

CRIME SCENE EVIDENCE

The following must be included in order to file a claim for Crime Scene Evidence Reimbursement:

- 1. Completed Claim Form for Crime Scene Evidence Expenses**
- 2. Police report stating that the damaged item(s) for which the claimant is requesting reimbursement was removed by law enforcement for investigative reasons or crime scene processing.**
- 3. Receipts for the purchase of the original item(s) or documentation showing the cost of replacing those item(s): quote, advertisement, etc.**

CLAIM FORM FOR CRIME SCENE EVIDENCE EXPENSES

THIS FORM IS TO BE COMPLETED BY THE CLAIMANT

CVR NUMBER:

CLAIMANT:

VICTIM:

Your claim investigator is:

If you need assistance, call:

NOTE: Neither the CVR Board nor the Sheriff's Office is responsible for your bills.

Therefore, neither the Board nor the Sheriff's office is to be listed as the guarantor on any invoices or statements.

STEP 1. READ THESE STATEMENTS AND ANSWER THESE QUESTIONS ABOUT CRIME SCENE EVIDENCE EXPENSES.

Are you responsible for any of these bills? [] Yes [] No If not, who is? _____

If you are not responsible, have you paid part of the expenses? [] Yes [] No

NOTE: If you answered NO to the above questions, you cannot make a claim for this expense.

The board does NOT replace damaged or stolen property.

The items you claim must be listed as evidence **seized** in the police report.

The items must either be not returned or returned in a condition which makes them unusable.

YOU MUST PROVIDE PROOF OF PURCHASE OR AN ESTIMATE FOR REPLACEMENT WITH A COMPARABLE ITEM FROM A RECOGNIZED MERCHANT FOR EACH ITEM CLAIMED.

The board may limit your compensable claim to bedding and clothing.

STEP 2. LIST YOUR CRIME SCENE EVIDENCE EXPENSES.

	Total Charges	Amount Paid	Amount Owed
Item(s) Taken for Evidence			

STEP 3. OBTAIN THE NECESSARY SUPPORTING DOCUMENTATION

Attach a copy of your itemized bills, & your receipts. If this documentation is not available, please explain.

SEND THIS FORM AND THE REQUIRED ATTACHMENTS TO:

STEP 4. SIGN HERE _____

DATE: _____