State of Louisiana
Office of the Governor
Louisiana Commission on Law Enforcement
and Administration of Criminal Justice
Crime Victims Reparations Board

JEFF LANDRY
GOVERNOR

JIM CRAFT
EXECUTIVE DIRECTOR

LOUISIANA CRIME VICTIMS REPARATIONS PROGRAM

MEETING AGENDA

Tuesday, June 11, 2024
9:00 A.M.

602 North 5th Street – Pensacola Room
Baton Rouge, LA 70802

I. Call to Order
II. Roll Call
III. Public Comments
IV. Review and Approval of May 14, 2024 Board Meeting Minutes
V. New Business
  A. New Applications
    I. Mental Health Claims
      1. Agenda Item #26, 31, 37, 96
    II. Emergency Awards
      1. Agenda Items #1-23
    III. Healthcare Provider Claims
      1. Agenda Item #24
    IV. Standard Claims
      1. Agenda Items #25, 27-30, 32-36, 38-95, 97-103
  B. Other Business
      1. Relocation Benefits
VI. Date and Place of Next Meeting – July 9, 2024 at 9:00 A.M., 602 North 5th Street – Pensacola Room, Baton Rouge, LA 70802
VII. Adjourn

Please Note: The Louisiana Crime Victims Reparations Board Meeting is conducted in accordance with the Rules of Decorum adopted on October 11, 2022.

The public is invited to attend. Assistance will be provided to those who need special accommodations in order to attend the meeting. Members of the public may submit public comments on an agenda item by sending an email to Kristi.Ambacher@lcle.la.gov or calling (225) 342-9626.

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AGENDA FOR BOARD MEETING

for Publication

Tuesday, June 11, 2024

Louisiana Commission on Law Enforcement

Pensacola Room

602 N 5th St
Baton Rouge, LA 70802

09:00 AM

www.lcle.la.gov/cvr

EMERGENCY

Item	Parish	CVR #	Claim #
1	BEAUREGARD	BEAU24-002	242352
2	EAST BATON ROUGE	EBAT24-0067	242312
3	EAST BATON ROUGE	EBAT24-0070	242353
4	EAST BATON ROUGE	EBAT24-0071	242363
5	EAST BATON ROUGE	EBAT24-0072	242364
6	EAST BATON ROUGE	EBAT24-0074	242377
7	EAST BATON ROUGE	EBAT24-0075	242378
8	EAST BATON ROUGE	EBAT24-0076	242426
9	EAST BATON ROUGE	EBAT24-0079	242544
10	IBERVILLE	IBEV24-002	242354
11	ORLEANS	ORLE24-058	242319
12	ORLEANS	ORLE24-086	242303
13	ORLEANS	ORLE24-087	242305
14	ORLEANS	ORLE24-089	242356
15	ORLEANS	ORLE24-090	242360
16	ORLEANS	ORLE24-091	242357
17	ORLEANS	ORLE24-093	242362
18	ORLEANS	ORLE24-097	242397
19	ORLEANS	ORLE24-105	242545
20	ORLEANS	ORLE24-106	242549
21	ST. MARTIN	MART24-003	242361
22	TANGIPAHOA	TANG24-007	242334
23	TERREBONNE	TERR24-006	242511

EMERGENCY Claims: 23

FME

Item	Parish	CVR #	Claim #
24	RAPIDES	RAPI23-345	242510

FME Claims: 1

STANDARD

Item	Parish	CVR #	Claim #
25	ACADIA	ACAD23-003	241715
26	ASCENSION	ASCE23-013	240329
27	ASCENSION	ASCE23-014	240354
28	ASCENSION	ASCE24-001	241181
29	BOSSIER	BOSS24-001	241951
30	CADDO	CADD24-0012	242099
31	CALCASIEU	CALC22-016	222492
32	CALCASIEU	CALC23-0609	241242
33	CALCASIEU	CALC24-0005	241950
34	CALCASIEU	CALC24-0007	242401
35	CALCASIEU	CALC24-0603	242425
36	CALCASIEU	CALC24-0605	242393
37	EAST BATON ROUGE	EBAT20-027	231666
38	EAST BATON ROUGE	EBAT24-0018	241305
39	EAST BATON ROUGE	EBAT24-0039	241754
40	EAST BATON ROUGE	EBAT24-0041	242449
41	EAST BATON ROUGE	EBAT24-0048	241882
42	EAST BATON ROUGE	EBAT24-0056	241927
43	EAST BATON ROUGE	EBAT24-0057	241986
44	EAST BATON ROUGE	EBAT24-0074	242377
45	IBERIA	IBER23-009	241836
46	IBERIA	IBER24-005	242429
47	LAFAYETTE	LAFA23-0014	232436
48	LAFAYETTE	LAFA24-0009	242037
49	LAFAYETTE	LAFA24-0015	242468
50	MADISON	MADI23-001	240578
51	ORLEANS	ORLE21-295	231398
52	ORLEANS	ORLE22-824	231432
53	ORLEANS	ORLE22-825	231433

STANDARD

Item	Parish	CVR #	Claim #
54	ORLEANS	ORLE22-828	231436
55	ORLEANS	ORLE22-829	231438
56	ORLEANS	ORLE22-830	231439
57	ORLEANS	ORLE22-832	231441
58	ORLEANS	ORLE22-833	231442
59	ORLEANS	ORLE22-834	231443
60	ORLEANS	ORLE22-836	231521
61	ORLEANS	ORLE22-837	231522
62	ORLEANS	ORLE22-839	231523
63	ORLEANS	ORLE22-840	231524
64	ORLEANS	ORLE22-841	231540
65	ORLEANS	ORLE22-842	242563
66	ORLEANS	ORLE22-843	231541
67	ORLEANS	ORLE22-857	231336
68	ORLEANS	ORLE22-858	231404
69	ORLEANS	ORLE22-863	231619
70	ORLEANS	ORLE22-867	231620
71	ORLEANS	ORLE22-869	231621
72	ORLEANS	ORLE22-871	231623
73	ORLEANS	ORLE23-031	231139
74	ORLEANS	ORLE23-1366	242168
75	ORLEANS	ORLE23-164	232256
76	ORLEANS	ORLE23-314	240553
77	ORLEANS	ORLE24-044	241763
78	ORLEANS	ORLE24-049	242457
79	ORLEANS	ORLE24-052	242077
80	ORLEANS	ORLE24-059	242255
81	ORLEANS	ORLE24-075	242417
82	ORLEANS	ORLE24-082	242430

STANDARD

Item	Parish	CVR #	Claim #
83	ORLEANS	ORLE24-083	242431
84	ORLEANS	ORLE24-085	242432
85	ORLEANS	ORLE24-092	242418
86	ORLEANS	ORLE24-094	242416
87	ORLEANS	ORLE24-095	242414
88	ORLEANS	ORLE24-101	242458
89	ORLEANS	ORLE24-112	242566
90	ORLEANS	ORLE24-113	242565
91	ORLEANS	ORLE24-114	242564
92	OUACHITA	OUAC24-001	241205
93	OUACHITA	OUAC24-004	241992
94	OUACHITA	OUAC24-004	241993
95	POINTE COUPEE	POIN23-005	241150
96	ST. CHARLES	CHAR23-0017	241731
97	ST. MARTIN	MART23-018	240448
98	ST. TAMMANY	TAMM23-004	241031
99	ST. TAMMANY	TAMM24-007	242300
100	ST. TAMMANY	TAMM24-1001	242301
101	ST. TAMMANY	TAMM24-1003	242304
102	ST. TAMMANY	TAMM24-1004	242373
103	TERREBONNE	TERR23-003	240463

STANDARD Claims: 79

Total Claims: 103

LOUISIANA CRIME VICTIMS REPARATIONS BOARD

CLAIM FORM FOR RELOCATION VERIFICATION EXPENSES

Office: (225) 342-1749 Fax: (225) 342-1672 Nationwide Toll-Free: (888) 6-VICTIM
P.O. Box 3133 Baton Rouge, LA 70821-3133 lcle.la.gov/programs/cvr
Submission of this form does not guarantee payment

Payment for relocation expenses is for those claimants who must relocate from their residence as a result of the crime committed at that location or immediate vicinity for reasons of imminent danger, personal safety, or threat of injury. The application for relocation **must occur within 90 days** of the incident, violation of a protective order or the offender's release from confinement.

Victim's Name: _____ Claimant's Name: _____

1. What was your physical address at the time of the crime? _____

_____

2. Why are you moving and how is the move related to the crime? _____

_____

_____

_____

3. If you want LACVRB to pay for relocation costs (not to exceed $5,000 per head of household) attach the following information and return it to your Claim's Investigator (the parish where the crime occurred). Your Claim's Investigator contact information can be found at https://lcle.la.gov/programs/cvr/cvr-resources/ .

a. Complete copy of lease agreement where the security deposit was paid and this form.
b. Copy of receipt showing the deposit was paid.
c. Copy of receipts/ invoices for the move. (Moving company, UHAUL, Utility Deposits, etc.)
d. Temporary relocation costs are not to exceed $140/ day up to 7 days. A receipt with your name must be submitted.
e. Claim form for relocation verification expenses must be submitted with the standard CVR application.

NOTE: **Landlord must be the owner of the property, or an authorized agent of the owner of the property.** LACVRB will verify that the landlord is authorized to lease the property.

4. Additional Information we need:

a. Landlord/ Owner contact name and phone number: _____

b. Landlord email address:_____

c. Move in Date: _____

d. New address (with zip code): _____

_____

e. Specific occupants allowed:_____

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*** If a victim or claimant is applying for relocation reimbursement, in addition to this form, the "CVR Application" will also need to be completed and submitted.**

This worksheet is provided to assist you in filing for relocation reimbursement. Please provide a **receipt or a form of verification** for each expense which you are requesting. Louisiana Crime Victims staff will verify and review the requested items and recommend the final amount to be paid.

Types of Expenses and Limits: Total payment or reimbursement may not exceed $5,000* per head of household.	**LACVRB may reimburse for:**	**Amount ($)**
Rental Housing: • Please provide a copy of your rental/ lease agreement.	Application Fee, Security Deposit and (one) month's rent	$
Utility Deposit: • Please provide receipts and/ or statements.	Water, Sewer, Gas and Electric	$
Temporary Lodging: • Please provide receipts/ and or statements.	$140/ day max 7 days (total $980*)	$
Moving Expenses: • Please provide receipts/ and or statements.	Professional movers or van/ truck rental from commercial company. Bus ticket or airplane ticket (one way).	$
Other Necessary Expenses: • Please provide receipts/ and or statements.	Personal vehicle mileage (only include trips that are over 50 miles, maximum 500 miles one-way) ***Starting Address and Destination Address Needed	***Mileage will be calculated by Crime Victims Reparations Board** $
Total Relocation Expenses:		$

Important Information for Domestic Violence or Sexual Assault Victims/ Claimants

When relocation is for a victim of sexual assault or domestic violence, the claimant shall agree not to inform the offender of the location of the victim's new residence and not allow the offender on the premises at any time.

Claimant's Initials: _____

Signature

I declare under penalty of perjury under the laws of the State of Louisiana that the information I have provided is true, correct and complete to the best of my knowledge.

Your signature designates you have read and agree with the above statement.

Claimant Signature: _____

Print Name: _____

DATE: _____

SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR SHERIFF'S CLAIM INVESTIGATOR.