</u> \$485.41 (If Applicable) 2024	<u>Claim Category</u> Medical <u>Claim Category</u>	Medical Category (if applicable) Hospital or Clinic Medical Category (if applicable) Hospital or Clinic	
e ID Number: CS se Payment Totals: aim Payments: EL2025-119D Approval Date 06/02/2025 Payee: Sanford Date(s) of Service 2/27/2025-2/27/20 11/22/2024-2/27/2 12/30/2024-12/30/ EL2025-C5E8 Approval Date 06/02/2025 Payee: C.P. Date(s) of Service 11/22/2024-11/22/ EL2025-D819 Approval Date	2025-B899 \$1,869.69 <u>AmountPaid</u> \$1,133.41 Health (If Applicable) 25 2024 <u>AmountPaid</u> \$485.41 (If Applicable) 2024 <u>AmountPaid</u> \$485.41	<u>Claim Category</u> Medical <u>Claim Category</u> Medical <u>Claim Category</u>	<u>Medical Category (if applicable)</u> Hospital or Clinic <u>Medical Category (if applicable)</u> Hospital or Clinic	

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

07/03/2025 1:05:50AM

NOTE: Upon payment approval, 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 Ir	itials: R.Z.
Case Payment Totals: \$1 ,	,235.87		
Claim Payments:			
CL2025-73B9			
<u>Approval Date</u> 06/12/2025	<u>AmountPaid</u> \$1,235.87	<u>Claim Category</u> Medical	<u>Medical Category (if applicable)</u> Hospital or Clinic
Payee: Metro-Area / <u>Date(s) of Service (If /</u> 1/3/2025-1/3/2025		ice	
Case ID Number: CS202	25-EFB9	Victim Ir	iitials: J.G.
Case Payment Totals: \$1 ,	,048.53		
Claim Payments:			
CL2025-C42C			
Approval Date	AmountPaid	<u>Claim Category</u> Mental Health	Medical Category (if applicable)
05/06/2025 Payee: S.G.	\$1,048.53	Mental Health	
Date(s) of Service (If A	Applicable)		
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 Ir	iitials: K.G.
Case Payment Totals: \$1 ,	,084.30		
Claim Payments:			
CL2025-9065			
Approval Date	<u>AmountPaid</u>	Claim Category	Medical Category (if applicable)
05/22/2025	\$1,084.30	Mental Health	
Payee: S.G.			
Date(s) of Service (If A 2/26/2025-2/26/2025	<u>Applicable)</u>		

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