

CRIME VICTIMS APPLICATION

Crime victim applications are submitted in two different manners:

- 1) Eligibility only
- 2) Eligibility plus Claims

For cases that are sent in for "eligibility only," the minimum that must be sent in is as follows:

- 1) The 2-page Application For Crime Victims Reparations (to be filled out by claimant)
 - a) Please make sure all of the questions are answered.
 - b) The claimant MUST sign the application.
 - c) Claimant must be at least 18-yrs old at the time that the application is signed.
- 2) The Claim Investigator Review (to be filled out by claim investigator)
 - a) Please answer ALL questions.
 - b) Please sign and date form.
- 3) When the victim is deceased, a COPY of the death certificate must be submitted with the application. We do not need an original.
- 4) Submit copies of newspaper articles, press releases, etc., that describe the incident, when available.
- 5) Police/Incident Report (Narrative AND Supplemental)
 - a) If a supplemental report is impossible to obtain, please have the investigating detective write a short letter to the CVR Board that answers these questions:
 - 1) What happened? (Details of crime including motive.)
 - 2) Did the victim contribute to the incident?
 - 3) Was the victim participating in illegal activity?
 - 4) Did the victim (or claimant) cooperate with police?
 - 5) Were there any arrests? If so, please give details.
 - 6) Detective's comments about the incident.

The above information must be submitted with EVERY new case. Please do not send a case to CVR unless it is complete. Please send all attachments on letter-size paper. Please reduce larger documents and tape smaller ones to letter-sized paper. Please do not staple anything together. We just have to unstaple everything when we get the case in order to copy it. Use paper clips if necessary.

Only one primary victim and one claimant are permitted per application form.

APPLICATION FOR CRIME VICTIMS REPARATIONS

CRIME VICTIMS REPARATIONS BOARD

Office: (225) 342-1749 Nationwide Toll-Free (888) 6-VICTIM www.lcle.la.gov/cvr

THIS BOX IS TO BE COMPLETED BY THE SHERIFF'S CLAIM INVESTIGATOR

Date Application Received _____ CVR # _____

When completed, return this application to the Claim Investigator in the Sheriff's office in the parish where the crime occurred.

In order for your application to be processed, you must complete all information on this application. **PLEASE PRINT!** You have one year from the date of the crime to file this application. If you are filing later than one year, you must attach a letter of explanation. Please remember, the Crime Victims Reparations Board is **NOT** responsible for your bills.

You do not need an attorney to complete this form. **If you need assistance, contact the Sheriff's claim investigator** or Crime Victims Reparations office at the above-listed telephone numbers. If you choose to hire an attorney to assist you, those fees **CANNOT** be repaid to you by this program.

You will be notified by mail when your application reaches the Louisiana Crime Victims Reparations Board office. Please see additional information, including a list of Claims Investigators, on our website: www.lcle.la.gov/cvr.

_____ Primary		VICTIM INFORMATION		_____ Secondary	
Name _____ Social Security # _____ First, Middle, Maiden (If applicable) and Last					
Address _____ City _____					
State _____ Zip Code _____ Date of Birth _____					
Home Phone () _____ Work Phone () _____ Cell Phone () _____					
Is victim deceased? ____ Yes ____ No Does victim have children/other dependents? ____ Yes ____ No					
Did the victim miss work as a result of crime-related injuries? ____ Yes ____ No					
Answering questions about the victim's race/ethnic background is voluntary. It will remain confidential.					
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		VICTIM'S AGE <u>When Crime Occurred</u> _____		ETHNIC BACKGROUND: <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native	
Did VICTIM have a disability BEFORE the date of the crime? ____ Yes ____ No					
CLAIMANT INFORMATION (Complete only if you are responsible for some/all expenses) <u>LIST ONLY ONE CLAIMANT PER APPLICATION!</u>					
Name _____ Social Security # _____ (First, Middle, Maiden (If applicable) and Last)					
Address _____ Street Address or P.O. Box # _____ City _____ State _____ Zip _____					
E-mail Address: _____ Relationship to Victim: You are his/her: _____ (mother, father, friend, uncle, aunt, etc.)					
Home Phone () _____ Work Phone () _____ Cell Phone () _____					
You were referred to this program by: _____ Date of Birth: _____ (Agency or Company Name; Friend, Relative, Media, Other)					

August 13, 2014

Louisiana Commission on Law Enforcement
Crime Victims Reparations
P.O. Box 3133
Baton Rouge, LA 70821

CRIME INFORMATION Please attach a newspaper article/clipping if available

Type of Crime(s)	Date of Crime / /	Police Agency crime was reported to/File Number of Report
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Location of Crime (**Street, City, State, Parish**)

Date Crime Reported:

Briefly Describe Crime and Injuries: (**Please do not type or write "See Attached."**)

Name of Person(s) Who Committed Crime:	Was restitution ordered? [] Yes [] No
Relationship of Offender(s) to Victim (spouse, stranger, acquaintance, friend, etc.)	If yes, amount ordered: \$ _____
	If yes, amount paid to date: \$ _____

INSURANCE COVERAGE - INSURANCE MUST BE BILLED BEFORE CLAIMS ARE SUBMITTEDCheck type(s) of insurance coverage you have. **If you have no insurance, please check "None."**

[] None [] Life [] Funeral [] Medical [] Medicaid/Medicare [] Dental [] Mental Health [] Home [] Auto

Insurance Company Name _____

Policy # _____ Phone # _____

CIVIL ATTORNEY HIRED BY THE CLAIMANT (Do Not List the DA or the Prosecutor)

Attorney's Name _____ Phone () _____

Address: _____

AGREEMENTS AND AUTHORIZATION TO RELEASE INFORMATION

I authorize and request any person having information, confidential or otherwise, necessary to the administration of my application and claims, including all past and present law enforcement records concerning me, to release that information to the Crime Victims Reparations Board.

This release includes, but is not limited to: funeral homes, physicians, hospitals, medical or mental health service providers, law enforcement agencies, local, state, and federal governmental agencies; any employer; and private company or governmental agency which is providing, or may provide, medical or monetary benefits. I agree and certify that no person shall incur any legal liability to me by releasing any information pursuant to this authorization. A photocopy or exact reproduction of this signed release shall have the same force and effect as the original.

I agree that compensation may be paid directly to the service provider.

I promise to repay the Louisiana Crime Victims reparations Fund, through the Crime Victims Reparations Board, if I receive payments from the offender (restitution or civil action), insurance, or any other governmental or private agency resulting from this incident. (Required by R.S. 46:1814(A))

I agree to notify the Board and the Attorney general in writing when I file a civil action to recover damages after I receive an award from the Board. (Required by R.S. 46:1814(B))

I understand that willfully and knowingly providing false information could result in a fine or imprisonment.

I certify subject to penalty of law that all information submitted with this application is correct and true to the best of my knowledge and that losses to be claimed are a direct result of the crime.

CLAIMANT'S SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____

THE PERSON LISTED AS THE CLAIMANT ON PAGE 1 OF THIS APPLICATION MUST SIGN THE FORM!

August 13, 2014

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 Crime Victims Reparations
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 Baton Rouge, LA 70821