

CVC APPLICATION TIPS

SECTION 1 - VICTIM INFORMATION

All fields required:

Name
DOB
Gender
Address
City
State
Zip/Postal Code
Telephone Number
Email Address
Race – Required for Federal Reporting

SECTION 2 - CLAIMANT INFORMATION

Complete this section if the victim is a minor, incapacitated, or deceased. The Claimant is a person, other than the victim, who has eligible out of pocket expenses as a direct result of the crime or is an immediate family member.

If the victim is a minor, the claimant should be the parent, guardian, or custodian.

If the guardian or custodian is a social service agency, then the name of the agency should be entered like the example below.

<u>First name</u>	<u>Last name</u>
Williams County	Social Services
Cass County	Child Protective Services

SECTION 3 - INCIDENT INFORMATION

Date of Crime – If the crime occurred over a period of time, enter the most recent date.

Date Crime was Reported – This is the date the crime was reported to law enforcement.

Agency Crime was Reported to – This is the name of the agency the crime reported to.

Location of Crime – Description of where the incident occurred.

Address – address of where the incident occurred, enter “unknown” if address is not known.

City – City where the incident occurred.

State – State where the incident occurred.

Zip/Postal Code – Zip or Postal Code where the incident occurred.

Type of Crime – Select the type of crime from the drop-down box that best fits.

Offender names - Check box if offender is unknown. If part of the offender’s name is known, enter name that is known and enter “unknown” for missing information.

CVC APPLICATION TIPS

SECTION 3 - INCIDENT INFORMATION CONTINUED

Brief Summary of Crime – Does not need to be detailed. A summary of the incident is sufficient.

Brief Description of Injuries – Describe the injuries. Injuries can include psychological or mental health injuries.

Crime Not Reported to LE within 96 hours – There may be a justifiable reason for the late report. Please explain.

SECTION 4 - REQUESTED COMPENSATION BENEFITS

Each of the benefit categories listed below have specific eligibility requirements that must be met before benefits will be paid.

Wage Loss for the Victim – If the victim was not able to work due to the injuries received, they may be eligible for work loss benefits.

Medical/Dental benefits for the Victim – If the victim has medical or dental expenses from the incident, they may be eligible for medical/dental benefits.

Mental Health Services/Counseling – If the victim has emotional injuries from the incident, they may be eligible for mental health benefits.

Replacement Services – If the victim is no longer able to perform a service because of the incident, they may be eligible for replacement services benefits.

Funeral Benefits – If the victim died as a result of the incident, the victim's family may be eligible for funeral benefits.

Loss of Support – If the victim was providing financial support prior to the incident, the victim's dependent's may be eligible for loss of support benefits.

Travel – If there are travel expenses related to the incident, the victim or victim's family may be eligible for travel benefits.

Dependent Care – If the victim was the primary caregiver, the family may be eligible for dependent care benefits.

SECTION 5 - SUPPORTING DOCUMENTS

If "other" type of document is selected, enter a brief description of document in box to the right of document type.

SECTION 6 - AUTHORIZATION - DECLARATION

Digital signature and code entry from the image are required before submitting.