

CLAIM INVESTIGATOR REVIEW

VICTIMS OF SEXUAL ASSAULT

(TO BE FILLED OUT BY CLAIM INVESTIGATOR)

[Confidential under L.R.S. 46:1806(C)(2)]

CVR # _____

VICTIM _____

CLAIMANT _____

CLAIM INVESTIGATOR'S NAME AND ADDRESS:

INSTRUCTIONS:

1. Complete this review upon receipt of a CVR application.
2. Send application, this review (and applicable attachments), and the police report to the CVR Board office.

OFFENDER INFORMATION:

Was an arrest made in this case? _____ If no, please check why: _____
If yes, please fill in details below.

_____ Unknown Offender
_____ Offender unable to be located
_____ No charges filed
_____ Offender deceased
_____ Other (Please explain) _____

Offender #1

Offender #2

Offender #3

Offender name _____

Charges _____

Status of case _____

Judge/docket # _____

Sentence _____

Comments or concerns by law enforcement officials involved in the case.

CLAIM INVESTIGATOR'S RECOMMENDATION: (If you check anything other than "Approve," PLEASE explain why.)

[] Approve [] Approve, with reservations, because: [] Deny, because: [] Undecided, because:

November 19, 2014

Claim Investigator's Signature: _____

Date: _____