

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2018-4011

Victim Initials: A.P.

Case Payment Totals: **\$980.80**

Claim Payments:

CL2019-A80E

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

CL2019-E72E

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

CL2019-FAE5

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

CL2019-BD72

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

Case ID Number: CS2018-4022

Victim Initials: K.D.

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

Claim Payments:

CL2018-30d4

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

CL2018-5c59

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

Case ID Number: CS2018-4060

Victim Initials: A.C.

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

Claim Payments:

CL2019-26d5

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

CL2019-e9d2

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

CL2018-10a9

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

CL2018-25c4

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

CL2018-32c0

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

CL2018-6323

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

North Dakota Crime Victims Compensation

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CL2018-d98b

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

CL2018-f78f

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

CL2018-127c

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

CL2018-5b00

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

CL2018-5ba6

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

CL2018-7978

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

CL2018-9323

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

CL2018-fce5

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

CL2018-18bf

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

CL2018-4965

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

CL2018-6849

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

CL2018-7755

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

CL2018-94c6

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

CL2018-9b02

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

Case ID Number: CS2018-4065

Victim Initials: A.S.

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

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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CL2019-73BD

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

Payee: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

6/4/2018-6/4/2018

CL2019-864B

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

Payee: **Mckenzie County Healthcare System**

Date(s) of Service (If Applicable)

6/4/2018-6/4/2018

CL2018-9e4a

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

Payee: **Anova Family Health Center**

Date(s) of Service (If Applicable)

6/28/2018-6/28/2018

7/26/2018-7/26/2018

8/20/2018-8/20/2018

Case ID Number: **CS2018-4071**

Victim Initials: **G.B.**

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

Claim Payments:

CL2020-FE92

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

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

Date(s) of Service (If Applicable)

2/28/2019-2/28/2019

2/19/2019-2/19/2019

CL2019-13fe

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

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

Date(s) of Service (If Applicable)

1/14/2019-1/14/2019

CL2019-8767

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

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

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018

CL2019-0e45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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ND Crime Victims Compensation, DOCR

PO Box 1898

Bismarck, ND 58502-1898

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

Email: DOCRcompensation@nd.gov

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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01/02/2019 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

9/12/2018-9/12/2018

CL2019-5d09

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/02/2019 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

8/22/2018-8/22/2018

CL2019-a5e6

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/02/2019 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

7/25/2018-7/25/2018

CL2019-f0f6

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/02/2019 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

8/16/2018-8/16/2018

CL2019-ff16

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/02/2019 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

10/19/2018-10/19/2018

CL2018-6673

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/31/2018 **\$147.70** Mental Health

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

Date(s) of Service (If Applicable)

6/21/2018-6/21/2018

CL2018-7287

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/31/2018 **\$147.70** Mental Health

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

Date(s) of Service (If Applicable)

5/10/2018-5/10/2018

CL2018-7754

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/31/2018 **\$147.70** Mental Health

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

North Dakota Crime Victims Compensation

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Date(s) of Service (If Applicable)

7/23/2018-7/23/2018

CL2018-898c

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

Date(s) of Service (If Applicable)

7/5/2018-7/5/2018

CL2018-f7b3

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

Date(s) of Service (If Applicable)

7/19/2018-7/19/2018

CL2018-2525

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/17/2018	\$147.70	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/6/2018-6/6/2018

CL2018-50d9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/17/2018	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/10/2018-5/10/2018

CL2018-6557

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/17/2018	\$147.70	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/14/2018-6/14/2018

CL2018-7ed5

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

North Dakota Crime Victims Compensation

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CL2019-45c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$43.62	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2018-9/4/2018			

CL2019-8cb5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$42.51	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/24/2018-8/24/2018			

CL2018-a5fc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2018-8/14/2018			

Case ID Number: CS2018-409f

Victim Initials: D.L.

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

Claim Payments:

CL2018-b93c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$4,247.84	Medical	Hospital or Clinic
Payee: Tioga Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2017-11/19/2017			

CL2018-dd9a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$227.20	Medical	Hospital or Clinic
Payee: Tioga Clinic Non Rhc			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2017-11/19/2017			

Case ID Number: CS2018-40ca

Victim Initials: L.F.

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

Claim Payments:

CL2020-F5B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$109.90	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2020-2/20/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-754B

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

CL2020-3BD2

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

CL2019-F818

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

CL2019-5C67

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

CL2019-1416

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

CL2019-803B

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

North Dakota Crime Victims Compensation

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Date(s) of Service (If Applicable)

6/5/2019-6/5/2019

5/29/2019-5/29/2019

5/21/2019-5/21/2019

5/14/2019-5/14/2019

4/30/2019-4/30/2019

CL2018-5669

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/21/2018	\$174.17	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/5/2018-11/5/2018

CL2018-d464

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/21/2018	\$174.17	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/25/2018-10/25/2018

CL2018-6220

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/31/2018	\$174.17	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/28/2018-9/28/2018

CL2018-3914

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/05/2018	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/6/2018-8/6/2018

Case ID Number: CS2018-40f6

Victim Initials: K.S.

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

Claim Payments:

CL2018-0773

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

Date(s) of Service (If Applicable)

8/21/2018-8/24/2018

Case ID Number: CS2018-4100

Victim Initials: D.S.

Case Payment Totals: **\$288.00**

Claim Payments:

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

04/22/2021
1:01:54AM

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CL2018-ec0b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/3/2018-8/3/2018			

Case ID Number: CS2018-412c

Victim Initials: R.T.

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

Claim Payments:

CL2018-0610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$2,223.20	Medical	Hospital or Clinic
Payee: Jamestown Regional Medical Center			
<u>Date(s) of Service (If Applicable)</u> 10/3/2018-10/3/2018			

CL2018-6a5b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$710.00	Medical	Hospital or Clinic
Payee: Jamestown Area Amulance			
<u>Date(s) of Service (If Applicable)</u> 10/3/2018-10/3/2018			

Case ID Number: CS2018-415e

Victim Initials: M.A.

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

Claim Payments:

CL2020-D07F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/20/2020	\$980.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u> 11/19/2019-11/19/2019 10/29/2019-10/29/2019 10/22/2019-10/22/2019 10/15/2019-10/15/2019 10/9/2019-10/9/2019 10/2/2019-10/2/2019			

CL2019-3AC4

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Date(s) of Service (If Applicable)

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

CL2019-C198

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

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

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

CL2019-B4AB

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

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

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

Case ID Number: CS2018-41b3

Victim Initials: S.F.

Case Payment Totals: **\$168.92**

Claim Payments:

CL2018-5334

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

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

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

CL2018-975a

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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11/28/2018 **\$81.18** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/18/2018-9/18/2018

Case ID Number: CS2018-41c6 **Victim Initials: J.T.**

Case Payment Totals: **\$470.00**

Claim Payments:

CL2018-838f

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

Case ID Number: CS2018-4289 **Victim Initials: L.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-a363

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

Case ID Number: CS2018-42c9 **Victim Initials: R.M.**

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

Claim Payments:

CL2018-2269

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

CL2018-3168

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

CL2018-35ed

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

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

CL2018-5def

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

CL2018-75ec

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

CL2018-7991

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

Case ID Number: CS2018-42e7

Victim Initials: R.W.

Case Payment Totals: **\$740.26**

Claim Payments:

CL2018-2f00

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

CL2018-49d9

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

CL2018-c633

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2018-43c9

Victim Initials: M.J.

Case Payment Totals: **\$232.00**

Claim Payments:

CL2018-ba4b

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

Case ID Number: CS2018-43f3

Victim Initials: C.S.

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

Claim Payments:

CL2018-83c7

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

Case ID Number: CS2018-4434

Victim Initials: K.M.

Case Payment Totals: **\$158.12**

Claim Payments:

CL2019-890d

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

CL2019-adda

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

Case ID Number: CS2018-446b

Victim Initials: L.E.

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

Claim Payments:

CL2020-218D

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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05/04/2020 **\$160.00** Mental Health
Payee: **Kaleidoscope Behavioral Health**
Date(s) of Service (If Applicable)
1/22/2020-1/22/2020

CL2020-810B

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

CL2019-A84B

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

CL2019-FD8C

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

Case ID Number: CS2018-447d

Victim Initials: J.M.

Case Payment Totals: **\$434.85**

Claim Payments:

CL2021-6BCB

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

CL2020-46D2

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2018-4485

Victim Initials: C.B.

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

Claim Payments:

CL2018-665b

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

Payee: **C.B.**

Case ID Number: CS2018-448d

Victim Initials: C.J.

Case Payment Totals: **\$922.00**

Claim Payments:

CL2020-CD4D

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

Payee: **C.J.**

Date(s) of Service (If Applicable)

1/7/2019-10/28/2019

Case ID Number: CS2018-44b3

Victim Initials: E.T.

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

Claim Payments:

CL2020-410F

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

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

Date(s) of Service (If Applicable)

10/2/2020-10/2/2020

9/25/2020-9/25/2020

9/18/2020-9/18/2020

9/4/2020-9/4/2020

CL2020-B8A0

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

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

Date(s) of Service (If Applicable)

8/21/2020-8/21/2020

CL2020-11DA

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

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

Date(s) of Service (If Applicable)

7/24/2020-7/24/2020

7/16/2020-7/16/2020

7/9/2020-7/9/2020

7/2/2020-7/2/2020

CL2020-3EB2

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/27/2020 **\$312.00** Mental Health

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

Date(s) of Service (If Applicable)

6/25/2020-6/25/2020

6/11/2020-6/11/2020

6/4/2020-6/4/2020

CL2020-D70F

Approval Date AmountPaid Claim Category Medical Category (if applicable)

06/04/2020 **\$336.00** Mental Health

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

Date(s) of Service (If Applicable)

5/28/2020-5/28/2020

5/21/2020-5/21/2020

5/1/2020-5/1/2020

CL2020-4358

Approval Date AmountPaid Claim Category Medical Category (if applicable)

05/14/2020 **\$112.00** Mental Health

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

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

CL2020-4D04

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/16/2020 **\$112.00** Mental Health

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

Date(s) of Service (If Applicable)

4/7/2020-4/7/2020

CL2020-128C

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/14/2020 **\$168.00** Mental Health

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

Date(s) of Service (If Applicable)

3/31/2020-3/31/2020

CL2020-DB9B

Approval Date AmountPaid Claim Category Medical Category (if applicable)

04/02/2020 **\$88.00** Mental Health

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

Date(s) of Service (If Applicable)

3/23/2020-3/23/2020

CL2020-10A5

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

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

Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

CL2019-66C6

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

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

Date(s) of Service (If Applicable)

12/18/2019-12/18/2019

CL2019-7874

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

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

Date(s) of Service (If Applicable)

11/26/2019-11/26/2019

CL2019-4CFC

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

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

Date(s) of Service (If Applicable)

11/12/2019-11/12/2019

CL2019-15B2

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

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

Date(s) of Service (If Applicable)

10/30/2019-10/30/2019

CL2019-6C6B

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

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

Date(s) of Service (If Applicable)

10/15/2019-10/15/2019

CL2019-2CE0

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

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

Date(s) of Service (If Applicable)

8/14/2019-8/14/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2019-4C31

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2019-7/31/2019			

CL2019-E249

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

CL2019-27A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/2/2019-7/2/2019			

CL2019-19B5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2019-6/5/2019			

CL2019-3C55

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/17/2019-6/17/2019			

CL2019-07B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2019-5/15/2019			

CL2019-5996

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$104.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2019-3/18/2019			

CL2019-B6EE

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

03/01/2019 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
2/12/2019-2/12/2019

CL2019-F6D2

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/01/2019 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
2/25/2019-2/25/2019

CL2019-639a

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/30/2019 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/24/2019-1/24/2019

CL2019-0504

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/14/2019 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/7/2019-1/7/2019

CL2018-5ab3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/07/2018 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/13/2018-11/13/2018

CL2018-db4e

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/07/2018 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/27/2018-11/27/2018

CL2018-705f

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/09/2018 **\$104.00** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/16/2018-10/16/2018

CL2018-ba13

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/09/2018 **\$180.00** Mental Health

North Dakota Crime Victims Compensation

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

Date(s) of Service (If Applicable)

10/2/2018-10/2/2018

CL2018-df63

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

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

Date(s) of Service (If Applicable)

9/19/2018-9/19/2018

Case ID Number: CS2018-44cb

Victim Initials: S.G.

Case Payment Totals: **\$56.00**

Claim Payments:

CL2018-45e9

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

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

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

CL2018-6585

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

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

Date(s) of Service (If Applicable)

9/17/2018-9/17/2018

Case ID Number: CS2018-44f4

Victim Initials: C.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-b034

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

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

Date(s) of Service (If Applicable)

10/10/2018-10/10/2018

Case ID Number: CS2018-4532

Victim Initials: A.S.

Case Payment Totals: **\$600.00**

Claim Payments:

CL2018-5eec

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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12/10/2018 **\$600.00** Wage Loss
Payee: **A.S.**

Case ID Number: CS2018-453a

Victim Initials: C.W.

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

Claim Payments:

CL2018-1919

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

CL2018-8125

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

Case ID Number: CS2018-4566

Victim Initials: B.S.

Case Payment Totals: **\$57.60**

Claim Payments:

CL2018-6b7c

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

Case ID Number: CS2018-45bd

Victim Initials: M.F.

Case Payment Totals: **\$682.07**

Claim Payments:

CL2018-062a

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

CL2018-79e4

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

CL2018-d5fb

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

CL2018-f837

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2018	\$173.69	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/16/2018-8/16/2018			

Case ID Number: CS2018-4627

Victim Initials: A.C.

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

Claim Payments:

CL2019-0345

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

CL2019-31d3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$78.26	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2018-11/2/2018			

CL2019-48f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.14	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2018-12/7/2018			

CL2019-6b7a

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

North Dakota Crime Victims Compensation

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CL2019-99df

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.14	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/14/2018-12/14/2018			

CL2019-b98d

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

CL2019-bf8d

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

CL2019-ed0d

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

CL2018-1fbe

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

CL2018-28ec

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

CL2018-2f89

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

CL2018-345c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/27/2018 **\$8.11** Mental Health

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

Date(s) of Service (If Applicable)

7/5/2018-7/5/2018

CL2018-3b73

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

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

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

Date(s) of Service (If Applicable)

8/24/2018-8/24/2018

CL2018-7b73

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

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

Date(s) of Service (If Applicable)

7/11/2018-7/11/2018

CL2018-7c2a

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

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

Date(s) of Service (If Applicable)

10/9/2018-10/9/2018

CL2018-ded2

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

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

North Dakota Crime Victims Compensation
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Date(s) of Service (If Applicable)
10/24/2018-10/24/2018

CL2018-e282

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 7/25/2018-7/25/2018			

CL2018-e35f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/31/2018-8/31/2018			

CL2018-fa13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 7/20/2018-7/20/2018			

CL2018-fe15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2018	\$87.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 8/17/2018-8/17/2018			

CL2018-277d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 6/4/2018-6/4/2018			

CL2018-345c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 7/5/2018-7/5/2018			

CL2018-4e68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$74.08	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u> 5/2/2018-5/2/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2018-8795

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$79.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2018-5/15/2018			

CL2018-8f34

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$80.95	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/26/2018-6/26/2018			

CL2018-ba71

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

CL2018-5193

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$79.63	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/30/2018-5/30/2018			

Case ID Number: CS2018-4695

Victim Initials: O.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-4395

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2018-6/11/2018			

Case ID Number: CS2018-46a9

Victim Initials: M.B.

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

Claim Payments:

CL2019-6873

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$97.60	Medical	Hospital or Clinic
Payee: Voyageur Radiology			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			

North Dakota Crime Victims Compensation

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CL2019-594E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$526.61	Medical	Hospital or Clinic
Payee: Cavalier County Memorial Hospital &			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			
9/26/2018-9/26/2018			

CL2019-DD90

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$391.68	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2018-8/10/2018			
9/14/2018-9/14/2018			

CL2018-5ada

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

CL2019-11D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$22.92	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

CL2019-2739

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$143.60	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

CL2019-84E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$1,323.01	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

CL2019-B5FC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$242.45	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
8/2/2018-8/2/2018			

North Dakota Crime Victims Compensation

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Case ID Number: CS2018-46b9

Victim Initials: L.G.

Case Payment Totals: **\$164.23**

Claim Payments:

CL2019-FB12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$50.00	Medical	Hospital or Clinic
Payee: L.G.			
<u>Date(s) of Service (If Applicable)</u>			
5/13/2018-5/13/2018			

CL2018-7809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$64.23	Medical	Prescription
Payee: L.G.			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2018-5/15/2018			

CL2018-8506

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/29/2018	\$50.00	Medical	Hospital or Clinic
Payee: L.G.			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2018-5/14/2018			

Case ID Number: CS2018-46c2

Victim Initials: O.Z.

Case Payment Totals: **\$493.48**

Claim Payments:

CL2019-534E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$188.10	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2018-12/24/2018			
12/18/2018-12/18/2018			
12/12/2018-12/12/2018			
12/5/2018-12/5/2018			
11/13/2018-11/13/2018			
11/6/2018-11/6/2018			
11/1/2018-11/1/2018			
10/23/2018-10/23/2018			
10/16/2018-10/16/2018			

CL2019-5185

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/02/2019	\$128.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
11/5/2018-11/5/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

CL2018-b020

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$176.58	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Willston			
<u>Date(s) of Service (If Applicable)</u>			
9/30/2018-9/30/2018			

Case ID Number: CS2018-46cd

Victim Initials: J.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-cd8e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/17/2018	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<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>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$648.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2020-2/28/2020			
2/17/2020-2/17/2020			
2/13/2020-2/13/2020			
2/6/2020-2/6/2020			
1/30/2020-1/30/2020			

CL2020-4498

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$712.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			
1/7/2020-1/7/2020			
12/31/2019-12/31/2019			
12/26/2019-12/26/2019			

CL2020-A6A8

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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)

11/27/2019-11/27/2019

11/21/2019-11/21/2019

11/7/2019-11/7/2019

9/26/2019-9/26/2019

9/25/2019-9/25/2019

9/10/2019-9/10/2019

8/27/2019-8/27/2019

8/13/2019-8/13/2019

7/16/2019-7/16/2019

7/8/2019-7/8/2019

CL2019-29E3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/28/2019	\$480.00	Mental Health	
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Payee: **Volk Human Services, Pc**

Date(s) of Service (If Applicable)

9/12/2019-9/12/2019

CL2019-A38D

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

Date(s) of Service (If Applicable)

6/26/2019-6/26/2019

6/19/2019-6/19/2019

6/13/2019-6/13/2019

6/5/2019-6/5/2019

5/20/2019-5/20/2019

5/15/2019-5/15/2019

5/6/2019-5/6/2019

CL2018-ab4d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/01/2018	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

9/28/2018-9/28/2018

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

Victim Initials: **A.S.**

Case Payment Totals: **\$759.94**

Claim Payments:

CL2018-d5dd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/29/2018	\$759.94	Medical	Hospital or Clinic
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Payee: **Altru Health System**

Date(s) of Service (If Applicable)

7/20/2018-7/20/2018

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2018-476d

Victim Initials: A.F.

Case Payment Totals: **\$960.00**

Claim Payments:

CL2020-B8BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/12/2020	\$480.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			
10/21/2019-10/21/2019			
9/23/2019-9/23/2019			
8/27/2019-8/27/2019			

CL2019-8ADC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$480.00	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
7/16/2019-7/16/2019			
5/2/2019-5/2/2019			
4/25/2019-4/25/2019			
4/8/2019-4/8/2019			

Case ID Number: CS2018-4779

Victim Initials: D.W.

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

Claim Payments:

CL2019-00EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$2,952.96	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/20/2019			

CL2019-2C38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$60.00	Medical	Hospital or Clinic
Payee: K.P.			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/17/2019			

CL2019-80C8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/26/2019	\$689.65	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2019-4/23/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2019-0102

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

CL2018-21ce

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

CL2018-84d7

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

CL2018-a9a7

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

CL2018-a9eb

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

Case ID Number: CS2018-47f1

Victim Initials: E.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-534f

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2018-4819

Victim Initials: J.L.

Case Payment Totals: **\$985.30**

Claim Payments:

CL2018-0f77

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

CL2018-2e9b

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

Case ID Number: CS2018-482a

Victim Initials: T.S.

Case Payment Totals: **\$951.95**

Claim Payments:

CL2018-1456

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

CL2018-f5a4

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

CL2018-14d4

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

CL2018-2486

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2018-19ad

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

CL2018-1bdd

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

CL2018-4de8

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

CL2018-76f6

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

CL2018-7dcd

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

CL2018-a77a

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

CL2018-cf28

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2018-4842

Victim Initials: R.G.

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

Claim Payments:

CL2019-2312

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$760.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2019-2/27/2019			
1/31/2019-1/31/2019			
1/17/2019-1/17/2019			
1/10/2019-1/10/2019			
1/3/2019-1/3/2019			

CL2019-B261

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$456.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
1/24/2019-1/24/2019			
12/27/2018-12/27/2018			
10/12/2018-10/12/2018			

CL2018-2524

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2018-12/6/2018			

CL2018-4f77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2018-11/14/2018			

CL2018-5d89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/29/2018-11/29/2018			

CL2018-a622

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$152.00	Mental Health	
Payee: Kaleidoscope Behavioral Health			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2018-11/20/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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-b2d6

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

CL2018-d9b6

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

CL2018-242b

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

CL2018-99c1

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

CL2018-d347

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

CL2018-e787

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

CL2018-ec68

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

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

04/22/2021
1:01:54AM

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

Case ID Number: CS2018-4850

Victim Initials: K.H.

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

Claim Payments:

CL2019-4960

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

CL2019-D187

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

CL2019-FEAD

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

CL2019-2E0B

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

CL2019-3708

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

CL2019-61DB

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

CL2019-8475

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

04/22/2021
1:01:54AM

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

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

CL2019-A96C

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

CL2019-B05C

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

CL2019-FA34

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

CL2019-612C

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

CL2019-26DA

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

CL2019-CF8C

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

CL2019-02b7

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

12/28/2018-12/28/2018

CL2019-0abc

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

11/16/2018-11/16/2018

CL2019-1463

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

10/31/2018-10/31/2018

CL2019-1593

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

11/29/2018-11/29/2018

CL2019-2a7e

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

12/20/2018-12/20/2018

CL2019-56bb

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

CL2019-6184

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$174.17** Mental Health

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

Date(s) of Service (If Applicable)

1/3/2019-1/3/2019

CL2019-b4d1

Approval Date AmountPaid Claim Category Medical Category (if applicable)

01/30/2019 **\$43.62** Mental Health

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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Date(s) of Service (If Applicable)

11/5/2018-11/5/2018

CL2019-d648

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

Date(s) of Service (If Applicable)

10/22/2018-10/22/2018

CL2019-d95c

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

Date(s) of Service (If Applicable)

12/12/2018-12/12/2018

CL2019-87b3

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

Date(s) of Service (If Applicable)

10/17/2018-10/17/2018

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

Victim Initials: **K.L.**

Case Payment Totals: **\$660.64**

Claim Payments:

CL2019-10ed

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

Date(s) of Service (If Applicable)

9/4/2018-9/4/2018

CL2019-43d8

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

Date(s) of Service (If Applicable)

10/24/2018-10/24/2018

CL2019-56b9

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

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2019-6981

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/1/2018-11/1/2018			

CL2019-6da9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$79.06	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

CL2019-c2c7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$87.74	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/18/2018-10/18/2018			

CL2019-d124

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$81.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2018-8/30/2018			

CL2019-d175

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

Case ID Number: **CS2018-4958**

Victim Initials: **I.S.**

Case Payment Totals: **\$418.56**

Claim Payments:

CL2018-5d80

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2018-49ad

Victim Initials: A.P.

Case Payment Totals: **\$477.20**

Claim Payments:

CL2018-5234

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

Case ID Number: CS2018-49ee

Victim Initials: J.P.

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

Claim Payments:

CL2020-3C25

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

CL2020-6294

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

CL2020-2683

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

CL2019-A7C9

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

CL2019-D975

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2019-DA72

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

CL2018-695d

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

CL2018-d0db

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

CL2018-d9b9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/17/2018	\$73.74	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2018-8/19/2018			

Case ID Number: CS2018-4a5b

Victim Initials: Z.B.

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

Claim Payments:

CL2019-14c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2019-1/3/2019			

CL2019-f973

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/14/2018-12/14/2018			

CL2019-304a

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

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

CL2019-998d

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

CL2019-a251

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

CL2019-d0ca

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

Case ID Number: CS2018-4a97

Victim Initials: D.I.

Case Payment Totals: **\$329.03**

Claim Payments:

CL2018-53e7

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

CL2018-adf1

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

CL2018-d81a

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

CL2018-2ffc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$29.54	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/29/2018-5/29/2018			

CL2018-4120

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

CL2018-d77c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/9/2018-5/9/2018			

CL2018-eb43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2018	\$32.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2018-5/23/2018			

Case ID Number: CS2018-4ac6

Victim Initials: E.W.

Case Payment Totals: **\$296.00**

Claim Payments:

CL2018-bc6b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$88.00	Mental Health	
Payee: Playfully You			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2018-12/1/2018			

CL2018-86bd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/21/2018	\$120.00	Mental Health	
Payee: Playfully You			
<u>Date(s) of Service (If Applicable)</u>			
11/17/2018-11/17/2018			

CL2018-ec4f

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

04/22/2021
1:01:54AM

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

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

Case ID Number: CS2018-4ace

Victim Initials: S.S.

Case Payment Totals: **\$118.34**

Claim Payments:

CL2018-ab2f

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

Case ID Number: CS2018-4b4e

Victim Initials: A.B.

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

Claim Payments:

CL2020-BB7F

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

CL2019-0A87

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

CL2019-34FF

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

CL2019-4A84

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2018-10/19/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

CL2019-D30B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/27/2018-10/27/2018			

CL2019-E039

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2018-8/30/2018			

CL2019-908E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$213.77	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/22/2019-5/22/2019			
5/13/2019-5/13/2019			

CL2019-1E1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$151.23	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			
4/9/2019-4/9/2019			

CL2019-38f0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/6/2018-12/6/2018			

CL2019-f51d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/30/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2018-10/3/2018			

CL2019-05a0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/21/2018-11/21/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2018-c314

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

CL2018-6d03

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

Case ID Number: CS2018-4c48

Victim Initials: M.H.

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

Claim Payments:

CL2019-0141

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

CL2019-3F31

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

CL2019-79BE

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

CL2019-0269

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

CL2019-3088

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

04/22/2021
1:01:54AM

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

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

CL2019-3BD6

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

CL2019-7029

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

CL2019-095d

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

CL2019-18f1

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

CL2019-2b32

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

CL2019-362f

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

CL2019-69b2

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

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

04/22/2021
1:01:54AM

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

CL2019-7c02

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

CL2019-be23

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

CL2019-ec4c

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

CL2019-7fa2

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

CL2018-b064

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

Case ID Number: CS2018-4c56

Victim Initials: B.B.

Case Payment Totals: **\$832.87**

Claim Payments:

CL2020-E931

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

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

04/22/2021
1:01:54AM

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

CL2019-2E8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$104.46	Mental Health	
Payee: Assessment & Therapy Associates			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			
6/18/2019-6/18/2019			
6/13/2019-6/13/2019			

CL2019-7594

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$204.69	Medical	Hospital or Clinic
Payee: S.B.			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2018-3/19/2018			

CL2019-B435

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$435.18	Mental Health	
Payee: Assessment & Therapy Associates			
<u>Date(s) of Service (If Applicable)</u>			
10/3/2019-10/3/2019			
5/22/2019-5/22/2019			
12/10/2018-12/10/2018			
11/26/2018-11/26/2018			
10/17/2018-10/17/2018			
10/15/2018-10/15/2018			
10/9/2018-10/9/2018			
10/8/2018-10/8/2018			
9/27/2018-9/27/2018			
9/20/2018-9/20/2018			
9/18/2018-9/18/2018			
9/6/2018-9/6/2018			
8/29/2018-8/29/2018			
7/17/2018-7/17/2018			
7/10/2018-7/10/2018			
6/19/2018-6/19/2018			
6/18/2018-6/18/2018			
6/4/2018-6/4/2018			
5/23/2018-5/23/2018			
5/22/2018-5/22/2018			
5/9/2018-5/9/2018			
5/1/2018-5/1/2018			
4/26/2018-4/26/2018			

Case ID Number: CS2018-4c6a

Victim Initials: B.L.

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

Claim Payments:

CL2018-50e6

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

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

11/16/2018 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

10/3/2018-10/3/2018

CL2018-8276

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/16/2018 **\$79.07** Mental Health

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

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-aa8e

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/16/2018 **\$87.74** Mental Health

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

Date(s) of Service (If Applicable)

9/19/2018-9/19/2018

CL2018-1979

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/15/2018 **\$147.70** Mental Health

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

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-3086

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/15/2018 **\$147.70** Mental Health

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

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-55f1

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/15/2018 **\$104.50** Mental Health

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

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-871e

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/15/2018 **\$147.70** Mental Health

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

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-a38b

Approval Date AmountPaid Claim Category Medical Category (if applicable)

11/15/2018 **\$74.08** Mental Health

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

CL2018-a655

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/15/2018	\$104.50	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-b815

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/15/2018	\$104.50	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/9/2018-8/9/2018

CL2018-bc20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/15/2018	\$147.70	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/10/2018-8/10/2018

CL2018-e90c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/13/2018	\$87.74	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/17/2018-10/17/2018

Case ID Number: CS2018-4cbf

Victim Initials: K.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-89ba

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/28/2018	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/1/2018-10/1/2018

Case ID Number: CS2018-4cd4

Victim Initials: E.B.

Case Payment Totals: **\$608.00**

Claim Payments:

CL2019-255A

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

9/23/2019-9/23/2019

7/22/2019-7/22/2019

CL2019-34E4

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

6/19/2019-6/19/2019

6/6/2019-6/6/2019

5/20/2019-5/20/2019

CL2019-D603

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/2/2019-5/2/2019

4/18/2019-4/18/2019

CL2019-C12C

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

5/14/2019-5/14/2019

CL2019-810B

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

4/3/2019-4/3/2019

CL2019-B3E8

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

3/7/2019-3/7/2019

2/5/2019-2/5/2019

CL2019-91AD

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

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

1/16/2019-1/16/2019

1/7/2019-1/7/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2019-040b

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

CL2019-56a6

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

CL2019-866c

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

CL2019-a1de

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

CL2019-b355

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

CL2019-b391

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

CL2019-bbd9

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

CL2019-d135

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

01/15/2019 **\$24.00** Mental Health

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

11/12/2018-11/12/2018

CL2019-da35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/15/2019	\$24.00	Mental Health	
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Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

12/5/2018-12/5/2018

CL2019-e2b6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/15/2019	\$24.00	Mental Health	
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Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

12/31/2018-12/31/2018

Case ID Number: CS2018-4cef

Victim Initials: J.D.

Case Payment Totals: **\$1,618.89**

Claim Payments:

CL2021-1BE3

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

Date(s) of Service (If Applicable)

8/5/2020-8/5/2020

7/28/2020-7/28/2020

7/13/2020-7/13/2020

6/29/2020-6/29/2020

6/22/2020-6/22/2020

6/8/2020-6/8/2020

CL2020-991C

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

Date(s) of Service (If Applicable)

6/12/2020-6/12/2020

6/1/2020-6/1/2020

5/27/2020-5/27/2020

5/18/2020-5/18/2020

5/5/2020-5/5/2020

4/27/2020-4/27/2020

4/20/2020-4/20/2020

4/13/2020-4/13/2020

3/30/2020-3/30/2020

3/23/2020-3/23/2020

3/9/2020-3/9/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2018-4d14

Victim Initials: A.S.

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

Claim Payments:

CL2020-F562

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$304.00	Mental Health	
Payee: Heather Kippen, Licsw, Just Breathe			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2020-2/10/2020			
1/23/2020-1/23/2020			

CL2019-E202

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/18/2019	\$182.40	Mental Health	
Payee: Heather Kippen, Licsw, Just Breathe			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2019-8/14/2019			
7/31/2019-7/31/2019			
7/17/2019-7/17/2019			
7/2/2019-7/2/2019			

CL2019-1E29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$762.00	Mental Health	
Payee: Heather Kippen, Licsw, Just Breathe			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			
5/23/2019-5/23/2019			
5/15/2019-5/15/2019			
5/9/2019-5/9/2019			
5/2/2019-5/2/2019			
4/16/2019-4/16/2019			
4/4/2019-4/4/2019			
3/28/2019-3/28/2019			
3/21/2019-3/21/2019			

CL2019-36C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$75.00	Mental Health	
Payee: A.S.			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2019-3/21/2019			

Case ID Number: CS2018-4d1e

Victim Initials: J.P.

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

Claim Payments:

CL2018-4e22

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

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

08/20/2018 **\$2,050.00** Funeral
Payee: **M.P.**

Case ID Number: CS2018-4d3f

Victim Initials: G.P.

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

Claim Payments:

CL2020-4579

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

CL2020-473B

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

CL2019-53F7

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

CL2019-30A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$1,301.64	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2019-5/21/2019			
4/16/2019-4/16/2019			
4/8/2019-4/8/2019			
3/25/2019-3/25/2019			
3/20/2019-3/20/2019			
12/27/2018-12/27/2018			
12/14/2018-12/14/2018			
12/6/2018-12/6/2018			
11/30/2018-11/30/2018			
11/16/2018-11/16/2018			
11/9/2018-11/9/2018			
10/23/2018-10/23/2018			
10/16/2018-10/16/2018			
9/21/2018-9/21/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2018-6a53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/26/2018	\$132.00	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
10/25/2018-10/25/2018			

Case ID Number: CS2018-4d42

Victim Initials: K.K.

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

Claim Payments:

CL2019-8CA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$475.00	Mental Health	
Payee: K.K.			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2019-5/14/2019			
4/29/2019-4/29/2019			
4/16/2019-4/16/2019			
4/2/2019-4/2/2019			
3/19/2019-3/19/2019			
3/5/2019-3/5/2019			
2/19/2019-2/19/2019			
2/5/2019-2/5/2019			
1/29/2019-1/29/2019			
1/22/2019-1/22/2019			
1/15/2019-1/15/2019			
1/8/2019-1/8/2019			
12/18/2018-12/18/2018			
12/11/2018-12/11/2018			
12/4/2018-12/4/2018			
11/27/2018-11/27/2018			
11/20/2018-11/20/2018			
11/13/2018-11/13/2018			
11/6/2018-11/6/2018			

CL2019-3F3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$20.00	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
1/25/2019-1/25/2019			

CL2018-f225

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$895.39	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
11/2/2018-11/2/2018			
10/26/2018-10/26/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2018-3b12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$42.50	Medical	Chiropractic or Massage
Payee: Peters Chiropractic			
<u>Date(s) of Service (If Applicable)</u>			
9/19/2018-9/19/2018			

CL2018-53f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$139.20	Medical	Hospital or Clinic
Payee: Community Action Partnership- Family Planning			
<u>Date(s) of Service (If Applicable)</u>			
10/2/2018-10/2/2018			

CL2018-69ff

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

CL2018-7231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$402.08	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
9/13/2018-9/13/2018			

CL2018-8857

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/28/2018	\$25.60	Medical	Chiropractic or Massage
Payee: Peters Chiropractic			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2018-9/24/2018			

CL2018-c081

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

CL2018-f14e

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

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-4d98

Victim Initials: M.S.

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

Claim Payments:

CL2019-8141

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

CL2018-29b4

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

CL2018-5ae6

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

CL2018-d016

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

CL2018-7aee

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

CL2018-bf06

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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10/31/2018 **\$160.00** Mental Health
Payee: **Summit Counseling**
Date(s) of Service (If Applicable)
9/25/2018-9/25/2018

CL2018-c231

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

CL2018-e93c

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

CL2018-b813

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

CL2018-5ca8

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

CL2018-b4b7

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

CL2018-bac1

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

Case ID Number: CS2018-4d9d

Victim Initials: A.M.

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

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2018-9e63

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

Case ID Number: CS2018-4eda

Victim Initials: T.S.

Case Payment Totals: **\$680.00**

Claim Payments:

CL2019-EEBA

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

CL2018-254d

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

CL2018-ce2c

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

Case ID Number: CS2018-4ee7

Victim Initials: K.C.

Case Payment Totals: **\$438.86**

Claim Payments:

CL2019-1881

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$438.86	Mental Health	
Payee: Creative Therapy			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

Date(s) of Service (If Applicable)

11/7/2018-11/7/2018
10/11/2018-10/11/2018
9/26/2018-9/26/2018
9/20/2018-9/20/2018
9/13/2018-9/13/2018
9/4/2018-9/4/2018
8/22/2018-8/22/2018
8/14/2018-8/14/2018
8/6/2018-8/6/2018
7/24/2018-7/24/2018
7/18/2018-7/18/2018

Case ID Number: CS2018-4f1e

Victim Initials: D.M.

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

Claim Payments:

CL2018-5ddb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$5,000.00	Funeral	
Payee: Nero Funeral Home			

Case ID Number: CS2018-4f39

Victim Initials: A.L.

Case Payment Totals: **\$12,686.80**

Claim Payments:

CL2018-cc30

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

CL2018-0af8

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

Case ID Number: CS2018-4f70

Victim Initials: K.V.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-a70c

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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06/11/2018 **\$288.00** Medical Hospital or Clinic
 Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
 4/10/2018-4/10/2018

Case ID Number: CS2018-4f7b

Victim Initials: A.N.

Case Payment Totals: **\$1,597.97**

Claim Payments:

CL2019-6582

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/23/2019	\$26.40	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2019-12/5/2019			

CL2019-069D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$40.00	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2019-11/14/2019			

CL2019-C33A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$40.00	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2019-10/31/2019			

CL2019-55BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2019	\$266.40	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
10/24/2019-10/24/2019			
7/8/2019-7/8/2019			
7/1/2019-7/1/2019			
6/24/2019-6/24/2019			
6/17/2019-6/17/2019			

CL2019-A71E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$60.00	Mental Health	
Payee: Decoteau Trauma-Informed Care &			
<u>Date(s) of Service (If Applicable)</u>			
9/16/2019-9/16/2019			

CL2019-143C

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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08/27/2019 **\$60.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
8/19/2019-8/19/2019

CL2019-2F5E

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/07/2019 **\$60.00** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
7/22/2019-7/22/2019

CL2019-E6D9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/08/2019 **\$307.50** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
6/3/2019-6/3/2019
5/6/2019-5/6/2019
3/25/2019-3/25/2019
3/11/2019-3/11/2019

CL2019-68E9

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/10/2019 **\$63.27** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
4/15/2019-4/15/2019

CL2018-859c

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/28/2018 **\$224.80** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
11/19/2018-11/19/2018

CL2018-0cb1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/31/2018 **\$224.80** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
8/27/2018-8/27/2018

CL2018-4a07

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/31/2018 **\$224.80** Mental Health
Payee: **Decoteau Trauma-Informed Care &**
Date(s) of Practice, (if applicable)
8/6/2018-8/6/2018

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Case ID Number: CS2018-4f9e

Victim Initials: L.B.

Case Payment Totals: **\$5,201.60**

Claim Payments:

CL2019-622A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$4,182.00	Medical	Dental
Payee: Bradford Fisher Dentistry			
<u>Date(s) of Service (If Applicable)</u>			
1/17/2019-1/17/2019			
1/7/2019-1/7/2019			
4/10/2019-4/10/2019			
11/14/2018-11/14/2018			
11/27/2018-11/27/2018			
4/8/2019-4/8/2019			
3/18/2019-3/18/2019			
4/1/2019-4/1/2019			

CL2018-1347

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2018	\$818.00	Medical	Dental
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2018-6/25/2018			

CL2018-6a57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/31/2018	\$201.60	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
4/26/2018-4/26/2018			

Case ID Number: CS2018-4fc7

Victim Initials: G.K.

Case Payment Totals: **\$253.29**

Claim Payments:

CL2018-1c6d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/07/2018	\$219.00	Medical	Hospital or Clinic
Payee: G.K.			
<u>Date(s) of Service (If Applicable)</u>			
7/20/2018-7/20/2018			

CL2018-7e1b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2018	\$34.29	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2018-8/8/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-000E

Victim Initials: I.J.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-6653

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2019-7/18/2019			

Case ID Number: CS2019-002E

Victim Initials: S.I.

Case Payment Totals: **\$900.00**

Claim Payments:

CL2019-7EB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$900.00	Mental Health	
Payee: S.I.			
<u>Date(s) of Service (If Applicable)</u>			
5/9/2019-5/9/2019			
5/2/2019-5/2/2019			
4/25/2019-4/25/2019			
4/11/2019-4/11/2019			
4/4/2019-4/4/2019			
3/28/2019-3/28/2019			
3/14/2019-3/14/2019			
3/7/2019-3/7/2019			
2/28/2019-2/28/2019			
2/21/2019-2/21/2019			
2/14/2019-2/14/2019			
2/7/2019-2/7/2019			
1/31/2019-1/31/2019			
1/24/2019-1/24/2019			
1/17/2019-1/17/2019			

Case ID Number: CS2019-00A2

Victim Initials: L.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-3AFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-038B

Victim Initials: B.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-16E1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/14/2019-11/14/2019			

Case ID Number: CS2019-0460

Victim Initials: M.B.

Case Payment Totals: **\$716.31**

Claim Payments:

CL2019-9819

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/27/2019	\$87.18	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
6/9/2018-6/9/2018			

CL2019-8A1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/23/2019	\$229.13	Mental Health	
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2018-12/17/2018			
11/21/2018-11/21/2018			
11/7/2018-11/7/2018			
10/17/2018-10/17/2018			
10/3/2018-10/3/2018			
9/19/2018-9/19/2018			
9/5/2018-9/5/2018			

CL2019-2302

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$400.00	Mental Health	
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2018-12/17/2018			
11/21/2018-11/21/2018			
11/7/2018-11/7/2018			
10/17/2018-10/17/2018			
10/3/2018-10/3/2018			
9/19/2018-9/19/2018			

CL2019-44F2

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

07/25/2019 **\$0.00** Mental Health

Payee: **Advanced Counseling For Change**

Date(s) of Service (If Applicable)

12/17/2018-12/17/2018

11/21/2018-11/21/2018

11/7/2018-11/7/2018

10/17/2018-10/17/2018

10/3/2018-10/3/2018

9/19/2018-9/19/2018

9/5/2018-9/5/2018

Case ID Number: CS2019-046A

Victim Initials: A.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-BB31

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

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

05/30/2019

\$288.00

Medical

Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

Case ID Number: CS2019-066E

Victim Initials: K.W.

Case Payment Totals: **\$705.73**

Claim Payments:

CL2021-1177

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

03/23/2021

\$224.00

Mental Health

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

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

10/22/2020-10/22/2020

CL2020-87EA

Approval Date

AmountPaid

Claim Category

Medical Category (if applicable)

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
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NOTE: Upon payment approval, 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 **\$39.20** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
10/7/2020-10/7/2020

CL2020-7DF3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
07/27/2020 **\$10.31** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
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 Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
5/6/2020-5/6/2020
3/25/2020-3/25/2020

CL2020-163C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
05/13/2020 **\$38.31** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
4/8/2020-4/8/2020

CL2020-67D3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/14/2020 **\$20.62** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
3/11/2020-3/11/2020
2/26/2020-2/26/2020

CL2020-01E3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/06/2020 **\$10.31** Mental Health
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/15/2020-1/15/2020

CL2020-A25F

Approval Date AmountPaid Claim Category Medical Category (if applicable)
03/06/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
11/14/2019-11/14/2019

CL2020-CBE4

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

04/22/2021
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NOTE: Upon payment approval, 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 **\$53.47** Mental Health

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

Date(s) of Service (If Applicable)

1/2/2020-1/2/2020

12/18/2019-12/18/2019

12/4/2019-12/4/2019

11/22/2019-11/22/2019

Case ID Number: CS2019-09C7

Victim Initials: A.M.

Case Payment Totals: **\$2,702.49**

Claim Payments:

CL2020-AD67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/19/2020	\$1,457.64	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

12/19/2019-12/19/2019

12/12/2019-12/12/2019

12/4/2019-12/4/2019

11/27/2019-11/27/2019

11/21/2019-11/21/2019

11/14/2019-11/14/2019

11/7/2019-11/7/2019

10/30/2019-10/30/2019

9/12/2019-9/12/2019

CL2019-2F90

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/28/2019	\$256.26	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

10/3/2019-10/3/2019

9/26/2019-9/26/2019

CL2019-24AA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/24/2019	\$183.29	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/9/2019-9/9/2019

CL2019-DA51

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/24/2019	\$183.29	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/5/2019-9/5/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2019-A17B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$165.05	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/26/2019-8/26/2019			

CL2019-1D1D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/15/2019	\$168.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2019-7/22/2019			

CL2019-1ADD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/3/2019-7/3/2019			

Case ID Number: CS2019-0A3F

Victim Initials: L.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-4790

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/21/2019-3/21/2019			

Case ID Number: CS2019-0B30

Victim Initials: J.M.

Case Payment Totals: **\$83.70**

Claim Payments:

CL2020-7B93

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$83.70	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			

Case ID Number: CS2019-0D62

Victim Initials: L.M.

Case Payment Totals: **\$1,996.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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-C897

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/23/2020	\$528.00	Mental Health	
Payee: Katie Shannon Licsw, Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			
9/3/2020-9/3/2020			
8/20/2020-8/20/2020			
8/6/2020-8/6/2020			
7/9/2020-7/9/2020			
6/25/2020-6/25/2020			

CL2020-DDEA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/21/2020	\$1,180.00	Mental Health	
Payee: Katie Shannon Licsw, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2020-6/11/2020			
5/28/2020-5/28/2020			
5/8/2020-5/8/2020			
4/21/2020-4/21/2020			
3/31/2020-3/31/2020			
3/10/2020-3/10/2020			
2/25/2020-2/25/2020			
2/11/2020-2/11/2020			
1/28/2020-1/28/2020			
1/14/2020-1/14/2020			

CL2019-BDF5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/11/2019-6/11/2019			

Case ID Number: CS2019-0D84

Victim Initials: E.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-613B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/22/2019-11/22/2019			

Case ID Number: CS2019-1287

Victim Initials: J.S.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2019-0C41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/6/2019-5/6/2019

Case ID Number: CS2019-12F4

Victim Initials: K.W.

Case Payment Totals: **\$11,103.44**

Claim Payments:

CL2020-9345

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2020	\$6,663.08	Medical	Hospital or Clinic

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

11/12/2019-11/14/2019

CL2020-CF68

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

Payee: **K.W.**

CL2020-E737

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$3,165.36	Medical	Hospital or Clinic

Payee: **Barnes County Ambulance, Inc**

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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$890.60	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/17/2019-3/17/2019

3/22/2019-3/22/2019

CL2019-8E8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$292.29	Medical	Hospital or Clinic

Payee: **Trinity Hospital**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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)

3/29/2019-3/29/2019

Case ID Number: CS2019-179E

Victim Initials: K.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-75BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/22/2019-5/22/2019

Case ID Number: CS2019-1AB3

Victim Initials: E.C.

Case Payment Totals: **\$980.00**

Claim Payments:

CL2019-085E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$128.00	Mental Health	

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

Date(s) of Service (If Applicable)

3/31/2019-3/31/2019

CL2019-E1DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/7/2019-1/7/2019

CL2019-182D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$564.00	Mental Health	

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

Date(s) of Service (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: CS2019-1BCC

Victim Initials: W.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-E89D

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

08/07/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
7/11/2019-7/11/2019

Case ID Number: CS2019-1C11

Victim Initials: A.B.

Case Payment Totals: **\$936.85**

Claim Payments:

CL2019-E45D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/23/2019	\$866.00	Wage Loss	
Payee: A.B.			

CL2019-21D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$21.11	Medical	Prescription
Payee: A.B.			
<u>Date(s) of Service (If Applicable)</u> 4/8/2019-4/8/2019			

CL2019-2A46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$49.74	Medical	Hospital or Clinic
Payee: A.B.			
<u>Date(s) of Service (If Applicable)</u> 5/8/2019-5/8/2019			

Case ID Number: CS2019-1CD1

Victim Initials: A.M.

Case Payment Totals: **\$840.00**

Claim Payments:

CL2019-17BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$840.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u> 5/28/2019-5/28/2019 5/16/2019-5/16/2019 5/7/2019-5/7/2019 5/1/2019-5/1/2019 4/26/2019-4/26/2019			

Case ID Number: CS2019-241B

Victim Initials: T.S.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2019-3A9E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/17/2019-6/17/2019

Case ID Number: CS2019-24BC

Victim Initials: T.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-0F47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/7/2019-1/7/2019

Case ID Number: CS2019-2575

Victim Initials: M.E.

Case Payment Totals: **\$546.37**

Claim Payments:

CL2020-12E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$92.83	Mental Health	

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

Date(s) of Service (If Applicable)

9/13/2019-9/13/2019

CL2020-F5D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$165.54	Mental Health	

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

Date(s) of Service (If Applicable)

11/21/2019-11/21/2019

11/4/2019-11/4/2019

CL2019-6412

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/24/2019-6/24/2019

Case ID Number: CS2019-2741

Victim Initials: A.S.

Case Payment Totals: **\$392.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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CL2019-2276

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$196.00	Mental Health	
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
6/3/2019-6/3/2019			

CL2019-A8F9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$196.00	Mental Health	
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2019-5/28/2019			

Case ID Number: CS2019-2AC3

Victim Initials: A.E.

Case Payment Totals: **\$1,725.20**

Claim Payments:

CL2020-6F70

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$451.65	Medical	Hospital or Clinic
Payee: J.E.			
<u>Date(s) of Service (If Applicable)</u>			
7/9/2019-7/9/2019			

CL2019-37AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$842.30	Medical	Hospital or Clinic
Payee: J.E.			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			
12/12/2018-12/12/2018			

CL2019-561B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$90.25	Medical	Hospital or Clinic
Payee: J.E.			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2018-10/5/2018			
11/2/2018-11/2/2018			

CL2019-F1C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$341.00	Medical	Hospital or Clinic
Payee: J.E.			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2019-1/14/2019			
10/5/2018-10/5/2018			
11/2/2018-11/2/2018			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2019-319D

Victim Initials: C.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-D8F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2019-3/18/2019			

Case ID Number: CS2019-32BF

Victim Initials: A.S.

Case Payment Totals: **\$358.32**

Claim Payments:

CL2021-234E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$23.44	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/18/2020-5/18/2020			
5/6/2020-5/6/2020			

CL2020-176C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$46.88	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/26/2020-5/26/2020			
5/4/2020-5/4/2020			
4/13/2020-4/13/2020			
4/8/2020-4/8/2020			

CL2019-9474

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2019-7/22/2019			

Case ID Number: CS2019-36C7

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-A38A

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

03/01/2019 **\$288.00** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/18/2018-12/18/2018

Case ID Number: CS2019-380C **Victim Initials: A.M.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-C2AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			

Case ID Number: CS2019-3A45 **Victim Initials: L.V.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-DA13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

Case ID Number: CS2019-3B7B **Victim Initials: K.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-319C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/13/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2019-8/27/2019			

Case ID Number: CS2019-3B90 **Victim Initials: M.M.**

Case Payment Totals: **\$888.00**

Claim Payments:

CL2019-2936

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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12/23/2019 **\$888.00** Medical Hospital or Clinic
Payee: **Jamestown Regional Medical Center**
Date(s) of Service (If Applicable)
4/5/2019-4/5/2019

Case ID Number: CS2019-3DA4 **Victim Initials: T.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-13CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2019-4/15/2019			

Case ID Number: CS2019-4193 **Victim Initials: S.B.**

Case Payment Totals: **\$251.63**

Claim Payments:

CL2019-03c8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2019	\$251.63	Medical	Prescription
Payee: S.B.			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2018-2/19/2018			

Case ID Number: CS2019-41A9 **Victim Initials: M.G.**

Case Payment Totals: **\$2,231.21**

Claim Payments:

CL2020-7288

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2020	\$205.43	Mental Health	
Payee: Rural Mental Health Consortium			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2019-11/4/2019			
11/4/2019-11/4/2019			
10/14/2019-10/14/2019			
9/30/2019-9/30/2019			

CL2020-5186

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Date(s) of Service (If Applicable)

1/7/2020-1/7/2020

12/16/2019-12/16/2019

12/11/2019-12/11/2019

12/10/2019-12/10/2019

CL2019-F3F6

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

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

9/17/2019-9/17/2019

9/10/2019-9/10/2019

8/26/2019-8/26/2019

8/13/2019-8/13/2019

CL2019-2888

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$295.39	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

7/29/2019-7/29/2019

7/18/2019-7/18/2019

CL2019-09CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$443.09	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

7/9/2019-7/9/2019

6/25/2019-6/25/2019

6/18/2019-6/18/2019

CL2019-E6CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

4/11/2019-4/11/2019

CL2019-D98C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$451.26	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

5/28/2019-5/28/2019

5/14/2019-5/14/2019

5/6/2019-5/6/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2019-41FD

Victim Initials: E.L.

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

Claim Payments:

CL2019-9E63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/24/2019	\$599.02	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</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			

CL2019-914E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$760.00	Mental Health	
Payee: Summit Counseling			
<u>Date(s) of Service (If Applicable)</u>			
1/31/2019-1/31/2019			
1/24/2019-1/24/2019			
1/16/2019-1/16/2019			
1/10/2019-1/10/2019			
1/4/2019-1/4/2019			

CL2019-6044

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2019-1/8/2019			

Case ID Number: CS2019-429D

Victim Initials: K.D.

Case Payment Totals: **\$720.00**

Claim Payments:

CL2020-B15E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$408.00	Mental Health	
Payee: Nuvation Health Services, P.C.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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Date(s) of Service (If Applicable)

12/16/2019-12/16/2019
12/12/2019-12/12/2019
12/2/2019-12/2/2019
11/13/2019-11/13/2019
11/6/2019-11/6/2019
11/4/2019-11/4/2019
10/31/2019-10/31/2019
10/30/2019-10/30/2019
10/28/2019-10/28/2019
10/25/2019-10/25/2019
10/21/2019-10/21/2019
10/17/2019-10/17/2019
10/14/2019-10/14/2019
10/7/2019-10/7/2019
10/4/2019-10/4/2019
9/30/2019-9/30/2019
9/27/2019-9/27/2019

CL2019-097F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$312.00	Mental Health	

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

Date(s) of Service (If Applicable)

8/14/2019-8/14/2019
7/29/2019-7/29/2019
7/26/2019-7/26/2019
7/24/2019-7/24/2019
7/11/2019-7/11/2019
7/8/2019-7/8/2019
7/3/2019-7/3/2019
7/1/2019-7/1/2019
6/20/2019-6/20/2019
6/17/2019-6/17/2019
6/4/2019-6/4/2019
5/29/2019-5/29/2019
5/24/2019-5/24/2019

Case ID Number: CS2019-4412

Victim Initials: A.M.

Case Payment Totals: **\$3,429.84**

Claim Payments:

CL2019-0A4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$292.80	Medical	Hospital or Clinic

Payee: **St. Joseph Hospital & Health**

Date(s) of Service (If Applicable)

8/31/2018-8/31/2018

CL2019-0AA9

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

05/10/2019 **\$890.64** Medical Hospital or Clinic
Payee: **Dickinson Area Ambulance**
Date(s) of Service (If Applicable)
8/31/2018-8/31/2018

CL2019-D93E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$1,356.00	Medical	Hospital or Clinic

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

CL2019-C6D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$890.40	Medical	Hospital or Clinic

Payee: **Dickinson Area Ambulance**
Date(s) of Service (If Applicable)
8/31/2018-8/31/2018

Case ID Number: CS2019-446B

Victim Initials: S.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-9C3F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$288.00	Medical	Hospital or Clinic

Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/22/2019-11/22/2019

Case ID Number: CS2019-44E6

Victim Initials: R.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-588C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic

Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/21/2019-2/21/2019

Case ID Number: CS2019-4540

Victim Initials: M.S.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2019-3C1B

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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11/13/2019 **\$4,000.00** Medical Hospital or Clinic
Payee: **P.S.**
Date(s) of Service (If Applicable)
11/3/2018-11/5/2018
9/12/2018-9/12/2018

CL2019-666A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$992.00	Medical	Dental

Payee: **P.S.**
Date(s) of Service (If Applicable)
11/28/2018-11/28/2018

CL2019-8223

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$508.00	Medical	Hospital or Clinic

Payee: **P.S.**
Date(s) of Service (If Applicable)
11/3/2018-11/5/2018

CL2019-94D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$8,000.00	Medical	Hospital or Clinic

Payee: **P.S.**
Date(s) of Service (If Applicable)
9/14/2018-9/15/2018
9/22/2018-9/22/2018
11/26/2018-11/26/2018
9/12/2018-9/12/2018
11/3/2018-11/5/2018
8/6/2018-8/8/2018
9/17/2018-9/17/2018
10/15/2018-10/15/2018
8/13/2018-8/13/2018

CL2019-AE99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$1,500.00	Medical	Hospital or Clinic

Payee: **P.S.**
Date(s) of Service (If Applicable)
11/3/2018-11/5/2018

CL2019-C11C

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

Payee: **P.S.**
Date(s) of Service (If Applicable)
9/14/2018-9/15/2018
9/22/2018-9/22/2018

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-4629

Victim Initials: M.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-D405

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			

Case ID Number: CS2019-4641

Victim Initials: L.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-53E1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2019-1/14/2019			

Case ID Number: CS2019-4657

Victim Initials: A.L.

Case Payment Totals: **\$307.00**

Claim Payments:

CL2019-F2C9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2019-3/26/2019			

CL2019-C4EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$19.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2019-4/25/2019			

Case ID Number: CS2019-472b

Victim Initials: S.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-0a9e

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

04/22/2021
1:01:54AM

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

01/30/2019 **\$288.00** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/17/2018-12/17/2018

Case ID Number: CS2019-477F **Victim Initials: C.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-F0EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			

Case ID Number: CS2019-47A6 **Victim Initials: H.S.**

Case Payment Totals: **\$1,570.89**

Claim Payments:

CL2021-2C7C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$135.57	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/9/2020-9/9/2020			
9/2/2020-9/2/2020			

CL2020-3D5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$1,147.32	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/12/2020-8/12/2020			
7/30/2020-7/30/2020			
7/16/2020-7/16/2020			
6/24/2020-6/24/2020			
6/15/2020-6/15/2020			
6/3/2020-6/3/2020			
5/20/2020-5/20/2020			
5/13/2020-5/13/2020			
5/6/2020-5/6/2020			
4/22/2020-4/22/2020			
4/15/2020-4/15/2020			
3/24/2020-3/24/2020			
3/19/2020-3/19/2020			
3/12/2020-3/12/2020			

CL2019-AE45

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

04/22/2021
1:01:54AM

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

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

10/28/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/24/2019-9/24/2019

Case ID Number: CS2019-4998

Victim Initials: T.M.

Case Payment Totals: **\$2,821.60**

Claim Payments:

CL2019-3160

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2019	\$232.80	Medical	Hospital or Clinic
Payee: Mercy Radiology Services			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2018-12/1/2018			

CL2019-617b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2019	\$364.80	Medical	Hospital or Clinic
Payee: Mercy Hospital Physicians			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2018-12/1/2018			

CL2019-c78e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2019	\$2,224.00	Medical	Hospital or Clinic
Payee: Mercy Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2018-12/1/2018			

Case ID Number: CS2019-4B6A

Victim Initials: K.W.

Case Payment Totals: **\$345.60**

Claim Payments:

CL2021-A9D4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$57.60	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

CL2019-3EDE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/12/2019-9/12/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

Case ID Number: CS2019-4B93

Victim Initials: D.H.

Case Payment Totals: **\$1,400.00**

Claim Payments:

CL2019-2D38

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/26/2019	\$1,400.00	Funeral	
Payee: J.K.			

Case ID Number: CS2019-4C4C

Victim Initials: A.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-CE7C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			

Case ID Number: CS2019-4C87

Victim Initials: A.Z.

Case Payment Totals: **\$2,552.00**

Claim Payments:

CL2020-E0EF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$156.00	Mental Health	
Payee: Timothy Eaton, Phd			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2020-10/29/2020			

CL2020-C1EC

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

CL2020-FEEF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$296.00	Mental Health	
Payee: Timothy Eaton, Phd			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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Date(s) of Service (If Applicable)

6/8/2020-6/8/2020

4/27/2020-4/27/2020

CL2020-8BD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$148.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

4/27/2020-4/27/2020

CL2020-10D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$148.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

3/30/2020-3/30/2020

CL2020-7254

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$148.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

3/2/2020-3/2/2020

CL2020-AC4D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$296.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

12/2/2019-12/2/2019

11/12/2019-11/12/2019

CL2019-CE50

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$80.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

10/30/2019-10/30/2019

CL2019-01F6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$524.00	Mental Health	

Payee: **Timothy Eaton, Phd**

Date(s) of Service (If Applicable)

10/16/2019-10/16/2019

9/24/2019-9/24/2019

7/8/2019-7/8/2019

CL2019-DC46

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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08/27/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
7/16/2019-7/16/2019

Case ID Number: CS2019-4d58

Victim Initials: D.D.

Case Payment Totals: **\$3,988.00**

Claim Payments:

CL2020-7D6E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/2/2020-1/2/2020			

CL2019-84E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$448.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/26/2019-10/26/2019			
10/19/2019-10/19/2019			
10/12/2019-10/12/2019			

CL2019-3F49

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/03/2019	\$336.00	Mental Health	
Payee: D.D.			
<u>Date(s) of Service (If Applicable)</u>			
9/28/2019-9/28/2019			
9/15/2019-9/15/2019			
9/7/2019-9/7/2019			

CL2019-9A10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2019-8/27/2019			
8/16/2019-8/16/2019			

CL2019-97BC

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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-DAF4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$312.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			
6/17/2019-6/17/2019			
6/3/2019-6/3/2019			

CL2019-36C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$464.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/25/2019-5/25/2019			
5/18/2019-5/18/2019			
5/11/2019-5/11/2019			
5/4/2019-5/4/2019			

CL2019-AD63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$232.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2019-4/25/2019			
4/4/2019-4/4/2019			

CL2019-C570

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$256.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2019-3/26/2019			
3/11/2019-3/11/2019			

CL2019-0AE7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$256.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/4/2019-3/4/2019			
2/25/2019-2/25/2019			

CL2019-0F13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$128.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/17/2019-2/17/2019			

CL2019-CC9D

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

03/01/2019 **\$564.00** Mental Health

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

Date(s) of Service (If Applicable)

2/10/2019-2/10/2019

1/26/2019-1/26/2019

1/19/2019-1/19/2019

1/11/2019-1/11/2019

CL2019-db5a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/30/2019	\$288.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/26/2018-12/26/2018

Case ID Number: CS2019-4d8b

Victim Initials: K.P.

Case Payment Totals: **\$2,169.70**

Claim Payments:

CL2021-7DCA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/23/2021	\$264.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/10/2021-2/10/2021

2/3/2021-2/3/2021

1/28/2021-1/28/2021

CL2021-5509

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/04/2021	\$356.00	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

11/17/2020-11/17/2020

11/3/2020-11/3/2020

10/20/2020-10/20/2020

CL2019-DD1A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/02/2019	\$1,324.00	Mental Health	
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Payee: **Gorder Consulting PLLC, Corey Gorder**

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

04/22/2021
1:01:54AM

NOTE: Upon payment approval, 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)

7/23/2019-7/23/2019
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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$111.23	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
6/12/2019-6/12/2019			

CL2019-066E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/26/2019	\$114.47	Mental Health	
Payee: Northland Health Center			
<u>Date(s) of Service (If Applicable)</u>			
3/6/2019-3/6/2019			

Case ID Number: CS2019-4E91

Victim Initials: M.D.

Case Payment Totals: **\$473.66**

Claim Payments:

CL2020-744B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$185.66	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/3/2019-9/3/2019			
7/16/2019-7/16/2019			

CL2019-D600

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2019-2/19/2019			

Case ID Number: CS2019-4e9e

Victim Initials: S.N.

Case Payment Totals: **\$156.75**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2019-60B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$156.75	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2019-1/23/2019			

Case ID Number: CS2019-4f18

Victim Initials: G.L.

Case Payment Totals: **\$5,448.00**

Claim Payments:

CL2019-3411

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$4,555.00	Mental Health	
Payee: M.L.			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2018-12/20/2018			
12/6/2018-12/6/2018			
11/29/2018-11/29/2018			
10/24/2018-10/24/2018			
10/3/2018-10/3/2018			
9/26/2018-9/26/2018			
9/12/2018-9/12/2018			
9/5/2018-9/5/2018			
8/29/2018-8/29/2018			
8/7/2018-8/7/2018			
7/31/2018-7/31/2018			
7/24/2018-7/24/2018			
7/17/2018-7/17/2018			
7/3/2018-7/3/2018			
6/26/2018-6/26/2018			
6/19/2018-6/19/2018			
6/5/2018-6/5/2018			
5/22/2018-5/22/2018			
5/15/2018-5/15/2018			
5/8/2018-5/8/2018			
4/24/2018-4/24/2018			
4/10/2018-4/10/2018			
3/27/2018-3/27/2018			
3/20/2018-3/20/2018			
3/13/2018-3/13/2018			

CL2019-734F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2019	\$405.00	Medical	Hospital or Clinic
Payee: M.L.			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2018-2/22/2018			

CL2019-C59F

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

04/22/2021
1:01:54AM

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

04/15/2019 **\$488.00** Medical Hospital or Clinic
Payee: **M.L.**
Date(s) of Service (If Applicable)
3/8/2018-3/8/2018

Case ID Number: CS2019-5022

Victim Initials: T.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-9D47

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

Case ID Number: CS2019-53A5

Victim Initials: P.G.

Case Payment Totals: **\$576.00**

Claim Payments:

CL2020-3542

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$287.20	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2019-7/30/2019			

CL2020-7D39

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$280.80	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2019-7/30/2019			

CL2020-9A46

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$1.60	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/23/2019-9/23/2019			

CL2020-A678

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$4.80	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
9/20/2019-9/20/2019			
9/17/2019-9/17/2019			
9/13/2019-9/13/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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-FDC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/23/2020	\$1.60	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2019-8/30/2019			

Case ID Number: CS2019-53CC

Victim Initials: J.J.

Case Payment Totals: **\$1,005.75**

Claim Payments:

CL2019-C0AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$929.89	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

CL2019-DF60

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$75.86	Medical	Hospital or Clinic
Payee: Barnes County Ambulance, Inc			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2018-6/6/2018			

Case ID Number: CS2019-542C

Victim Initials: L.M.

Case Payment Totals: **\$1,996.00**

Claim Payments:

CL2020-481B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/23/2020	\$528.00	Mental Health	
Payee: Katie Shannon Licsw, LLC			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			
9/3/2020-9/3/2020			
8/20/2020-8/20/2020			
8/6/2020-8/6/2020			
7/9/2020-7/9/2020			
6/25/2020-6/25/2020			

CL2020-03EE

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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Date(s) of Service (If Applicable)

6/11/2020-6/11/2020

5/28/2020-5/28/2020

5/8/2020-5/8/2020

4/21/2020-4/21/2020

3/31/2020-3/31/2020

CL2020-AFC0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/04/2020

\$580.00

Mental Health

Payee: **Katie Shannon Licsw, Llc**

Date(s) of Service (If Applicable)

3/10/2020-3/10/2020

2/25/2020-2/25/2020

2/11/2020-2/11/2020

1/28/2020-1/28/2020

1/14/2020-1/14/2020

CL2019-06E6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/07/2019

\$288.00

Medical

Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/11/2019-6/11/2019

Case ID Number: CS2019-559D

Victim Initials: G.C.

Case Payment Totals: **\$1,277.60**

Claim Payments:

CL2020-51A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/15/2020

\$116.00

Mental Health

Payee: **The Village Family Service Center**

Date(s) of Service (If Applicable)

3/18/2020-3/18/2020

CL2020-A340

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/09/2020

\$116.00

Mental Health

Payee: **The Village Family Service Center**

Date(s) of Service (If Applicable)

2/28/2020-2/28/2020

CL2020-D93E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/19/2020

\$116.00

Mental Health

Payee: **Red Door Pediatric Therapy**

Date(s) of Service (If Applicable)

2/28/2020-2/28/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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CL2020-9669

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

CL2020-EAB6

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

CL2020-20D0

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

CL2020-89DC

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

CL2019-2DC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/31/2019-7/31/2019			

Case ID Number: **CS2019-5B0C**

Victim Initials: **M.B.**

Case Payment Totals: **\$84.13**

Claim Payments:

CL2020-734D

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-5BAD

Victim Initials: C.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-0EE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

Case ID Number: CS2019-5C55

Victim Initials: J.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-F118

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/26/2019-8/26/2019			

Case ID Number: CS2019-5E39

Victim Initials: C.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-6104

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2019-4/24/2019			

Case ID Number: CS2019-603C

Victim Initials: J.S.

Case Payment Totals: **\$12.80**

Claim Payments:

CL2019-AC7F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2019	\$12.80	Mental Health	
Payee: Soul Survivor			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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Date(s) of Service (If Applicable)

9/17/2019-9/17/2019

9/10/2019-9/10/2019

8/8/2019-8/8/2019

8/6/2019-8/6/2019

7/22/2019-7/22/2019

7/15/2019-7/15/2019

7/8/2019-7/8/2019

7/1/2019-7/1/2019

Case ID Number: CS2019-60AA

Victim Initials: B.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-55DC

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

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

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

Case ID Number: CS2019-6129

Victim Initials: C.P.

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

Claim Payments:

CL2020-71A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/21/2020	\$5,000.00	Funeral	

Payee: **S.M.**

Case ID Number: CS2019-6606

Victim Initials: A.B.

Case Payment Totals: **\$299.04**

Claim Payments:

CL2020-434D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$11.04	Mental Health	

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

Date(s) of Service (If Applicable)

11/12/2019-11/12/2019

CL2019-96B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/16/2019-10/16/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-6939

Victim Initials: A.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-EB17

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2019-11/12/2019			

Case ID Number: CS2019-6A78

Victim Initials: J.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-8668

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-6A8D

Victim Initials: D.H.

Case Payment Totals: **\$128.00**

Claim Payments:

CL2019-DE8A

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

CL2019-272F

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

Case ID Number: CS2019-6AE2

Victim Initials: R.W.

Case Payment Totals: **\$288.00**

Claim Payments:

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

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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

Case ID Number: CS2019-6D53

Victim Initials: J.G.

Case Payment Totals: **\$7,387.87**

Claim Payments:

CL2020-120A

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

CL2020-4662

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

CL2020-A8DC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/18/2020	\$376.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2019-7/30/2019			

CL2020-ADB7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/06/2020	\$3,290.27	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2019-2/18/2019			

CL2020-D94E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$161.60	Medical	Hospital or Clinic
Payee: The Physical Therapy Center, Inc.			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2019-12/19/2019			

CL2019-9858

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

12/26/2019 **\$265.60** Medical Hospital or Clinic
Payee: **The Physical Therapy Center, Inc.**
Date(s) of Service (If Applicable)
12/9/2019-12/9/2019

Case ID Number: CS2019-6D9D

Victim Initials: T.G.

Case Payment Totals: **\$1,557.48**

Claim Payments:

CL2020-0A1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/18/2020	\$45.60	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
12/16/2019-12/16/2019			

CL2019-739B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/25/2019	\$337.70	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
8/30/2019-8/30/2019			
8/15/2019-8/15/2019			
8/8/2019-8/8/2019			

CL2019-2C78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$590.78	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
8/1/2019-8/1/2019			
7/29/2019-7/29/2019			
7/25/2019-7/25/2019			
7/18/2019-7/18/2019			

CL2019-B5A5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/09/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/25/2019-4/25/2019			

CL2019-D09D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/22/2019	\$147.70	Mental Health	
Payee: Laura Howery Siercks			
<u>Date(s) of Service (If Applicable)</u>			
7/9/2019-7/9/2019			

CL2019-26D1

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

07/25/2019 **\$147.70** Mental Health
Payee: **Laura Howery Siercks**
Date(s) of Service (If Applicable)
5/14/2019-5/14/2019

Case ID Number: CS2019-6E3B

Victim Initials: S.M.

Case Payment Totals: **\$307.00**

Claim Payments:

CL2019-E8BF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2019-1/16/2019			

CL2019-A60E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$19.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			

Case ID Number: CS2019-6E96

Victim Initials: J.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-87BB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-70FF

Victim Initials: F.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-2861

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-7179

Victim Initials: K.H.

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

Claim Payments:

CL2019-D1D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$5,000.00	Funeral	
Payee: J.A.			

Case ID Number: CS2019-73EF

Victim Initials: B.W.

Case Payment Totals: **\$1,319.85**

Claim Payments:

CL2019-328E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$174.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/10/2019-6/10/2019			

CL2019-AC01

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

CL2019-9715

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

CL2019-E85D

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

CL2019-511A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

CL2019-A3CE

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

CL2019-D7FF

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

Case ID Number: CS2019-745D

Victim Initials: J.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-C0C2

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

Case ID Number: CS2019-75CD

Victim Initials: A.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-B9E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2019-1/15/2019			

Case ID Number: CS2019-77B1

Victim Initials: A.E.

Case Payment Totals: **\$333.50**

Claim Payments:

CL2019-03C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/13/2019-6/13/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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CL2019-AD36

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$45.50	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/10/2019-7/10/2019			
6/27/2019-6/27/2019			

Case ID Number: CS2019-7817

Victim Initials: J.L.

Case Payment Totals: **\$3,578.87**

Claim Payments:

CL2020-DA13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2020	\$1,563.36	Medical	Hospital or Clinic
Payee: Guardian Flight Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/4/2019			

CL2019-140B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2019	\$223.81	Medical	Hospital or Clinic
Payee: Williston Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/4/2019			

CL2019-CDFE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/27/2019	\$1,791.70	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2019-5/7/2019			

Case ID Number: CS2019-7B04

Victim Initials: M.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-4E9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-7BDB

Victim Initials: J.R.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2019-6610

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

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

Date(s) of Service (If Applicable)

4/15/2019-4/15/2019

Case ID Number: CS2019-7E2B

Victim Initials: V.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-128A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

11/22/2019-11/22/2019

Case ID Number: CS2019-7F15

Victim Initials: J.D.

Case Payment Totals: **\$82.00**

Claim Payments:

CL2019-6427

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

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

11/1/2019-11/1/2019

CL2019-8F91

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

Payee: **Northland Health Center**

Date(s) of Service (If Applicable)

11/8/2019-11/8/2019

CL2019-AB3E

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

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

Date(s) of Service (If Applicable)

6/12/2019-6/12/2019

Case ID Number: CS2019-7FA1

Victim Initials: B.T.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2019-4831

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2019-7/22/2019			

Case ID Number: CS2019-848B

Victim Initials: J.M.

Case Payment Totals: **\$50.87**

Claim Payments:

CL2020-46C4

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

Case ID Number: CS2019-84B2

Victim Initials: S.P.

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

Claim Payments:

CL2020-823E

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

CL2020-AF9A

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

CL2019-CD07

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

CL2019-59CE

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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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

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

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

Date(s) of Service (If Applicable)

1/2/2019-1/2/2019
11/29/2018-11/29/2018
11/21/2018-11/21/2018
11/15/2018-11/15/2018
11/7/2018-11/7/2018
10/31/2018-10/31/2018
10/29/2018-10/29/2018
10/17/2018-10/17/2018
10/10/2018-10/10/2018
10/3/2018-10/3/2018
9/25/2018-9/25/2018
9/14/2018-9/14/2018
9/7/2018-9/7/2018

CL2019-A6A9

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

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

Date(s) of Service (If Applicable)

10/30/2018-10/30/2018

Case ID Number: **CS2019-853A**

Victim Initials: **S.W.**

Case Payment Totals: **\$1,693.20**

Claim Payments:

CL2019-0FEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$1,693.20	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

11/11/2018-11/11/2018

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Case ID Number: CS2019-8610

Victim Initials: K.S.

Case Payment Totals: **\$2,136.08**

Claim Payments:

CL2021-1BCD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2021	\$182.00	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

CL2021-DC67

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$648.79	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2020-7/30/2020			
7/16/2020-7/16/2020			
7/9/2020-7/9/2020			
4/22/2020-4/22/2020			
4/17/2020-4/17/2020			
4/9/2020-4/9/2020			
3/25/2020-3/25/2020			
1/13/2020-1/13/2020			

CL2020-3469

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$35.94	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2020-9/24/2020			

CL2020-7368

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$123.89	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/19/2020-6/19/2020			

CL2020-6832

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$177.21	Mental Health	
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2020-4/20/2020			

CL2020-FBE7

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

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08/19/2020 **\$253.07** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
2/20/2020-2/20/2020

CL2020-A11A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/18/2020	\$715.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/3/2020-3/3/2020			
2/24/2020-2/24/2020			
2/11/2020-2/11/2020			
2/2/2020-2/2/2020			
12/23/2019-12/23/2019			
11/18/2019-11/18/2019			

Case ID Number: CS2019-896B

Victim Initials: X.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-55FC

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

Case ID Number: CS2019-8A7B

Victim Initials: K.G.

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

Claim Payments:

CL2020-E131

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$990.77	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2020-2/24/2020			
2/10/2020-2/10/2020			
1/7/2020-1/7/2020			
12/17/2019-12/17/2019			
10/30/2019-10/30/2019			
10/22/2019-10/22/2019			

CL2019-8EC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/19/2019-9/19/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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Case ID Number: CS2019-8B5E

Victim Initials: S.S.

Case Payment Totals: **\$360.23**

Claim Payments:

CL2019-C193

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/16/2019-1/16/2019			

CL2019-FBFF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$72.23	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/31/2019-3/31/2019			
3/8/2019-3/8/2019			
2/5/2019-2/5/2019			

Case ID Number: CS2019-8C83

Victim Initials: S.R.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-FE0F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/28/2019-5/28/2019			

Case ID Number: CS2019-8D54

Victim Initials: T.B.

Case Payment Totals: **\$2,141.07**

Claim Payments:

CL2019-4807

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$92.88	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

CL2019-B434

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/03/2019	\$292.00	Medical	Hospital or Clinic
Payee: Trinity Medical Group			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Date(s) of Service (If Applicable)

12/3/2018-12/3/2018

CL2019-7A60

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$211.50	Medical	Hospital or Clinic
Payee: T.B.			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

CL2019-7A7A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$284.66	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

CL2019-A474

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$65.70	Medical	Hospital or Clinic
Payee: T.B.			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2019-2/10/2019			

CL2019-B610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$228.54	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

CL2019-C4C4

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

CL2019-E698

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

CL2019-1BE0

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2019-247B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$92.88	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

CL2019-8880

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

CL2019-A691

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/11/2019	\$292.00	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/3/2018-12/3/2018			

Case ID Number: CS2019-9146

Victim Initials: R.K.

Case Payment Totals: **\$348.00**

Claim Payments:

CL2020-37CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2020	\$20.00	Mental Health	
Payee: Advance In Recovery			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2020-6/24/2020			

CL2020-A434

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$40.00	Mental Health	
Payee: Advance In Recovery			
<u>Date(s) of Service (If Applicable)</u>			
2/24/2020-2/24/2020			
1/29/2020-1/29/2020			

CL2019-8C5E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/5/2019-6/5/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2019-9241

Victim Initials: X.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-3D4E

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

Case ID Number: CS2019-941E

Victim Initials: M.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-3E8C

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

Case ID Number: CS2019-96C8

Victim Initials: K.H.

Case Payment Totals: **\$681.54**

Claim Payments:

CL2019-E6E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/06/2019	\$9.60	Mental Health	
Payee: Nuvation Health Services, P.C.			
<u>Date(s) of Service (If Applicable)</u>			
9/5/2019-9/5/2019			
9/4/2019-9/4/2019			
8/14/2019-8/14/2019			
8/1/2019-8/1/2019			
7/24/2019-7/24/2019			

CL2019-867D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/25/2019	\$206.30	Mental Health	
Payee: Chambers & Blohm			
<u>Date(s) of Service (If Applicable)</u>			
2/13/2019-2/13/2019			

CL2019-97F2

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

07/25/2019 **\$272.00** Mental Health
Payee: **Chambers & Blohm**
Date(s) of Service (If Applicable)
10/22/2018-10/22/2018

CL2019-9822

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

Case ID Number: CS2019-99C9

Victim Initials: E.S.

Case Payment Totals: **\$861.22**

Claim Payments:

CL2019-E263

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

Case ID Number: CS2019-99CB

Victim Initials: P.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-93D9

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

Case ID Number: CS2019-9A5E

Victim Initials: L.W.

Case Payment Totals: **\$1,318.66**

Claim Payments:

CL2021-0A1B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$1,318.66	Mental Health	
Payee: Dakota Children'S Advocacy Center			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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)

3/12/2020-3/12/2020
2/20/2020-2/20/2020
2/11/2020-2/11/2020
1/27/2020-1/27/2020
1/13/2020-1/13/2020
1/8/2020-1/8/2020
12/16/2019-12/16/2019
12/2/2019-12/2/2019
11/25/2019-11/25/2019
11/18/2019-11/18/2019
11/14/2019-11/14/2019
11/6/2019-11/6/2019

Case ID Number: CS2019-9B5E

Victim Initials: K.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-9931

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

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

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**

Claim Payments:

CL2019-6FBA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/6/2019-5/6/2019

Case ID Number: CS2019-9E1E

Victim Initials: E.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-FA02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

5/22/2019-5/22/2019

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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Case ID Number: CS2019-9E74

Victim Initials: T.G.

Case Payment Totals: **\$800.03**

Claim Payments:

CL2019-75CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$118.34	Medical	Hospital or Clinic
Payee: Mckenzie County Ambulance Services			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2019-4/7/2019			

CL2019-E88B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/08/2019	\$681.69	Medical	Hospital or Clinic
Payee: Mckenzie County Healthcare System			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2019-4/8/2019			

Case ID Number: CS2019-9F3A

Victim Initials: O.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-9710

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/24/2019-4/24/2019			

Case ID Number: CS2019-9F98

Victim Initials: A.J.

Case Payment Totals: **\$633.33**

Claim Payments:

CL2021-805D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$345.33	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/4/2020-10/4/2020			
9/27/2019-9/27/2019			

CL2019-3854

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/6/2019-5/6/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-9FCE

Victim Initials: S.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-902D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2019-2/5/2019			

Case ID Number: CS2019-A355

Victim Initials: H.O.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-5559

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2019-1/9/2019			

Case ID Number: CS2019-A477

Victim Initials: O.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-FA91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

Case ID Number: CS2019-A689

Victim Initials: T.J.

Case Payment Totals: **\$4,163.20**

Claim Payments:

CL2020-8233

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

CL2020-1009

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

04/27/2020 **\$3,436.80** Medical Hospital or Clinic
Payee: **Peace Health St. Joseph**
Date(s) of Service (If Applicable)
9/30/2019-9/30/2019

CL2019-0613

Approval Date AmountPaid Claim Category Medical Category (if applicable)
11/13/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/25/2019-9/25/2019

Case ID Number: CS2019-A717

Victim Initials: M.O.

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

Claim Payments:

CL2019-27AE

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

CL2019-17B7

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

CL2019-3143

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

CL2019-3EE9

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

CL2019-52BA

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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-F7A0

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

CL2019-F893

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/12/2019	\$172.00	Mental Health	
Payee: Mary Solberg, Licsw			
<u>Date(s) of Service (If Applicable)</u>			
1/17/2019-1/17/2019			

CL2019-FEA4

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

CL2019-9B62

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

Case ID Number: CS2019-ABA5

Victim Initials: A.S.

Case Payment Totals: **\$408.00**

Claim Payments:

CL2020-26C6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2020	\$20.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			

CL2020-1699

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/28/2020	\$20.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2020-4/1/2020			

CL2020-DF78

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

05/28/2020 **\$20.00** Mental Health
Payee: **Therapy Solutions**
Date(s) of Service (If Applicable)
4/8/2020-4/8/2020

CL2020-AC03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$87.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

CL2020-372E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2020	\$87.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
4/1/2020-4/1/2020			

CL2020-2361

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$87.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2020-3/18/2020			

CL2020-B509

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$87.00	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
3/26/2020-3/26/2020			

Case ID Number: CS2019-AEDD

Victim Initials: E.A.

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

Claim Payments:

CL2019-B09A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$450.00	Mental Health	
Payee: E.A.			
<u>Date(s) of Service (If Applicable)</u>			
10/10/2019-10/10/2019			
10/1/2019-10/1/2019			
9/25/2019-9/25/2019			
9/18/2019-9/18/2019			
9/10/2019-9/10/2019			
9/3/2019-9/3/2019			
8/27/2019-8/27/2019			
8/20/2019-8/20/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2019-0F0B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/23/2019	\$3,150.00	Mental Health	
Payee: E.A.			
<u>Date(s) of Service (If Applicable)</u>			
7/25/2019-7/25/2019			
7/16/2019-7/16/2019			
7/8/2019-7/8/2019			
7/2/2019-7/2/2019			
6/27/2019-6/27/2019			
6/17/2019-6/17/2019			
6/3/2019-6/3/2019			
5/30/2019-5/30/2019			
5/22/2019-5/22/2019			
5/16/2019-5/16/2019			
5/13/2019-5/13/2019			
5/9/2019-5/9/2019			
5/2/2019-5/2/2019			
4/29/2019-4/29/2019			

Case ID Number: CS2019-B105

Victim Initials: K.B.

Case Payment Totals: **\$1,387.73**

Claim Payments:

CL2020-45A2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$1,099.73	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2019-12/18/2019			
12/11/2019-12/11/2019			
12/4/2019-12/4/2019			
11/27/2019-11/27/2019			
11/20/2019-11/20/2019			
11/12/2019-11/12/2019			

CL2019-E4F1

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

Case ID Number: CS2019-B2C6

Victim Initials: A.W.

Case Payment Totals: **\$870.02**

Claim Payments:

CL2020-3E15

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

03/19/2020 **\$247.58** Mental Health

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

Date(s) of Service (If Applicable)

11/25/2019-11/25/2019

11/6/2019-11/6/2019

CL2020-5BB7

Approval Date AmountPaid Claim Category Medical Category (if applicable)

02/24/2020 **\$622.44** Mental Health

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

Date(s) of Service (If Applicable)

9/12/2019-9/12/2019

9/4/2019-9/4/2019

8/19/2019-8/19/2019

7/23/2019-7/23/2019

7/18/2019-7/18/2019

7/9/2019-7/9/2019

7/1/2019-7/1/2019

Case ID Number: CS2019-B402

Victim Initials: J.P.

Case Payment Totals: **\$948.20**

Claim Payments:

CL2019-D004

Approval Date AmountPaid Claim Category Medical Category (if applicable)

09/24/2019 **\$165.05** Mental Health

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

Date(s) of Service (If Applicable)

9/12/2019-9/12/2019

CL2019-FB33

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/27/2019 **\$165.05** Mental Health

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

Date(s) of Service (If Applicable)

8/13/2019-8/13/2019

CL2019-DEBE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

08/15/2019 **\$165.05** Mental Health

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

Date(s) of Service (If Applicable)

7/22/2019-7/22/2019

CL2019-78A7

Approval Date AmountPaid Claim Category Medical Category (if applicable)

07/19/2019 **\$165.05** Mental Health

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

Date(s) of Service (If Applicable)

7/3/2019-7/3/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2019-4155

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/31/2018-10/31/2018			

Case ID Number: CS2019-B481

Victim Initials: G.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-A401

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

Case ID Number: CS2019-B4F6

Victim Initials: C.K.

Case Payment Totals: **\$100.67**

Claim Payments:

CL2019-5D66

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

Case ID Number: CS2019-B734

Victim Initials: A.E.

Case Payment Totals: **\$681.00**

Claim Payments:

CL2020-8B20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/16/2020	\$70.00	Medical	Chiropractic or Massage
Payee: A.E.			
<u>Date(s) of Service (If Applicable)</u>			
3/20/2020-3/20/2020			

CL2020-50A2

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2020-83E3

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

CL2019-0D35

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

CL2019-2607

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

CL2019-2AA2

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

CL2019-302B

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

CL2019-488F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2019	\$65.00	Medical	Chiropractic or Massage
Payee: A.E.			
<u>Date(s) of Service (If Applicable)</u>			
7/13/2019-7/13/2019			

CL2019-1B04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$65.00	Medical	Chiropractic or Massage
Payee: A.E.			
<u>Date(s) of Service (If Applicable)</u>			
5/1/2019-5/1/2019			

CL2019-3D41

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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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

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$45.00	Medical	Chiropractic or Massage
Payee: A.E.			
<u>Date(s) of Service (If Applicable)</u>			
5/15/2019-5/15/2019			

Case ID Number: CS2019-B78E

Victim Initials: E.R.

Case Payment Totals: **\$9,201.95**

Claim Payments:

CL2020-3504

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

CL2020-AF18

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

CL2020-3AC4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$412.00	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2018-1/30/2018			
2/12/2018-2/12/2018			
4/27/2018-4/27/2018			

Case ID Number: CS2019-B9AC

Victim Initials: N.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-DF74

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

04/22/2021
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05/30/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
4/16/2019-4/16/2019

Case ID Number: CS2019-B9BE **Victim Initials: W.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-96B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2019-5/20/2019			

Case ID Number: CS2019-BEAF **Victim Initials: R.A.**

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

Claim Payments:

CL2019-A33C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$5,000.00	Funeral	
Payee: L.D.			

Case ID Number: CS2019-C309 **Victim Initials: S.D.**

Case Payment Totals: **\$948.19**

Claim Payments:

CL2021-8C6F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$660.19	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/5/2020-11/5/2020			
10/29/2020-10/29/2020			
10/21/2020-10/21/2020			
10/8/2020-10/8/2020			

CL2019-C7E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2019-9/24/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Case ID Number: CS2019-C32A

Victim Initials: M.P.

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

Claim Payments:

CL2020-4383

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/03/2020	\$197.60	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2019-7/18/2019			

CL2020-8FD0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/03/2020	\$900.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
7/18/2019-7/18/2019			

CL2019-4107

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/27/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/24/2019-7/24/2019			

Case ID Number: CS2019-C34A

Victim Initials: E.L.

Case Payment Totals: **\$1,292.43**

Claim Payments:

CL2020-81EA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$142.45	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/18/2019-11/18/2019			
11/12/2019-11/12/2019			

CL2019-4D19

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$219.79	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/11/2019-9/11/2019			

CL2019-A140

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

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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

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

CL2019-132B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2019-2/12/2019			

Case ID Number: CS2019-C367

Victim Initials: D.G.

Case Payment Totals: **\$281.60**

Claim Payments:

CL2019-975D

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

Case ID Number: CS2019-C3F9

Victim Initials: S.S.

Case Payment Totals: **\$468.00**

Claim Payments:

CL2019-14B8

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

CL2019-981A

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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04/11/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
1/14/2019-1/14/2019

Case ID Number: CS2019-C4B6

Victim Initials: O.L.

Case Payment Totals: **\$1,156.38**

Claim Payments:

CL2020-1B47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/14/2020	\$324.30	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/18/2019-11/18/2019			
11/12/2019-11/12/2019			
6/18/2019-6/18/2019			

CL2019-6D99

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$219.79	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2019-10/9/2019			
9/11/2019-9/11/2019			

CL2019-99EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/02/2019	\$219.79	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2019-8/5/2019			
7/23/2019-7/23/2019			

CL2019-7335

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$104.50	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2019-5/21/2019			

CL2019-5B51

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/13/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2019-2/12/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Case ID Number: CS2019-C63B

Victim Initials: L.A.

Case Payment Totals: **\$1,800.98**

Claim Payments:

CL2019-2E76

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

CL2019-B07A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/09/2019	\$849.09	Mental Health	
Payee: L.A.			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2019-3/11/2019			
3/8/2019-3/8/2019			
3/4/2019-3/4/2019			
3/1/2019-3/1/2019			
2/25/2019-2/25/2019			
2/14/2019-2/14/2019			

CL2019-F501

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

Case ID Number: CS2019-CDA4

Victim Initials: S.L.

Case Payment Totals: **\$1,678.40**

Claim Payments:

CL2020-05C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2020	\$1,678.40	Medical	Dental
Payee: Gregory Evanoff, Dds			
<u>Date(s) of Service (If Applicable)</u>			
10/28/2019-10/28/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

Case ID Number: CS2019-D474

Victim Initials: T.H.

Case Payment Totals: **\$219.71**

Claim Payments:

CL2019-8CF6

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

CL2019-9201

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$45.00	Medical	Hospital or Clinic
Payee: T.H.			
<u>Date(s) of Service (If Applicable)</u>			
2/6/2019-2/6/2019			

CL2019-F3EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$24.27	Medical	Prescription
Payee: T.H.			
<u>Date(s) of Service (If Applicable)</u>			
12/10/2018-12/10/2018			

Case ID Number: CS2019-D476

Victim Initials: B.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-3F40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/13/2019-9/13/2019			

Case ID Number: CS2019-D47C

Victim Initials: M.F.

Case Payment Totals: **\$2,103.36**

Claim Payments:

CL2021-AD0E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$40.98	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2020-12/28/2020			

North Dakota Crime Victims Compensation

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CL2020-D86E

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

CL2020-3655

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

CL2020-B0E0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$176.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2020-7/15/2020			
7/1/2020-7/1/2020			

CL2020-56C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$176.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/17/2020-6/17/2020			
6/3/2020-6/3/2020			

CL2020-F1A9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/21/2020-5/21/2020			

CL2020-8860

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$176.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/23/2020-4/23/2020			
4/2/2020-4/2/2020			

CL2020-FE69

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$42.54	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2019-12/18/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-4AC7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$51.50	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2019-12/4/2019			

CL2019-8F04

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/13/2019	\$51.50	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			

CL2019-8B9B

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

CL2019-3978

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

CL2019-356D

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

CL2019-A6D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/05/2019	\$441.02	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
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			

North Dakota Crime Victims Compensation

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

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

Case ID Number: CS2019-D816

Victim Initials: C.T.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-76D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2019-6/6/2019			

Case ID Number: CS2019-DBFD

Victim Initials: R.W.

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

Claim Payments:

CL2019-0C91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/01/2019	\$4,100.00	Funeral	
Payee: R.W.			

Case ID Number: CS2019-DCBB

Victim Initials: H.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-BDF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/5/2019-3/5/2019			

Case ID Number: CS2019-DE1F

Victim Initials: L.P.

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

Claim Payments:

CL2020-01B7

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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)

7/30/2019-7/30/2019

7/23/2019-7/23/2019

7/19/2019-7/19/2019

7/12/2019-7/12/2019

7/3/2019-7/3/2019

6/28/2019-6/28/2019

6/18/2019-6/18/2019

6/14/2019-6/14/2019

CL2019-1CE8

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

Date(s) of Service (If Applicable)

6/9/2019-6/9/2019

6/5/2019-6/5/2019

5/30/2019-5/30/2019

5/20/2019-5/20/2019

5/11/2019-5/11/2019

5/8/2019-5/8/2019

CL2019-4C77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/22/2019	\$2,288.01	Medical	Hospital or Clinic
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Payee: **Emergency Professional Services Pc**

Date(s) of Service (If Applicable)

4/29/2019-4/29/2019

4/7/2019-4/7/2019

CL2019-D0A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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08/22/2019	\$5,301.95	Medical	Hospital or Clinic
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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**

Claim Payments:

CL2019-8363

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/30/2019	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

4/9/2019-4/9/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-DE6D

Victim Initials: A.D.

Case Payment Totals: **\$475.57**

Claim Payments:

CL2020-2A57

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

CL2020-A890

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$77.68	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/10/2020-1/10/2020			
12/9/2019-12/9/2019			

CL2019-72C4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/15/2019-7/15/2019			

Case ID Number: CS2019-DF39

Victim Initials: L.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-903D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-DF68

Victim Initials: B.R.

Case Payment Totals: **\$1,064.00**

Claim Payments:

CL2019-6E2A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/26/2019	\$1,064.00	Mental Health	
Payee: B.R.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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)

3/8/2019-3/8/2019
2/15/2019-2/15/2019
1/25/2019-1/25/2019
1/11/2019-1/11/2019
1/4/2019-1/4/2019
11/30/2018-11/30/2018
11/9/2018-11/9/2018
10/26/2018-10/26/2018
10/25/2018-10/25/2018
10/12/2018-10/12/2018
9/28/2018-9/28/2018
9/21/2018-9/21/2018
9/14/2018-9/14/2018

Case ID Number: CS2019-E112

Victim Initials: I.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-B3F9

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

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

Date(s) of Service (If Applicable)

3/27/2019-3/27/2019

Case ID Number: CS2019-E1E2

Victim Initials: R.B.

Case Payment Totals: **\$1,113.19**

Claim Payments:

CL2020-4694

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$720.42	Mental Health	

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

Date(s) of Service (If Applicable)

6/23/2020-6/23/2020
6/16/2020-6/16/2020
6/9/2020-6/9/2020
6/2/2020-6/2/2020
5/26/2020-5/26/2020
5/21/2020-5/21/2020
5/14/2020-5/14/2020

CL2020-D04E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$241.82	Mental Health	

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Date(s) of Service (If Applicable)

9/10/2019-9/10/2019

9/3/2019-9/3/2019

8/27/2019-8/27/2019

7/30/2019-7/30/2019

7/23/2019-7/23/2019

7/16/2019-7/16/2019

7/2/2019-7/2/2019

6/18/2019-6/18/2019

CL2019-0963

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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07/25/2019	\$22.19	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

6/25/2019-6/25/2019

CL2019-3D78

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

Date(s) of Service (If Applicable)

5/7/2019-5/7/2019

CL2019-645D

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

Date(s) of Service (If Applicable)

5/21/2019-5/21/2019

CL2019-80D3

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

Date(s) of Service (If Applicable)

5/28/2019-5/28/2019

CL2019-FBDD

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

Date(s) of Service (If Applicable)

3/12/2019-3/12/2019

Case ID Number: **CS2019-E382**

Victim Initials: **H.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-128B

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

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

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

04/22/2021
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05/10/2019 **\$288.00** Mental Health
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/25/2019-2/25/2019

Case ID Number: CS2019-E3B8 **Victim Initials: K.I.**

Case Payment Totals: **\$320.16**

Claim Payments:

CL2021-D1B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$320.16	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2020-11/12/2020			
10/29/2020-10/29/2020			
10/8/2020-10/8/2020			
10/1/2020-10/1/2020			
9/24/2020-9/24/2020			
9/17/2020-9/17/2020			

Case ID Number: CS2019-E784 **Victim Initials: D.F.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-EFE1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/28/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/4/2019-9/4/2019			

Case ID Number: CS2019-E91D **Victim Initials: I.S.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-8B18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/11/2019-4/11/2019			

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

Case Payment Totals: **\$288.00**

Claim Payments:

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2019-33D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/30/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/18/2019-4/18/2019			

Case ID Number: CS2019-EB27

Victim Initials: J.A.

Case Payment Totals: **\$553.50**

Claim Payments:

CL2019-0347

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

CL2019-CE2E

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

CL2019-ED10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2019-4/16/2019			

Case ID Number: CS2019-EC95

Victim Initials: L.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-A2B6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/17/2019-4/17/2019			

Case ID Number: CS2019-EDFC

Victim Initials: R.A.

Case Payment Totals: **\$288.00**

Claim Payments:

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

04/22/2021
1:01:54AM

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

CL2020-1D8D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/14/2019-8/14/2019			

Case ID Number: CS2019-EEA3

Victim Initials: K.A.

Case Payment Totals: **\$4,453.76**

Claim Payments:

CL2020-1D7E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$164.80	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
3/23/2020-3/23/2020			

CL2020-2B79

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$102.07	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
4/13/2020-4/13/2020			

CL2020-57EB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$109.90	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
3/30/2020-3/30/2020			

CL2020-7791

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$102.07	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
4/20/2020-4/20/2020			

CL2020-A912

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/29/2020	\$109.90	Mental Health	
Payee: West River Health Services			
<u>Date(s) of Service (If Applicable)</u>			
4/6/2020-4/6/2020			

CL2020-EF1E

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

06/29/2020 **\$14.74** Mental Health
Payee: **West River Health Services**
Date(s) of Service (If Applicable)
5/4/2020-5/4/2020

CL2020-EFC7

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/29/2020 **\$153.33** Mental Health
Payee: **West River Health Services**
Date(s) of Service (If Applicable)
4/27/2020-4/27/2020

CL2020-4C9C

Approval Date AmountPaid Claim Category Medical Category (if applicable)
06/04/2020 **\$2,307.20** Mental Health
Payee: **West River Health Services**
Date(s) of Service (If Applicable)
3/16/2020-3/16/2020
3/9/2020-3/9/2020
2/26/2020-2/26/2020
2/19/2020-2/19/2020
2/12/2020-2/12/2020
2/5/2020-2/5/2020
1/29/2020-1/29/2020
1/22/2020-1/22/2020
1/13/2020-1/13/2020
12/20/2019-12/20/2019
12/16/2019-12/16/2019
12/6/2019-12/6/2019
11/22/2019-11/22/2019
11/6/2019-11/6/2019

CL2019-811D

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

CL2019-2E43

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)
2/14/2019-2/14/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2019-EF11

Victim Initials: D.B.

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

Claim Payments:

CL2019-E222

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$5,000.00	Funeral	
Payee: T.B.			

Case ID Number: CS2019-F008

Victim Initials: B.S.

Case Payment Totals: **\$924.63**

Claim Payments:

CL2020-8129

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$15.33	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/2/2020-7/2/2020			

CL2020-27E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$11.20	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

CL2020-A0BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$26.56	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2019-12/11/2019			

CL2019-2FCF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$30.65	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2019-10/8/2019			

CL2019-E4D9

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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CL2019-B46A

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

CL2019-398A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/08/2019	\$22.65	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/28/2019-6/28/2019			

CL2019-E6FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/03/2019	\$37.16	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
6/7/2019-6/7/2019			

CL2019-B832

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/21/2019	\$431.78	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
5/20/2019-5/20/2019			
5/14/2019-5/14/2019			
5/7/2019-5/7/2019			
4/29/2019-4/29/2019			
4/22/2019-4/22/2019			
4/11/2019-4/11/2019			
4/5/2019-4/5/2019			
3/29/2019-3/29/2019			
3/21/2019-3/21/2019			

CL2019-1B41

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/10/2019	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/5/2019-3/5/2019			

Case ID Number: CS2019-F26F

Victim Initials: H.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-FA8B

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

10/28/2019 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
9/16/2019-9/16/2019

Case ID Number: CS2019-F2FA

Victim Initials: M.R.

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

Claim Payments:

CL2020-BA40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$63.20	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
10/14/2020-10/14/2020			

CL2020-5826

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$1,548.00	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
10/6/2020-10/6/2020			
9/23/2020-9/23/2020			
9/16/2020-9/16/2020			
9/9/2020-9/9/2020			
9/1/2020-9/1/2020			
8/25/2020-8/25/2020			
8/18/2020-8/18/2020			
8/13/2020-8/13/2020			
8/11/2020-8/11/2020			

CL2020-FCE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2020	\$1,788.80	Mental Health	
Payee: Empowered Therapy By Tara Lorenz			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2020-7/28/2020			
7/21/2020-7/21/2020			
7/14/2020-7/14/2020			
7/7/2020-7/7/2020			
6/30/2020-6/30/2020			
6/23/2020-6/23/2020			
6/16/2020-6/16/2020			
6/2/2020-6/2/2020			
5/26/2020-5/26/2020			
5/19/2020-5/19/2020			
5/12/2020-5/12/2020			
5/5/2020-5/5/2020			
4/28/2020-4/28/2020			

CL2020-98B4

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

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

04/29/2020 **\$516.00** Mental Health

Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

4/21/2020-4/21/2020

4/14/2020-4/14/2020

4/7/2020-4/7/2020

CL2020-A2BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/20/2020	\$884.00	Mental Health	
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Payee: **Empowered Therapy By Tara Lorenz**

Date(s) of Service (If Applicable)

3/31/2020-3/31/2020

3/23/2020-3/23/2020

3/18/2020-3/18/2020

3/10/2020-3/10/2020

3/6/2020-3/6/2020

Case ID Number: CS2019-F375

Victim Initials: N.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-429E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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05/04/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

9/23/2019-9/23/2019

Case ID Number: CS2019-F39C

Victim Initials: C.A.

Case Payment Totals: **\$292.21**

Claim Payments:

CL2019-8415

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/02/2019	\$4.21	Mental Health	
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

8/9/2019-8/9/2019

CL2019-B892

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/09/2019	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

7/10/2019-7/10/2019

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2019-F3E5

Victim Initials: B.F.

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

Claim Payments:

CL2020-C5B4

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

Case ID Number: CS2019-F452

Victim Initials: E.T.

Case Payment Totals: **\$1,376.15**

Claim Payments:

CL2021-F989

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$16.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2021-2/9/2021			

CL2021-96B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/17/2021	\$64.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			
12/28/2020-12/28/2020			
12/9/2020-12/9/2020			
11/25/2020-11/25/2020			

CL2020-8508

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$48.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2020-11/12/2020			
11/4/2020-11/4/2020			
10/27/2020-10/27/2020			

CL2020-4DEC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$634.10	Mental Health	
Payee: Dakota Children'S Advocacy Center			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

12/30/2019-12/30/2019

12/16/2019-12/16/2019

12/9/2019-12/9/2019

11/27/2019-11/27/2019

11/18/2019-11/18/2019

11/4/2019-11/4/2019

CL2020-59F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2020	\$326.05	Mental Health	

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

Date(s) of Service (If Applicable)

9/4/2019-9/4/2019

6/18/2019-6/18/2019

CL2019-8F47

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

6/4/2019-6/4/2019

Case ID Number: CS2019-F638

Victim Initials: S.O.

Case Payment Totals: \$288.00

Claim Payments:

CL2019-30D3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/13/2019	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/21/2019-10/21/2019

Case ID Number: CS2019-F739

Victim Initials: D.L.

Case Payment Totals: \$2,102.32

Claim Payments:

CL2020-AA01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$193.60	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

1/6/2020-1/6/2020

CL2020-AAED

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

01/06/2020 **\$1,097.92** Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
11/23/2019-11/23/2019

CL2020-E872

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/06/2020	\$810.80	Medical	Hospital or Clinic
Payee: Altru Health System			
<u>Date(s) of Service (If Applicable)</u>			
11/23/2019-11/23/2019			

Case ID Number: CS2019-FA49

Victim Initials: S.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-AB91

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/07/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/24/2019-6/24/2019			

Case ID Number: CS2019-FA7D

Victim Initials: S.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-F558

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/19/2019	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/6/2019-6/6/2019			

Case ID Number: CS2019-FC09

Victim Initials: A.R.

Case Payment Totals: **\$678.61**

Claim Payments:

CL2019-4CF7

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

CL2019-5704

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

04/22/2021
1:01:54AM

NOTE: Upon payment approval, 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 **\$69.35** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
7/28/2018-7/28/2018

Case ID Number: CS2019-FE97 **Victim Initials: G.R.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-A3F8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/08/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/18/2019-11/18/2019			

Case ID Number: CS2019-FF10 **Victim Initials: S.A.**

Case Payment Totals: **\$167.41**

Claim Payments:

CL2020-E24A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$167.41	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2020-3/10/2020			
2/3/2020-2/3/2020			

Case ID Number: CS2020-0098 **Victim Initials: L.Z.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-AD53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/29/2020-6/29/2020			

Case ID Number: CS2020-0100 **Victim Initials: R.B.**

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

Claim Payments:

CL2021-0EAC

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

04/22/2021
1:01:54AM

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

01/14/2021 **\$5,000.00** Funeral
Payee: **M.P.**

Case ID Number: CS2020-0164

Victim Initials: A.J.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-91D5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/24/2020-3/24/2020			

Case ID Number: CS2020-06E6

Victim Initials: G.B.

Case Payment Totals: **\$725.35**

Claim Payments:

CL2020-AFDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$725.35	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2019-12/7/2019			

Case ID Number: CS2020-08E4

Victim Initials: N.L.

Case Payment Totals: **\$6,097.65**

Claim Payments:

CL2020-4BA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$315.20	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

CL2020-AF72

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,867.63	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2020-1/5/2020			

CL2020-DEBC

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

06/22/2020 **\$270.40** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
1/5/2020-1/5/2020

CL2020-9D7D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2020	\$1,644.42	Medical	Hospital or Clinic

Payee: **Metro-Area Ambulance Service**
Date(s) of Service (If Applicable)
1/5/2020-1/5/2020

Case ID Number: CS2020-092B

Victim Initials: H.H.

Case Payment Totals: **\$172.66**

Claim Payments:

CL2021-440B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2021	\$172.66	Mental Health	

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

Case ID Number: CS2020-0AAB

Victim Initials: J.Z.

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

Claim Payments:

CL2020-4515

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/21/2020	\$522.11	Mental Health	

Payee: **Chatter Pediatric Therapy**
Date(s) of Service (If Applicable)
7/21/2020-7/21/2020
7/14/2020-7/14/2020
7/13/2020-7/13/2020
7/7/2020-7/7/2020
6/30/2020-6/30/2020

CL2020-923A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/21/2020	\$452.00	Mental Health	

Payee: **Chatter Pediatric Therapy**
Date(s) of Service (If Applicable)
6/23/2020-6/23/2020
6/16/2020-6/16/2020
6/2/2020-6/2/2020
5/26/2020-5/26/2020
5/19/2020-5/19/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2020-56D8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$718.44	Mental Health	
Payee: Chatter Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
5/12/2020-5/12/2020			
4/28/2020-4/28/2020			
4/21/2020-4/21/2020			
4/14/2020-4/14/2020			
4/9/2020-4/9/2020			
3/16/2020-3/16/2020			

Case ID Number: CS2020-1011

Victim Initials: E.K.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-0E66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/19/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2020-2/10/2020			

Case ID Number: CS2020-1095

Victim Initials: M.G.

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

Claim Payments:

CL2020-AF29

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$537.24	Medical	Prescription
Payee: M.G.			
<u>Date(s) of Service (If Applicable)</u>			
6/25/2020-6/25/2020			

CL2020-2DBE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,720.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/22/2020			

CL2020-79AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$1,008.00	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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-B7DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$16,841.07	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

CL2020-C851

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$165.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

CL2020-67B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/13/2020	\$1,630.06	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
2/21/2020-2/21/2020			

CL2020-8BAF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/04/2020	\$196.64	Medical	Hospital or Clinic
Payee: Sanford Healthcare Accessories			
<u>Date(s) of Service (If Applicable)</u>			
2/28/2020-2/28/2020			

Case ID Number: CS2020-1755

Victim Initials: E.H.

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

Claim Payments:

CL2020-C906

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2020	\$5,000.00	Funeral	
Payee: Boyd Funeral Services			

Case ID Number: CS2020-19C3

Victim Initials: M.D.

Case Payment Totals: **\$300.00**

Claim Payments:

CL2020-ED00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$300.00	Wage Loss	
Payee: M.D.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2020-1A65

Victim Initials: D.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-C867

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2020-12/7/2020			

Case ID Number: CS2020-1A9F

Victim Initials: D.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-97E5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2020-7/22/2020			

Case ID Number: CS2020-1BAA

Victim Initials: C.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-F324

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/1/2020-12/1/2020			

Case ID Number: CS2020-1D4E

Victim Initials: T.B.

Case Payment Totals: **\$250.78**

Claim Payments:

CL2021-D3C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/9/2021-2/9/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

CL2021-BB34

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$159.36	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/12/2021-1/12/2021			

Case ID Number: CS2020-2066

Victim Initials: M.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-4D91

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

Case ID Number: CS2020-21A4

Victim Initials: H.H.

Case Payment Totals: **\$377.53**

Claim Payments:

CL2021-F5FF

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

CL2021-2FA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$230.76	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			
11/4/2020-11/4/2020			
9/23/2020-9/23/2020			
9/9/2020-9/9/2020			
9/2/2020-9/2/2020			

Case ID Number: CS2020-2311

Victim Initials: A.H.

Case Payment Totals: **\$1,211.26**

Claim Payments:

CL2021-47EF

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

04/16/2021 **\$1,038.60** Mental Health

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

Date(s) of Service (If Applicable)

1/22/2021-1/22/2021

1/15/2021-1/15/2021

1/8/2021-1/8/2021

12/30/2020-12/30/2020

12/21/2020-12/21/2020

12/11/2020-12/11/2020

11/25/2020-11/25/2020

11/20/2020-11/20/2020

11/5/2020-11/5/2020

CL2021-13E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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01/04/2021	\$172.66	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/24/2020-8/24/2020

Case ID Number: CS2020-2635

Victim Initials: J.M.

Case Payment Totals: **\$83.70**

Claim Payments:

CL2020-C0A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/21/2020	\$83.70	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/19/2020-5/19/2020

Case ID Number: CS2020-29D0

Victim Initials: L.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-B3D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/06/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy Center**

Date(s) of Service (If Applicable)

12/30/2019-12/30/2019

Case ID Number: CS2020-29D8

Victim Initials: W.C.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-01E3

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

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

02/08/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
12/7/2020-12/7/2020

Case ID Number: CS2020-29FD

Victim Initials: L.L.

Case Payment Totals: **\$580.00**

Claim Payments:

CL2020-C5A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$112.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/4/2020-11/4/2020			

CL2020-87C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2020-10/16/2020			

CL2020-AA5D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/24/2020-9/24/2020			

Case ID Number: CS2020-2E8C

Victim Initials: D.S.

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

Claim Payments:

CL2020-96DC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2020	\$3,747.25	Funeral	
Payee: J.W.			

CL2020-BDA5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/24/2020	\$1,252.75	Funeral	
Payee: J.W.			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2020-3119

Victim Initials: A.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-7324

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/30/2020-4/30/2020			

Case ID Number: CS2020-33DC

Victim Initials: H.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-2A9B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2020	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/28/2020-4/28/2020			

Case ID Number: CS2020-36EF

Victim Initials: H.H.

Case Payment Totals: **\$956.64**

Claim Payments:

CL2020-FAA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$225.28	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2020-4/16/2020			
4/1/2020-4/1/2020			
3/25/2020-3/25/2020			

CL2020-C3D9

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

CL2020-5EE4

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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 **\$332.96** Mental Health

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

Date(s) of Service (If Applicable)

2/13/2020-2/13/2020

2/6/2020-2/6/2020

1/29/2020-1/29/2020

CL2020-6B18

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/27/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

1/9/2020-1/9/2020

Case ID Number: CS2020-37A6

Victim Initials: K.K.

Case Payment Totals: **\$1,804.41**

Claim Payments:

CL2020-A682

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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11/23/2020	\$141.82	Medical	Prescription
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Payee: **K.K.**

Date(s) of Service (If Applicable)

5/30/2020-10/7/2020

CL2020-CE08

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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10/13/2020	\$147.88	Medical	Hospital or Clinic
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Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

6/12/2020-6/12/2020

CL2020-BF44

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/21/2020	\$39.02	Medical	Hospital or Clinic
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Payee: **Trinity Medical Group**

Date(s) of Service (If Applicable)

5/30/2020-5/30/2020

6/6/2020-6/6/2020

CL2020-D491

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/21/2020	\$1,475.69	Medical	Hospital or Clinic
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Payee: **Tioga Medical Center**

Date(s) of Service (If Applicable)

6/5/2020-6/5/2020

6/1/2020-6/1/2020

5/29/2020-5/29/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2020-39A1

Victim Initials: L.L.

Case Payment Totals: **\$115.20**

Claim Payments:

CL2020-38B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$115.20	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/25/2020-8/25/2020			

Case ID Number: CS2020-3A64

Victim Initials: A.B.

Case Payment Totals: **\$2,826.60**

Claim Payments:

CL2020-8385

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

CL2020-766A

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

Case ID Number: CS2020-3D57

Victim Initials: N.C.

Case Payment Totals: **\$1,860.00**

Claim Payments:

CL2021-0147

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/03/2021	\$1,520.00	Mental Health	
Payee: Summit Counseling			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, 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)

1/26/2021-1/26/2021
1/13/2021-1/13/2021
1/6/2021-1/6/2021
12/24/2020-12/24/2020
12/16/2020-12/16/2020
12/9/2020-12/9/2020
12/2/2020-12/2/2020
11/16/2020-11/16/2020
11/9/2020-11/9/2020
10/26/2020-10/26/2020
10/22/2020-10/22/2020

CL2020-C7C8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$340.00	Mental Health	

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

8/4/2020-8/4/2020
7/29/2020-7/29/2020

Case ID Number: CS2020-3DF4

Victim Initials: T.L.

Case Payment Totals: **\$115.20**

Claim Payments:

CL2020-6DB0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$115.20	Mental Health	

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

Date(s) of Service (If Applicable)

8/24/2020-8/24/2020

Case ID Number: CS2020-4215

Victim Initials: G.S.

Case Payment Totals: **\$2,569.81**

Claim Payments:

CL2020-8AA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/10/2020	\$698.11	Medical	Dental

Payee: **N.K.**

Date(s) of Service (If Applicable)

3/17/2020-3/17/2020
1/15/2020-1/15/2020

CL2020-B8E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/10/2020	\$628.70	Medical	Dental

Payee: **Aspen Dental**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Date(s) of Service (If Applicable)

1/15/2020-1/15/2020

3/17/2020-3/17/2020

CL2020-B2A8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/09/2020	\$775.00	Medical	Dental

Payee: **N.K.**

Date(s) of Service (If Applicable)

2/12/2020-2/12/2020

CL2020-9721

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$468.00	Medical	Dental

Payee: **Institute Of Facial Surgery**

Date(s) of Service (If Applicable)

1/16/2020-1/16/2020

Case ID Number: **CS2020-43CB**

Victim Initials: **E.H.**

Case Payment Totals: **\$651.76**

Claim Payments:

CL2021-E68A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$163.39	Mental Health	

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

Date(s) of Service (If Applicable)

12/21/2020-12/21/2020

12/9/2020-12/9/2020

11/19/2020-11/19/2020

CL2021-0654

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$182.83	Mental Health	

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

Date(s) of Service (If Applicable)

11/11/2020-11/11/2020

11/4/2020-11/4/2020

CL2020-A2B2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$305.54	Mental Health	

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

Date(s) of Service (If Applicable)

9/30/2020-9/30/2020

9/23/2020-9/23/2020

9/9/2020-9/9/2020

9/2/2020-9/2/2020

8/20/2020-8/20/2020

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

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1:01:54AM

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

Case ID Number: CS2020-4482

Victim Initials: M.F.

Case Payment Totals: **\$1,140.56**

Claim Payments:

CL2020-2B86

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$42.35	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			

CL2020-2D66

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$65.37	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

CL2020-445B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$40.21	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

CL2020-6AAB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$5.88	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

CL2020-7610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$40.21	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

CL2020-A684

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$414.11	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			

CL2020-B1B1

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

04/22/2021
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NOTE: Upon payment approval, 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 **\$228.31** Medical Hospital or Clinic
Payee: **Mid Dakota Clinic**
Date(s) of Service (If Applicable)
2/12/2020-2/12/2020

CL2020-DD13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$69.93	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

CL2020-85DB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$5.88	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

CL2020-EE6A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$228.31	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2020-3/19/2020			

Case ID Number: CS2020-449D

Victim Initials: J.C.

Case Payment Totals: **\$318.94**

Claim Payments:

CL2020-3F5C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/28/2020	\$52.24	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2020-9/2/2020			
9/4/2020-9/4/2020			

CL2020-8139

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

CL2020-CD01

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

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

04/22/2021
1:01:54AM

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CL2020-F7AE

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

Case ID Number: CS2020-46DC

Victim Initials: T.B.

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

Claim Payments:

CL2021-748F

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

Case ID Number: CS2020-4CA5

Victim Initials: A.L.

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

Claim Payments:

CL2020-60AD

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

CL2020-93F3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$508.44	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/9/2020-7/9/2020			
7/2/2020-7/2/2020			
6/25/2020-6/25/2020			
6/16/2020-6/16/2020			
4/28/2020-4/28/2020			

CL2020-42DD

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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-4BFC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$610.13	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/21/2020-4/21/2020			
4/13/2020-4/13/2020			
4/9/2020-4/9/2020			
3/31/2020-3/31/2020			
3/24/2020-3/24/2020			
3/17/2020-3/17/2020			

CL2020-CAB4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$508.44	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2020-3/10/2020			
3/5/2020-3/5/2020			
2/25/2020-2/25/2020			
2/17/2020-2/17/2020			
2/10/2020-2/10/2020			

CL2020-5426

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

Case ID Number: CS2020-5182

Victim Initials: B.C.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2020-8DC8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$22,064.80	Medical	Hospital or Clinic
Payee: Guardian Flight Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2019-12/28/2019			

CL2020-9C2E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/06/2020	\$2,736.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
12/28/2019-1/1/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2020-5327

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2020	\$198.40	Medical	Hospital or Clinic
Payee: B.C.			
<u>Date(s) of Service (If Applicable)</u>			
1/9/2020-1/9/2020			

Case ID Number: CS2020-51E3

Victim Initials: T.P.

Case Payment Totals: \$6,840.00

Claim Payments:

CL2020-2100

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$4,200.00	Wage Loss	
Payee: T.P.			

CL2020-F6FF

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

Case ID Number: CS2020-535F

Victim Initials: R.R.

Case Payment Totals: \$780.00

Claim Payments:

CL2021-FC3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$120.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
12/18/2020-12/18/2020			

CL2020-F2CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$660.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
7/3/2020-7/3/2020			
6/5/2020-6/5/2020			
3/6/2020-3/6/2020			
2/28/2020-2/28/2020			
2/25/2020-2/25/2020			

North Dakota Crime Victims Compensation

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Case ID Number: CS2020-538C

Victim Initials: S.T.

Case Payment Totals: **\$352.89**

Claim Payments:

CL2021-A7C7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$21.22	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2020-8/17/2020			

CL2021-C6CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$3.67	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/7/2020-12/7/2020			
11/23/2020-11/23/2020			
11/9/2020-11/9/2020			

CL2020-9C19

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$40.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2020-10/12/2020			
8/31/2020-8/31/2020			

CL2020-8161

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/20/2020-8/20/2020			

Case ID Number: CS2020-5412

Victim Initials: B.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-2C2E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/8/2020-6/8/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2020-54CD

Victim Initials: P.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-68B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/4/2019-12/4/2019			

Case ID Number: CS2020-5569

Victim Initials: Z.O.

Case Payment Totals: **\$175.32**

Claim Payments:

CL2020-0284

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$175.32	Mental Health	
Payee: Assessment & Therapy Associates			
<u>Date(s) of Service (If Applicable)</u>			
7/14/2020-7/14/2020			
7/7/2020-7/7/2020			
7/1/2020-7/1/2020			
6/16/2020-6/16/2020			
6/9/2020-6/9/2020			
6/2/2020-6/2/2020			
5/26/2020-5/26/2020			

Case ID Number: CS2020-59CF

Victim Initials: K.B.

Case Payment Totals: **\$153.17**

Claim Payments:

CL2021-1FA0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$153.17	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/10/2020-8/10/2020			

Case ID Number: CS2020-5B7A

Victim Initials: J.G.

Case Payment Totals: **\$2,128.00**

Claim Payments:

CL2021-FC29

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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03/23/2021 **\$32.00** Mental Health

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

Date(s) of Service (If Applicable)

4/23/2020-4/23/2020

CL2021-CA33

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/09/2021 **\$1,700.00** Mental Health

Payee: **Sanford Health**

Date(s) of Service (If Applicable)

12/21/2020-12/21/2020

12/15/2020-12/15/2020

11/13/2020-11/13/2020

10/1/2020-10/1/2020

9/8/2020-9/8/2020

8/28/2020-8/28/2020

8/19/2020-8/19/2020

7/10/2020-7/10/2020

CL2021-D660

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/09/2021 **\$396.00** Mental Health

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

Date(s) of Service (If Applicable)

9/17/2020-9/17/2020

8/10/2020-8/10/2020

7/16/2020-7/16/2020

Case ID Number: CS2020-5BFC

Victim Initials: V.M.

Case Payment Totals: **\$7,299.36**

Claim Payments:

CL2021-45AD

Approval Date AmountPaid Claim Category Medical Category (if applicable)

03/09/2021 **\$2,180.00** Mental Health

Payee: **Summit Counseling**

Date(s) of Service (If Applicable)

1/27/2021-1/27/2021

11/25/2020-11/25/2020

10/21/2020-10/21/2020

10/20/2020-10/20/2020

9/15/2020-9/15/2020

8/25/2020-8/25/2020

8/19/2020-8/19/2020

8/10/2020-8/10/2020

7/30/2020-7/30/2020

7/29/2020-7/29/2020

7/23/2020-7/23/2020

CL2020-E0EE

Approval Date AmountPaid Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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10/08/2020 **\$3,156.08** Medical Hospital or Clinic
Payee: **Mercy Medical Center**
Date(s) of Service (If Applicable)
3/21/2020-3/21/2020

CL2020-1F77

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/30/2020 **\$582.48** Medical Hospital or Clinic
Payee: **Mercy Medical Center**
Date(s) of Service (If Applicable)
7/3/2020-7/3/2020

CL2020-3180

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/21/2020 **\$218.40** Medical Hospital or Clinic
Payee: **Mercy Hospital Physicians**
Date(s) of Service (If Applicable)
7/3/2020-7/3/2020

CL2020-42AF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/21/2020 **\$218.40** Medical Hospital or Clinic
Payee: **Mercy Hospital Physicians**
Date(s) of Service (If Applicable)
3/21/2020-3/21/2020

CL2020-54AB

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/21/2020 **\$190.40** Medical Hospital or Clinic
Payee: **Mercy Radiology Services**
Date(s) of Service (If Applicable)
3/21/2020-3/21/2020

CL2020-B796

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/21/2020 **\$129.60** Medical Hospital or Clinic
Payee: **Mercy Radiology Services**
Date(s) of Service (If Applicable)
3/21/2020-3/21/2020

CL2020-3A27

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/19/2020 **\$359.20** Medical Hospital or Clinic
Payee: **Mercy Medical Center**
Date(s) of Service (If Applicable)
7/6/2020-7/6/2020

CL2020-C1D4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
08/19/2020 **\$34.40** Medical Hospital or Clinic
Payee: **Mercy Radiology Services**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Date(s) of Service (If Applicable)

7/6/2020-7/6/2020

CL2020-E330

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$230.40	Medical	Hospital or Clinic

Payee: **Craven Hagan Clinic**

Date(s) of Service (If Applicable)

7/6/2020-7/6/2020

Case ID Number: CS2020-5C3C

Victim Initials: S.W.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-856A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/29/2020	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

3/19/2020-3/19/2020

Case ID Number: CS2020-5DEA

Victim Initials: A.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-1B03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

10/5/2020-10/5/2020

Case ID Number: CS2020-6184

Victim Initials: A.S.

Case Payment Totals: **\$3,000.00**

Claim Payments:

CL2020-91CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2020	\$120.00	Mental Health	

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

Date(s) of Service (If Applicable)

11/9/2020-11/9/2020

CL2020-4F40

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$240.00	Mental Health	

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

North Dakota Crime Victims Compensation

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Date(s) of Service (If Applicable)

8/17/2020-8/17/2020

8/3/2020-8/3/2020

CL2020-4F68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/27/2020	\$480.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/3/2020-6/3/2020

5/18/2020-5/18/2020

5/11/2020-5/11/2020

5/5/2020-5/5/2020

CL2020-2980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$480.00	Mental Health	

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

Date(s) of Service (If Applicable)

6/3/2020-6/3/2020

5/18/2020-5/18/2020

5/11/2020-5/11/2020

5/5/2020-5/5/2020

CL2020-1FBC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$1,080.00	Mental Health	

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

Date(s) of Service (If Applicable)

4/27/2020-4/27/2020

4/21/2020-4/21/2020

4/6/2020-4/6/2020

3/31/2020-3/31/2020

3/25/2020-3/25/2020

3/18/2020-3/18/2020

3/11/2020-3/11/2020

3/2/2020-3/2/2020

2/25/2020-2/25/2020

CL2020-C2D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$600.00	Mental Health	

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

Date(s) of Service (If Applicable)

2/17/2020-2/17/2020

2/10/2020-2/10/2020

1/27/2020-1/27/2020

1/20/2020-1/20/2020

1/7/2020-1/7/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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

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

Case ID Number: CS2020-6296

Victim Initials: J.R.

Case Payment Totals: **\$144.78**

Claim Payments:

CL2021-9447

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$53.36	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2021-2/11/2021			

CL2021-F8CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

Case ID Number: CS2020-62E0

Victim Initials: A.H.

Case Payment Totals: **\$300.00**

Claim Payments:

CL2020-CAC6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/30/2020	\$300.00	Wage Loss	
Payee: A.H.			

Case ID Number: CS2020-6543

Victim Initials: S.N.

Case Payment Totals: **\$200.00**

Claim Payments:

CL2020-D609

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$200.00	Medical	Hospital or Clinic
Payee: S.N.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2019-11/19/2019			

Case ID Number: CS2020-6C93

Victim Initials: L.G.

Case Payment Totals: **\$293.48**

Claim Payments:

CL2020-86CF

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

04/22/2021
1:01:54AM

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

03/23/2020 **\$293.48** Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
1/14/2020-1/14/2020

Case ID Number: CS2020-6CE9 **Victim Initials: K.L.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-DF61

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2020-8/19/2020			

Case ID Number: CS2020-7004 **Victim Initials: A.P.**

Case Payment Totals: **\$6,200.00**

Claim Payments:

CL2021-76D6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/09/2021	\$1,200.00	Mental Health	
Payee: North Dakota Human Services - Nc			
<u>Date(s) of Service (If Applicable)</u>			
8/18/2020-8/19/2020			

CL2020-028F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2020	\$2,500.00	Funeral	
Payee: M.C.			

CL2020-2830

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/24/2020	\$2,500.00	Funeral	
Payee: J.P.			

Case ID Number: CS2020-7205 **Victim Initials: S.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-0DEB

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

04/22/2021
1:01:54AM

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

11/24/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
9/29/2020-9/29/2020

Case ID Number: CS2020-72B6 **Victim Initials: M.B.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-C831

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			

Case ID Number: CS2020-75A9 **Victim Initials: J.P.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-4477

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/27/2020-8/27/2020			

Case ID Number: CS2020-75B1 **Victim Initials: K.B.**

Case Payment Totals: **\$468.00**

Claim Payments:

CL2020-70D8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/14/2020	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
4/8/2020-4/8/2020			

CL2020-5C71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2020-2/5/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

Case ID Number: CS2020-766F

Victim Initials: O.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-179F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/1/2020-2/1/2020			

Case ID Number: CS2020-76DD

Victim Initials: J.K.

Case Payment Totals: **\$6,648.49**

Claim Payments:

CL2021-8A4E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$31.20	Medical	Hospital or Clinic
Payee: Virtual Radiologic Professionals			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

CL2021-7F82

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$4,591.20	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

CL2021-8A86

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$256.80	Medical	Hospital or Clinic
Payee: St. Alexius Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

CL2021-BD15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$1,769.29	Medical	Hospital or Clinic
Payee: Metro-Area Ambulance Service			
<u>Date(s) of Service (If Applicable)</u>			
9/18/2020-9/18/2020			

Case ID Number: CS2020-7DBF

Victim Initials: T.L.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

CL2020-6E10

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

1/23/2020-1/23/2020

Case ID Number: CS2020-819F

Victim Initials: R.W.

Case Payment Totals: **\$1,579.36**

Claim Payments:

CL2021-13CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

10/8/2020-10/8/2020

CL2021-4625

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

11/12/2020-11/12/2020

CL2021-6E71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$20.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

10/1/2020-10/1/2020

CL2021-F41D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$40.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

10/29/2020-10/29/2020

10/15/2020-10/15/2020

CL2020-1B1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

5/21/2020-5/21/2020

4/23/2020-4/23/2020

CL2020-26E2

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

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

12/24/2020 **\$40.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

6/4/2020-6/4/2020

5/29/2020-5/29/2020

CL2020-6485

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$40.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

7/23/2020-7/23/2020

7/16/2020-7/16/2020

CL2020-69B7

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$40.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

9/24/2020-9/24/2020

9/17/2020-9/17/2020

CL2020-87B7

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$20.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

8/6/2020-8/6/2020

CL2020-8A1A

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$40.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

7/1/2020-7/1/2020

6/26/2020-6/26/2020

CL2020-C29C

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$60.00** Mental Health

Payee: **Abound Counseling Llc**

Date(s) of Service (If Applicable)

8/20/2020-8/20/2020

8/13/2020-8/13/2020

8/10/2020-8/10/2020

CL2020-D888

Approval Date AmountPaid Claim Category Medical Category (if applicable)

12/24/2020 **\$40.00** Mental Health

Payee: **Abound Counseling Llc**

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

04/22/2021
1:01:54AM

NOTE: Upon payment approval, 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

6/12/2020-6/12/2020

CL2020-DDA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$20.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/7/2020-5/7/2020			

CL2020-E2CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$40.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			
4/30/2020-4/30/2020			

CL2020-E54C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$20.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/16/2020-4/16/2020			

CL2020-F231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/24/2020	\$60.00	Mental Health	
Payee: Abound Counseling Llc			
<u>Date(s) of Service (If Applicable)</u>			
9/10/2020-9/10/2020			
9/3/2020-9/3/2020			
8/27/2020-8/27/2020			

CL2020-D980

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/07/2020	\$90.71	Medical	Hospital or Clinic
Payee: J.W.			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

CL2020-B0C2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/30/2020	\$674.40	Mental Health	
Payee: Abound Counseling Llc			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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)

4/2/2020-4/2/2020
3/26/2020-3/26/2020
3/19/2020-3/19/2020
3/12/2020-3/12/2020
3/5/2020-3/5/2020
2/27/2020-2/27/2020
2/13/2020-2/13/2020
2/6/2020-2/6/2020
1/30/2020-1/30/2020
1/23/2020-1/23/2020
1/9/2020-1/9/2020
12/19/2019-12/19/2019

CL2020-5622

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$141.25	Medical	Hospital or Clinic

Payee: **J.W.**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

CL2020-693F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$113.00	Medical	Hospital or Clinic

Payee: **Altru Health System**

Date(s) of Service (If Applicable)

2/3/2020-2/3/2020

Case ID Number: CS2020-830F

Victim Initials: B.C.

Case Payment Totals: **\$2,414.65**

Claim Payments:

CL2021-4C7B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2021	\$1,567.92	Mental Health	

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

Date(s) of Service (If Applicable)

10/21/2020-10/21/2020
10/15/2020-10/15/2020
7/27/2020-7/27/2020
7/20/2020-7/20/2020
7/13/2020-7/13/2020
7/6/2020-7/6/2020
6/19/2020-6/19/2020
6/12/2020-6/12/2020
6/5/2020-6/5/2020
5/29/2020-5/29/2020
5/22/2020-5/22/2020
5/15/2020-5/15/2020
4/23/2020-4/23/2020
4/16/2020-4/16/2020
2/3/2020-2/3/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

CL2021-1944

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$152.35	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			

CL2021-21B0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$694.38	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/9/2020-10/9/2020			
9/30/2020-9/30/2020			
9/24/2020-9/24/2020			
9/16/2020-9/16/2020			
9/9/2020-9/9/2020			
8/31/2020-8/31/2020			
8/26/2020-8/26/2020			
8/10/2020-8/10/2020			

Case ID Number: **CS2020-83BA**

Victim Initials: **L.F.**

Case Payment Totals: **\$860.00**

Claim Payments:

CL2020-A64E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$168.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/3/2020-11/3/2020			

CL2020-674C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$224.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/26/2020-8/26/2020			
8/4/2020-8/4/2020			

CL2020-18F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/19/2020	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/21/2020-7/21/2020			

CL2020-A53F

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

04/22/2021
1:01:54AM

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

04/22/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
3/11/2020-3/11/2020

Case ID Number: CS2020-8551 **Victim Initials: T.D.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-6561

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/5/2019-12/5/2019			

Case ID Number: CS2020-8914 **Victim Initials: K.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-628A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

Case ID Number: CS2020-8A3A **Victim Initials: H.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-1756

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

Case ID Number: CS2020-8BD8 **Victim Initials: B.W.**

Case Payment Totals: **\$1,706.72**

Claim Payments:

CL2020-83C3

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

04/22/2021
1:01:54AM

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

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

06/22/2020 **\$245.07** Medical Hospital or Clinic
Payee: **Minot Center For Family Medicine**
Date(s) of Service (If Applicable)
1/30/2020-1/30/2020

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)
04/03/2020 **\$71.54** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
10/25/2019-10/25/2019
10/11/2019-10/11/2019

CL2020-AE7D

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$54.46** Medical Hospital or Clinic
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

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/22/2020 **\$812.07** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
10/8/2019-10/9/2019

CL2020-8859

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/22/2020 **\$52.15** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
10/19/2019-10/19/2019

CL2020-8A25

Approval Date AmountPaid Claim Category Medical Category (if applicable)

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

01/22/2020 **\$52.69** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
11/2/2019-11/2/2019

CL2020-9A15

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/22/2020 **\$121.32** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
11/7/2019-11/7/2019

CL2020-D8B4

Approval Date AmountPaid Claim Category Medical Category (if applicable)
01/22/2020 **\$212.15** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
10/12/2019-10/12/2019

Case ID Number: CS2020-8C35

Victim Initials: A.D.

Case Payment Totals: **\$77.60**

Claim Payments:

CL2020-65A3

Approval Date AmountPaid Claim Category Medical Category (if applicable)
12/10/2020 **\$77.60** Mental Health
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/19/2020-10/19/2020

Case ID Number: CS2020-8DB2

Victim Initials: T.C.

Case Payment Totals: **\$2,553.07**

Claim Payments:

CL2020-1DAC

Approval Date AmountPaid Claim Category Medical Category (if applicable)
09/21/2020 **\$769.27** Mental Health
Payee: **Chatter Pediatric Therapy**
Date(s) of Service (If Applicable)
7/29/2020-7/29/2020
7/23/2020-7/23/2020
7/14/2020-7/14/2020
7/13/2020-7/13/2020
7/8/2020-7/8/2020
7/7/2020-7/7/2020
7/1/2020-7/1/2020

CL2020-3A95

Approval Date AmountPaid Claim Category Medical Category (if applicable)

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

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

07/21/2020 **\$542.40** Mental Health
Payee: **Chatter Pediatric Therapy**
Date(s) of Service (If Applicable)
6/24/2020-6/24/2020
6/17/2020-6/17/2020
6/3/2020-6/3/2020
5/27/2020-5/27/2020
5/20/2020-5/20/2020
5/13/2020-5/13/2020

CL2020-8AC5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$1,241.40	Mental Health	
Payee: Chatter Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
5/7/2020-5/7/2020			
4/29/2020-4/29/2020			
4/22/2020-4/22/2020			
4/15/2020-4/15/2020			
4/8/2020-4/8/2020			
4/1/2020-4/1/2020			
3/31/2020-3/31/2020			
3/26/2020-3/26/2020			
3/16/2020-3/16/2020			

Case ID Number: CS2020-909C

Victim Initials: M.O.

Case Payment Totals: **\$169.20**

Claim Payments:

CL2020-681A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$169.20	Mental Health	
Payee: Assessment & Therapy Associates			
<u>Date(s) of Service (If Applicable)</u>			
9/8/2020-9/8/2020			
8/20/2020-8/20/2020			
7/10/2020-7/10/2020			
7/1/2020-7/1/2020			
6/24/2020-6/24/2020			
6/1/2020-6/1/2020			

Case ID Number: CS2020-90A7

Victim Initials: C.R.

Case Payment Totals: **\$2,304.30**

Claim Payments:

CL2020-A447

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$434.30	Funeral	
Payee: S.E.			

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2020-F694

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$525.00	Funeral	
Payee: S.E.			

CL2020-FED4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$1,345.00	Funeral	
Payee: S.E.			

Case ID Number: CS2020-93C3

Victim Initials: J.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-D16B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/14/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
3/12/2020-3/12/2020			

Case ID Number: CS2020-9415

Victim Initials: I.F.

Case Payment Totals: **\$173.32**

Claim Payments:

CL2021-2F88

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$113.22	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2021-1/8/2021			
12/4/2020-12/4/2020			

CL2020-4ABF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$57.60	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/1/2020-9/1/2020			

CL2020-DE24

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

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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11/24/2020 **\$2.50** Mental Health
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/1/2020-10/1/2020

Case ID Number: CS2020-96D2

Victim Initials: A.H.

Case Payment Totals: **\$1,778.67**

Claim Payments:

CL2021-E782

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$383.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/20/2020-11/20/2020			
11/6/2020-11/6/2020			
10/16/2020-10/16/2020			
10/8/2020-10/8/2020			
9/28/2020-9/28/2020			

CL2020-B813

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$583.52	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/15/2020-9/15/2020			
9/11/2020-9/11/2020			
8/31/2020-8/31/2020			
8/28/2020-8/28/2020			
8/27/2020-8/27/2020			
8/20/2020-8/20/2020			
8/13/2020-8/13/2020			
8/6/2020-8/6/2020			

CL2020-7906

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$811.97	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/30/2020-7/30/2020			
7/8/2020-7/8/2020			
6/25/2020-6/25/2020			
6/16/2020-6/16/2020			

Case ID Number: CS2020-9ABF

Victim Initials: T.P.

Case Payment Totals: **\$7,531.99**

Claim Payments:

CL2021-14ED

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

04/22/2021
1:01:54AM

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

03/22/2021 **\$4,500.00** Wage Loss
Payee: **T.L.**

CL2020-0312

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$1,032.83	Medical	Hospital or Clinic
Payee: T.L.			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2020-1/15/2020			
1/3/2020-1/3/2020			
2/14/2020-2/14/2020			
1/23/2020-1/23/2020			

CL2020-2671

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$123.99	Medical	Home Health Services
Payee: T.L.			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2020-1/3/2020			

CL2020-A49B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$983.94	Medical	Hospital or Clinic
Payee: T.L.			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2020-1/3/2020			

CL2020-E739

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/30/2020	\$891.23	Medical	Hospital or Clinic
Payee: T.L.			
<u>Date(s) of Service (If Applicable)</u>			
1/3/2020-1/3/2020			

Case ID Number: CS2020-9B3F

Victim Initials: R.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-BA65

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/22/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/4/2020-3/4/2020			

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

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

Case ID Number: CS2020-9CCB

Victim Initials: J.V.

Case Payment Totals: **\$14,821.15**

Claim Payments:

CL2020-D56B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2020	\$149.60	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
5/14/2020-5/14/2020			

CL2020-D78A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/05/2020	\$6,219.31	Medical	Hospital or Clinic
Payee: Mercy Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
12/24/2019-12/24/2019			

CL2020-C2DE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2020	\$40.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

CL2020-E7D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/22/2020	\$188.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2020-1/28/2020			

CL2020-032F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$219.20	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

CL2020-E0AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/21/2020	\$144.80	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

CL2020-63CC

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

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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

04/15/2020 **\$994.40** Medical Hospital or Clinic
Payee: **Mercy Radiology Services**
Date(s) of Service (If Applicable)
12/24/2019-12/24/2019

CL2020-780D

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/15/2020 **\$1,157.60** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
12/24/2019-12/24/2019

CL2020-06FF

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$149.60** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
2/24/2020-2/24/2020

CL2020-0ECE

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$1,862.40** Medical Hospital or Clinic
Payee: **Trinity Hospital**
Date(s) of Service (If Applicable)
12/24/2019-12/24/2019

CL2020-4335

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$2,271.00** Medical Hospital or Clinic
Payee: **City Of Williston**
Date(s) of Service (If Applicable)
12/24/2019-12/24/2019

CL2020-72F1

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$308.80** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
1/31/2020-1/31/2020

CL2020-9D7B

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$876.44** Medical Hospital or Clinic
Payee: **City Of Williston**
Date(s) of Service (If Applicable)
12/24/2019-12/24/2019

CL2020-A198

Approval Date AmountPaid Claim Category Medical Category (if applicable)
04/03/2020 **\$238.40** Medical Hospital or Clinic
Payee: **Trinity Medical Group**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Date(s) of Service (If Applicable)

12/27/2019-12/27/2019

Case ID Number: CS2020-9D9F

Victim Initials: E.H.

Case Payment Totals: **\$1,777.87**

Claim Payments:

CL2021-CF0D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2021	\$289.94	Mental Health	

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

Date(s) of Service (If Applicable)

3/1/2021-3/1/2021

2/17/2021-2/17/2021

2/12/2021-2/12/2021

CL2021-456C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/16/2021	\$193.30	Mental Health	

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

Date(s) of Service (If Applicable)

2/3/2021-2/3/2021

1/27/2021-1/27/2021

CL2021-4CF9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$357.72	Mental Health	

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

Date(s) of Service (If Applicable)

1/13/2021-1/13/2021

12/21/2020-12/21/2020

12/9/2020-12/9/2020

12/2/2020-12/2/2020

CL2021-3A1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$188.06	Mental Health	

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

Date(s) of Service (If Applicable)

11/24/2020-11/24/2020

7/30/2020-7/30/2020

CL2020-4385

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2020	\$652.20	Mental Health	

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

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)

9/21/2020-9/21/2020

9/15/2020-9/15/2020

9/9/2020-9/9/2020

8/31/2020-8/31/2020

8/21/2020-8/21/2020

6/25/2020-6/25/2020

CL2020-0ACC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$96.65	Mental Health	

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

Date(s) of Service (If Applicable)

8/13/2020-8/13/2020

Case ID Number: CS2020-9FFE

Victim Initials: A.J.

Case Payment Totals: **\$1,357.19**

Claim Payments:

CL2021-B159

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$91.42	Mental Health	

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

Date(s) of Service (If Applicable)

12/2/2020-12/2/2020

CL2021-4C0F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$420.97	Mental Health	

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

Date(s) of Service (If Applicable)

7/30/2020-7/30/2020

7/14/2020-7/14/2020

7/7/2020-7/7/2020

6/30/2020-6/30/2020

CL2020-AE4A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/31/2020	\$844.80	Mental Health	

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

Date(s) of Service (If Applicable)

6/23/2020-6/23/2020

6/9/2020-6/9/2020

6/2/2020-6/2/2020

5/27/2020-5/27/2020

4/13/2020-4/13/2020

3/30/2020-3/30/2020

2/21/2020-2/21/2020

2/5/2020-2/5/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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

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

Case ID Number: CS2020-A0D0

Victim Initials: S.S.

Case Payment Totals: **\$4,868.80**

Claim Payments:

CL2021-B0A1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$4,868.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
8/22/2020-8/22/2020			

Case ID Number: CS2020-A214

Victim Initials: M.G.

Case Payment Totals: **\$4,290.73**

Claim Payments:

CL2020-1719

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$140.51	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/13/2020			

CL2020-9C77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$453.02	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/13/2020			

CL2020-D44E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$2,656.53	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/21/2020			

CL2020-E510

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$264.11	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/20/2020			

CL2020-F530

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/28/2020	\$90.60	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/18/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

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

CL2020-035B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$167.82	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/14/2020-1/17/2020			

CL2020-15CA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$2.78	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2020-1/13/2020			

CL2020-44DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$20.18	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/19/2020-1/19/2020			

CL2020-5590

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$109.90	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/23/2020-1/23/2020			

CL2020-837D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$21.98	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

CL2020-B75D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$20.18	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/18/2020-1/18/2020			

CL2020-D2F4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$21.98	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2020-2/12/2020			

CL2020-EBBE

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

04/22/2021
1:01:54AM

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

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

04/27/2020 **\$20.28** Medical Hospital or Clinic
Payee: **Trinity Medical Group**
Date(s) of Service (If Applicable)
1/21/2020-1/21/2020

CL2020-F7EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/27/2020	\$12.86	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
1/20/2020-1/20/2020			

CL2020-0E83

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2020-2/4/2020			

Case ID Number: CS2020-A34C

Victim Initials: T.H.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-9C1D

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

Case ID Number: CS2020-A383

Victim Initials: C.A.

Case Payment Totals: **\$3,099.20**

Claim Payments:

CL2020-22B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$84.80	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/19/2020-2/19/2020			

CL2020-A06E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$3,014.40	Medical	Hospital or Clinic
Payee: Mid Dakota Clinic			
<u>Date(s) of Service (If Applicable)</u>			
2/20/2020-2/20/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Case ID Number: CS2020-A513

Victim Initials: J.C.

Case Payment Totals: **\$2,280.00**

Claim Payments:

CL2021-782F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$2,280.00	Mental Health	

Payee: **Laura Howery Siercks**

Date(s) of Service (If Applicable)

12/23/2020-12/23/2020

12/10/2020-12/10/2020

11/24/2020-11/24/2020

11/17/2020-11/17/2020

9/28/2020-9/28/2020

9/22/2020-9/22/2020

9/11/2020-9/11/2020

8/12/2020-8/12/2020

7/21/2020-7/21/2020

7/7/2020-7/7/2020

6/30/2020-6/30/2020

3/10/2020-3/10/2020

2/18/2020-2/18/2020

2/11/2020-2/11/2020

1/29/2020-1/29/2020

Case ID Number: CS2020-A611

Victim Initials: M.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-375A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$288.00	Medical	Hospital or Clinic

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

Date(s) of Service (If Applicable)

2/10/2020-2/10/2020

Case ID Number: CS2020-A75E

Victim Initials: A.J.

Case Payment Totals: **\$57.60**

Claim Payments:

CL2020-036B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$57.60	Mental Health	

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

Date(s) of Service (If Applicable)

8/5/2020-8/5/2020

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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

Case ID Number: CS2020-ABB5

Victim Initials: P.M.

Case Payment Totals: **\$57.60**

Claim Payments:

CL2020-EDE6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/05/2020	\$57.60	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
12/11/2019-12/11/2019			

Case ID Number: CS2020-AF1D

Victim Initials: R.M.

Case Payment Totals: **\$15.20**

Claim Payments:

CL2021-84CC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$15.20	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/16/2020-6/16/2020			

Case ID Number: CS2020-B07A

Victim Initials: L.L.

Case Payment Totals: **\$5,350.24**

Claim Payments:

CL2020-4E0A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$36.01	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2019-12/17/2019			

CL2020-5242

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$89.04	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2020-6/22/2020			

CL2020-67D1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$500.00	Medical	Hospital or Clinic
Payee: L.L.			
<u>Date(s) of Service (If Applicable)</u>			
12/17/2019-12/17/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

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CL2020-6BE0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$2,019.01	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2019-12/20/2019			

CL2020-799D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$420.22	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2019-12/20/2019			

CL2020-9E07

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$156.14	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2019-12/19/2019			

CL2020-B1A4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$40.00	Medical	Hospital or Clinic
Payee: L.L.			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2020-6/22/2020			

CL2020-B285

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$140.00	Medical	Hospital or Clinic
Payee: L.L.			
<u>Date(s) of Service (If Applicable)</u>			
12/19/2019-12/19/2019			

CL2020-C5F2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$40.00	Medical	Hospital or Clinic
Payee: L.L.			
<u>Date(s) of Service (If Applicable)</u>			
12/31/2019-12/31/2019			

CL2020-E44B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/10/2020	\$221.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
12/20/2019-12/20/2019			

CL2020-FBCC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
1:01:54AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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11/10/2020 **\$30.52** Medical Hospital or Clinic
Payee: **Sanford Health**
Date(s) of Service (If Applicable)
12/31/2019-12/31/2019

CL2020-4A1F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$637.50	Medical	Dental
Payee: L.L.			
<u>Date(s) of Service (If Applicable)</u> 3/5/2020-3/5/2020			

CL2020-FA2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/08/2020	\$720.00	Medical	Dental
Payee: Dickinson Dental Center			
<u>Date(s) of Service (If Applicable)</u> 3/5/2020-3/5/2020			

CL2020-4FEF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/24/2020	\$300.00	Wage Loss	
Payee: L.L.			

Case ID Number: CS2020-B0A3

Victim Initials: E.B.

Case Payment Totals: **\$164.37**

Claim Payments:

CL2020-0667

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$28.85	Mental Health	
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u> 8/4/2020-8/4/2020			

CL2020-1DA8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$93.28	Mental Health	
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u> 5/12/2020-5/12/2020 5/5/2020-5/5/2020 4/28/2020-4/28/2020 4/23/2020-4/23/2020 4/14/2020-4/14/2020 4/9/2020-4/9/2020 3/31/2020-3/31/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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CL2020-7F8B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/30/2020	\$42.24	Mental Health	
Payee: L.B.			
<u>Date(s) of Service (If Applicable)</u>			
3/5/2020-3/5/2020			

Case ID Number: CS2020-B3F0

Victim Initials: T.W.

Case Payment Totals: \$73.60

Claim Payments:

CL2021-951C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$73.60	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2020-10/12/2020			

Case ID Number: CS2020-B43F

Victim Initials: J.A.

Case Payment Totals: \$195.20

Claim Payments:

CL2020-A3CF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2020	\$195.20	Medical	Dental
Payee: Spectra Health			
<u>Date(s) of Service (If Applicable)</u>			
2/27/2020-2/27/2020			

Case ID Number: CS2020-B550

Victim Initials: E.W.

Case Payment Totals: \$288.00

Claim Payments:

CL2020-C446

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/11/2020	\$288.00	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
5/4/2020-5/4/2020			

Case ID Number: CS2020-B771

Victim Initials: J.S.

Case Payment Totals: \$288.00

Claim Payments:

CL2021-6037

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
1:01:54AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

01/29/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
5/14/2020-5/14/2020

Case ID Number: CS2020-B9F4

Victim Initials: A.A.

Case Payment Totals: **\$355.00**

Claim Payments:

CL2021-4947

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$355.00	Mental Health	
Payee: L.A.			
<u>Date(s) of Service (If Applicable)</u>			
3/18/2020-3/18/2020			
3/5/2020-3/5/2020			
2/17/2020-2/17/2020			
2/6/2020-2/6/2020			
1/30/2020-1/30/2020			
1/23/2020-1/23/2020			
1/15/2020-1/15/2020			
12/31/2019-12/31/2019			
11/12/2019-11/12/2019			

Case ID Number: CS2020-BB0F

Victim Initials: M.N.

Case Payment Totals: **\$544.00**

Claim Payments:

CL2021-ACE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2021	\$172.00	Mental Health	
Payee: Soul Survivor			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

CL2021-877B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/19/2021	\$372.00	Mental Health	
Payee: K.N.			
<u>Date(s) of Service (If Applicable)</u>			
11/12/2020-11/12/2020			
10/26/2020-10/26/2020			

Case ID Number: CS2020-BC9E

Victim Initials: R.W.

Case Payment Totals: **\$900.00**

Claim Payments:

North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
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CL2021-23CB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/22/2021	\$900.00	Wage Loss	
Payee: R.W.			

Case ID Number: CS2020-BCC3

Victim Initials: A.Y.

Case Payment Totals: **\$820.43**

Claim Payments:

CL2021-4573

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$168.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
6/22/2020-6/22/2020			

CL2021-77E4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/15/2021	\$127.52	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2021-1/21/2021			
6/23/2020-6/23/2020			

CL2021-F35B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/22/2021	\$277.95	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			
12/15/2020-12/15/2020			
12/11/2020-12/11/2020			
11/19/2020-11/19/2020			

CL2021-B6AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/29/2021	\$79.49	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
11/11/2020-11/11/2020			

CL2020-7AE0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$166.51	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/8/2020-10/8/2020			
9/24/2020-9/24/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-BFAE

Victim Initials: R.C.

Case Payment Totals: **\$784.74**

Claim Payments:

CL2021-D5F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$275.12	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/8/2021-3/8/2021			
3/1/2021-3/1/2021			
2/17/2021-2/17/2021			
2/12/2021-2/12/2021			

CL2021-20C3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$108.93	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2021-2/3/2021			
1/27/2021-1/27/2021			

CL2021-C8C0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/24/2021	\$400.69	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/20/2021-1/20/2021			
1/12/2021-1/12/2021			
1/5/2021-1/5/2021			
12/21/2020-12/21/2020			
12/18/2020-12/18/2020			
11/12/2020-11/12/2020			

Case ID Number: CS2020-C1F2

Victim Initials: S.Q.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-70DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/5/2020-8/5/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-C1F4

Victim Initials: C.E.

Case Payment Totals: **\$4,282.50**

Claim Payments:

CL2020-6D1E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/16/2020	\$4,282.50	Funeral	
Payee: D.E.			

Case ID Number: CS2020-C248

Victim Initials: O.J.

Case Payment Totals: **\$454.02**

Claim Payments:

CL2020-CC8E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
07/13/2020	\$120.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
6/15/2020-6/15/2020			
6/9/2020-6/9/2020			
6/2/2020-6/2/2020			
5/20/2020-5/20/2020			
5/12/2020-5/12/2020			

CL2020-9C9C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$70.02	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
4/15/2020-4/15/2020			
3/24/2020-3/24/2020			

CL2020-8B01

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2020	\$96.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/17/2020-3/17/2020			
3/10/2020-3/10/2020			
2/18/2020-2/18/2020			
2/11/2020-2/11/2020			

CL2020-5E9F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/25/2020	\$96.00	Mental Health	
Payee: The Kids Therapy Center, Llc			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Date(s) of Service (If Applicable)

1/28/2020-1/28/2020

1/21/2020-1/21/2020

1/14/2020-1/14/2020

1/7/2020-1/7/2020

CL2020-A355

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/27/2020	\$72.00	Mental Health	

Payee: **The Kids Therapy Center, LLC**

Date(s) of Service (If Applicable)

12/30/2019-12/30/2019

12/23/2019-12/23/2019

12/20/2019-12/20/2019

Case ID Number: CS2020-C769

Victim Initials: S.J.

Case Payment Totals: **\$768.00**

Claim Payments:

CL2021-B799

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/10/2021	\$280.00	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

1/25/2021-1/25/2021

1/18/2021-1/18/2021

1/4/2021-1/4/2021

12/16/2020-12/16/2020

12/10/2020-12/10/2020

11/30/2020-11/30/2020

11/10/2020-11/10/2020

CL2020-1ED2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/14/2020	\$80.00	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

10/22/2020-10/22/2020

10/8/2020-10/8/2020

CL2020-BBF3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/09/2020	\$80.00	Mental Health	

Payee: **Soul Survivor**

Date(s) of Service (If Applicable)

9/23/2020-9/23/2020

9/10/2020-9/10/2020

CL2020-6BD1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

09/30/2020 **\$328.00** Mental Health
Payee: **Soul Survivor**
Date(s) of Service (If Applicable)
9/3/2020-9/3/2020
8/20/2020-8/20/2020
8/6/2020-8/6/2020
7/29/2020-7/29/2020
7/22/2020-7/22/2020
6/29/2020-6/29/2020
6/11/2020-6/11/2020
6/1/2020-6/1/2020
3/19/2020-3/19/2020
3/3/2020-3/3/2020
2/13/2020-2/13/2020

Case ID Number: CS2020-CB07 **Victim Initials: Y.R.**

Case Payment Totals: **\$548.48**

Claim Payments:

CL2021-6168

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2021-2/18/2021			

CL2021-D363

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$365.64	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2021-2/11/2021			
2/4/2021-2/4/2021			
1/28/2021-1/28/2021			
1/21/2021-1/21/2021			

CL2021-E2FA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/19/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2020-10/1/2020			

Case ID Number: CS2020-CB7F **Victim Initials: K.B.**

Case Payment Totals: **\$298.31**

Claim Payments:

CL2020-D6F5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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04/14/2020 **\$10.31** Mental Health

Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

2/5/2020-2/5/2020

1/29/2020-1/29/2020

CL2020-6635

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/05/2020	\$288.00	Medical	Hospital or Clinic
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Payee: **Northern Plains Children'S Advocacy**

Date(s) of Service (If Applicable)

12/31/2019-12/31/2019

Case ID Number: CS2020-CBF6

Victim Initials: T.K.

Case Payment Totals: **\$1,667.93**

Claim Payments:

CL2021-226B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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04/20/2021	\$288.00	Medical	Hospital or Clinic
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

5/27/2020-5/27/2020

CL2021-D0C1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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03/23/2021	\$69.25	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

11/24/2020-11/24/2020

11/17/2020-11/17/2020

CL2021-BD7C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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02/08/2021	\$383.22	Mental Health	
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Payee: **Dakota Children'S Advocacy Center**

Date(s) of Service (If Applicable)

8/19/2020-8/19/2020

8/12/2020-8/12/2020

CL2020-30DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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09/10/2020	\$927.46	Mental Health	
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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

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-CC41

Victim Initials: S.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-D72B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/14/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
7/28/2020-7/28/2020			

Case ID Number: CS2020-CD8A

Victim Initials: R.P.

Case Payment Totals: **\$250.61**

Claim Payments:

CL2020-544A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$31.74	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2020-3/11/2020			

CL2020-F72D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/05/2020	\$93.57	Medical	Hospital or Clinic
Payee: Trinity Medical Group			
<u>Date(s) of Service (If Applicable)</u>			
3/10/2020-3/10/2020			

CL2020-38D7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2020	\$125.30	Medical	Hospital or Clinic
Payee: Trinity Hospital			
<u>Date(s) of Service (If Applicable)</u>			
3/11/2020-3/11/2020			
3/10/2020-3/10/2020			

Case ID Number: CS2020-CFD6

Victim Initials: J.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-C53A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/17/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/19/2020-8/19/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-D029

Victim Initials: T.K.

Case Payment Totals: **\$1,756.62**

Claim Payments:

CL2021-C1E2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$552.18	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
8/28/2020-8/28/2020			
8/19/2020-8/19/2020			
3/5/2020-3/5/2020			

CL2021-3DB3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$916.44	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
4/23/2020-4/23/2020			
4/16/2020-4/16/2020			
4/9/2020-4/9/2020			
4/2/2020-4/2/2020			
3/26/2020-3/26/2020			

CL2020-623B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/05/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2020-2/10/2020			

Case ID Number: CS2020-D1CF

Victim Initials: A.T.

Case Payment Totals: **\$381.27**

Claim Payments:

CL2021-E327

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$60.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
3/4/2021-3/4/2021			
2/26/2021-2/26/2021			
2/18/2021-2/18/2021			

CL2021-4966

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/31/2021	\$20.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/4/2021-2/4/2021			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2021-F6F7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2021	\$41.22	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/21/2021-1/21/2021			
1/7/2021-1/7/2021			

CL2021-634D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
01/04/2021	\$2.45	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
12/10/2020-12/10/2020			
11/12/2020-11/12/2020			

CL2020-A630

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$40.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/29/2020-10/29/2020			
10/15/2020-10/15/2020			

CL2020-4E27

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
11/24/2020	\$20.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
10/1/2020-10/1/2020			

CL2020-A391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$97.60	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
8/17/2020-8/17/2020			

CL2020-B263

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/13/2020	\$100.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
9/17/2020-9/17/2020			
9/9/2020-9/9/2020			
9/3/2020-9/3/2020			
8/26/2020-8/26/2020			
8/20/2020-8/20/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-D2EE

Victim Initials: T.C.

Case Payment Totals: **\$824.00**

Claim Payments:

CL2020-C0DD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
05/20/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2020-1/7/2020			

CL2020-DF3C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/06/2020	\$148.00	Mental Health	
Payee: Red Door Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
2/18/2020-2/18/2020			

CL2020-D6E7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/21/2020	\$388.00	Mental Health	
Payee: Red Door Pediatric Therapy			
<u>Date(s) of Service (If Applicable)</u>			
2/11/2020-2/11/2020			
2/6/2020-2/6/2020			

Case ID Number: CS2020-D35A

Victim Initials: M.W.

Case Payment Totals: **\$103.68**

Claim Payments:

CL2021-C75D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$103.68	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/5/2020-10/5/2020			

Case ID Number: CS2020-D561

Victim Initials: S.G.

Case Payment Totals: **\$132.80**

Claim Payments:

CL2020-AAA6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/29/2020	\$132.80	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
3/9/2020-3/9/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2020-D5FA

Victim Initials: N.U.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-D19F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
09/10/2020	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/8/2020-7/8/2020			

Case ID Number: CS2020-D601

Victim Initials: H.Z.

Case Payment Totals: **\$240.00**

Claim Payments:

CL2020-B4DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$240.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/7/2020-10/7/2020			

Case ID Number: CS2020-D6FF

Victim Initials: J.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-908A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
9/2/2020-9/2/2020			

Case ID Number: CS2020-DAC5

Victim Initials: E.B.

Case Payment Totals: **\$1,380.90**

Claim Payments:

CL2020-7043

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$412.35	Medical	Hospital or Clinic
Payee: The Bone & Joint Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/16/2019			
10/15/2019-10/15/2019			
10/31/2019-10/31/2019			
8/27/2019-8/27/2019			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, 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-A514

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$968.55	Medical	Hospital or Clinic
Payee: St. Alexius Medical Center			
<u>Date(s) of Service (If Applicable)</u>			
10/16/2019-10/17/2019			

Case ID Number: CS2020-E0EB

Victim Initials: I.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-31B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/10/2020	\$288.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/8/2020-1/8/2020			

Case ID Number: CS2020-E373

Victim Initials: K.E.

Case Payment Totals: **\$240.00**

Claim Payments:

CL2020-550C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/04/2020	\$240.00	Wage Loss	
Payee: K.E.			

Case ID Number: CS2020-E405

Victim Initials: V.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-17EC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/08/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
7/22/2020-7/22/2020			

Case ID Number: CS2020-E4E4

Victim Initials: H.B.

Case Payment Totals: **\$25,000.00**

Claim Payments:

CL2021-6F8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
1:01:54AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.
Document can be searched by clicking **CTRL+F**, then entering text to search.

02/08/2021 **\$25,000.00** Medical Hospital or Clinic
Payee: **Altru Health System**
Date(s) of Service (If Applicable)
11/26/2019-12/12/2019

Case ID Number: CS2020-E882 **Victim Initials: J.Z.**

Case Payment Totals: **\$240.00**

Claim Payments:

CL2020-264E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
10/26/2020	\$240.00	Mental Health	
Payee: Winds Of Change Counseling Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
10/12/2020-10/12/2020			

Case ID Number: CS2020-E916 **Victim Initials: J.G.**

Case Payment Totals: **\$110.61**

Claim Payments:

CL2020-A27B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
08/05/2020	\$19.01	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

CL2020-1C3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
06/22/2020	\$91.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
2/3/2020-2/3/2020			

Case ID Number: CS2020-EC3B **Victim Initials: D.G.**

Case Payment Totals: **\$468.00**

Claim Payments:

CL2021-AA3B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			

CL2020-2D79

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

12/10/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
10/22/2020-10/22/2020

Case ID Number: CS2020-F049

Victim Initials: R.H.

Case Payment Totals: **\$914.17**

Claim Payments:

CL2021-11FD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/22/2021-2/22/2021			

CL2021-CDAB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$274.25	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			
2/3/2021-2/3/2021			
1/27/2021-1/27/2021			

CL2021-73ED

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/23/2021	\$91.42	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			

CL2021-CCE8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/04/2021	\$457.08	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
10/19/2020-10/19/2020			
9/24/2020-9/24/2020			
9/1/2020-9/1/2020			
8/27/2020-8/27/2020			
8/10/2020-8/10/2020			

Case ID Number: CS2020-F35C

Victim Initials: M.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2020-87A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

1:01:54AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

03/06/2020 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy Center**
Date(s) of Service (If Applicable)
2/13/2020-2/13/2020

Case ID Number: CS2020-F857

Victim Initials: A.F.

Case Payment Totals: **\$520.20**

Claim Payments:

CL2020-9423

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
12/21/2020	\$520.20	Mental Health	
Payee: A.F.			
<u>Date(s) of Service (If Applicable)</u>			
4/7/2020-4/7/2020			
3/31/2020-3/31/2020			
3/23/2020-3/23/2020			
3/18/2020-3/18/2020			

Case ID Number: CS2020-FF04

Victim Initials: N.H.

Case Payment Totals: **\$4,800.00**

Claim Payments:

CL2021-4D9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$2,210.04	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/10/2021-2/10/2021			
1/27/2021-1/27/2021			
1/6/2021-1/6/2021			
5/27/2020-5/27/2020			
5/13/2020-5/13/2020			
4/29/2020-4/29/2020			
4/15/2020-4/15/2020			
4/8/2020-4/8/2020			
3/25/2020-3/25/2020			
3/18/2020-3/18/2020			
3/4/2020-3/4/2020			
2/26/2020-2/26/2020			
2/19/2020-2/19/2020			
2/12/2020-2/12/2020			
2/5/2020-2/5/2020			
1/22/2020-1/22/2020			

CL2021-8E2D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$2,589.96	Mental Health	
Payee: Dakota Children'S Advocacy Center			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Date(s) of Service (If Applicable)

12/7/2020-12/7/2020
12/2/2020-12/2/2020
11/4/2020-11/4/2020
10/13/2020-10/13/2020
10/7/2020-10/7/2020
9/30/2020-9/30/2020
9/23/2020-9/23/2020
9/14/2020-9/14/2020
9/9/2020-9/9/2020
9/2/2020-9/2/2020
8/26/2020-8/26/2020
8/19/2020-8/19/2020
8/12/2020-8/12/2020
8/5/2020-8/5/2020
7/29/2020-7/29/2020

Case ID Number: CS2021-167A

Victim Initials: P.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-8F00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2021-2/26/2021			

Case ID Number: CS2021-25CC

Victim Initials: J.S.

Case Payment Totals: **\$5,000.00**

Claim Payments:

CL2021-465B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$5,000.00	Funeral	
Payee: M.R.			

Case ID Number: CS2021-31CF

Victim Initials: E.H.

Case Payment Totals: **\$7,314.66**

Claim Payments:

CL2021-2CC0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$570.74	Medical	Hospital or Clinic
Payee: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2021-3790

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$1,121.98	Medical	Hospital or Clinic
Payee: E.H.			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

CL2021-F8FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/02/2021	\$5,621.94	Medical	Hospital or Clinic
Payee: Chi St. Alexius Health Willston			
<u>Date(s) of Service (If Applicable)</u>			
11/19/2020-11/19/2020			

Case ID Number: **CS2021-351E**

Victim Initials: **S.S.**

Case Payment Totals: **\$338.20**

Claim Payments:

CL2021-8F3D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$122.00	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/23/2021-2/23/2021			
2/9/2021-2/9/2021			

CL2021-A5B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$216.20	Mental Health	
Payee: The Kids Therapy Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/26/2021-1/26/2021			
1/19/2021-1/19/2021			
1/4/2021-1/4/2021			

Case ID Number: **CS2021-3608**

Victim Initials: **L.F.**

Case Payment Totals: **\$468.00**

Claim Payments:

CL2021-FE06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/5/2021-2/5/2021			

CL2021-4634

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
1:01:54AM

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02/12/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Northern Plains Children'S Advocacy**
Date(s) of Service (If Applicable)
1/11/2021-1/11/2021

Case ID Number: CS2021-374A **Victim Initials: M.C.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-9531

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/6/2021-1/6/2021			

Case ID Number: CS2021-3CBD **Victim Initials: D.H.**

Case Payment Totals: **\$180.00**

Claim Payments:

CL2021-6893

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$180.00	Mental Health	
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/28/2021-1/28/2021			

Case ID Number: CS2021-43D7 **Victim Initials: A.W.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-79EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/16/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			

Case ID Number: CS2021-53E7 **Victim Initials: T.P.**

Case Payment Totals: **\$634.20**

Claim Payments:

CL2021-F13C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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04/20/2021 **\$288.00** Medical Hospital or Clinic
Payee: **Dakota Children'S Advocacy Center**
Date(s) of Service (If Applicable)
11/5/2020-11/5/2020

CL2021-3854

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$346.20	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
2/12/2021-2/12/2021			
2/1/2021-2/1/2021			
1/25/2021-1/25/2021			

Case ID Number: CS2021-62AC

Victim Initials: M.G.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-7982

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/5/2021-1/5/2021			

Case ID Number: CS2021-A451

Victim Initials: A.M.

Case Payment Totals: **\$4,636.54**

Claim Payments:

CL2021-54D0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$50.00	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-5EF6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$29.25	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-6D7E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$40.00	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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CL2021-768B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$70.75	Medical	Hospital or Clinic
Payee: A.M.			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-86C5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$148.60	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-BC92

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$291.66	Medical	Hospital or Clinic
Payee: Fm Ambulance			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-C0B4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$2,014.84	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

CL2021-CF3E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/23/2021	\$1,991.44	Medical	Hospital or Clinic
Payee: Sanford Health			
<u>Date(s) of Service (If Applicable)</u>			
5/23/2020-5/23/2020			

Case ID Number: **CS2021-B58D**

Victim Initials: **J.B.**

Case Payment Totals: **\$690.66**

Claim Payments:

CL2021-9D45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/20/2021	\$690.66	Mental Health	
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/13/2021-1/13/2021			
1/6/2021-1/6/2021			
12/22/2020-12/22/2020			
12/7/2020-12/7/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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Case ID Number: CS2021-BA45

Victim Initials: A.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-15BE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/09/2021	\$288.00	Medical	Hospital or Clinic
Payee: Dakota Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/7/2021-1/7/2021			

Case ID Number: CS2021-BC7B

Victim Initials: M.C.

Case Payment Totals: **\$5,000.00**

Claim Payments:

CL2021-90CD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$5,000.00	Funeral	
Payee: Korsmo Funeral Service			

Case ID Number: CS2021-CFE2

Victim Initials: M.B.

Case Payment Totals: **\$241.83**

Claim Payments:

CL2021-BEDC

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/18/2021	\$241.83	Medical	Hospital or Clinic
Payee: M.B.			
<u>Date(s) of Service (If Applicable)</u>			
9/3/2020-9/3/2020			

Case ID Number: CS2021-DE7D

Victim Initials: Z.R.

Case Payment Totals: **\$536.22**

Claim Payments:

CL2021-A7D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/15/2021	\$536.22	Mental Health	
Payee: Therapy Solutions			
<u>Date(s) of Service (If Applicable)</u>			
2/8/2021-2/8/2021			
8/3/2020-8/3/2020			
7/21/2020-7/21/2020			

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2021-DF06

Victim Initials: I.M.

Case Payment Totals: **\$260.00**

Claim Payments:

CL2021-7EFD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/07/2021	\$140.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
3/19/2021-3/19/2021			
3/12/2021-3/12/2021			
3/5/2021-3/5/2021			

CL2021-6869

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/29/2021	\$60.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
2/26/2021-2/26/2021			
2/12/2021-2/12/2021			
2/5/2021-2/5/2021			

CL2021-B091

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/22/2021-1/22/2021			

CL2021-DE78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/29/2021-1/29/2021			

CL2021-ECDD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
03/01/2021	\$20.00	Mental Health	
Payee: Sunrise Wellness Center, Llc			
<u>Date(s) of Service (If Applicable)</u>			
1/15/2021-1/15/2021			

Case ID Number: CS2021-E58C

Victim Initials: J.L.

Case Payment Totals: **\$124.80**

Claim Payments:

CL2021-0F78

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation
Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021
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Document can be searched by clicking **CTRL+F**, then entering text to search.

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-E661 **Victim Initials: P.H.**

Case Payment Totals: **\$288.00**

Claim Payments:

CL2021-A57E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/12/2021	\$288.00	Medical	Hospital or Clinic
Payee: Northern Plains Children'S Advocacy Center			
<u>Date(s) of Service (If Applicable)</u>			
1/6/2021-1/6/2021			

Case ID Number: CS2021-EC2E **Victim Initials: M.W.**

Case Payment Totals: **\$2,400.00**

Claim Payments:

CL2021-662A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
04/06/2021	\$2,400.00	Wage Loss	
Payee: A.P.			

Case ID Number: CS2021-F3E0 **Victim Initials: D.L.**

Case Payment Totals: **\$4,513.76**

Claim Payments:

CL2021-F27D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
02/18/2021	\$4,513.76	Funeral	
Payee: Weigel Funeral & Cremation Service			

Case ID Number: CS2021-FB13 **Victim Initials: P.C.**

Case Payment Totals: **\$5,000.00**

Claim Payments:

CL2021-393A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/22/2021

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03/02/2021	\$5,000.00	Funeral
Payee: F.B.		
