

VICTIM COMPENSATION APPLICATION
 State of North Carolina Office of Victim Services

Complete this form only if you had medical, dental or counseling expenses, lost wages or funeral expenses. Have your **SIGNATURE NOTARIZED** and mail the completed application to the Raleigh address shown on the back of this form.

Section 1:
VICTIM INFORMATION

Victim Name _____ Date of Birth ____ / ____ / ____
 (Last, First, Middle Initial)
 Mailing Address _____
 City, State, Zip _____ Marital Status _____
 Social Security # (last 6 digits only) _____ Home Ph: (____) _____ Work Ph: (____) _____

This victim information is requested for federal reporting purposes.

Gender: ____ male ____ female
Race: ____ Caucasian ____ African American ____ Hispanic
 ____ American Indian or Alaskan Native ____ Asian or Pacific Islander

Section 2:
CLAIMANT INFORMATION

(Check one) Victim is deceased ____ Victim is incompetent ____ Victim is minor (under 18 years of age) ____
 Claimant Name _____ Claimant Date of Birth ____ / ____ / ____
 (Last, First, Middle Initial)
 Mailing Address _____
 City, State, Zip _____ Relationship to victim _____
 Social Security # (last 6 digits only) _____ Home Ph. (____) _____ Work Ph. (____) _____

Only complete this section if victim is deceased, incompetent, or a minor.

Section 3:
INSURANCE INFORMATION

Was the victim covered by Medicare, Medicaid or health insurance? Yes ____ No ____
 Insurance Company: _____ Policy # _____
 Address: _____ City, State Zip: _____
 Medicaid number: _____ Medicare number: _____
 Brief description of what happened and the injuries sustained: _____

We are payers of last resort. All bills must first be filed with insurance companies.

Section 4:
CRIME INFORMATION

Type of crime: assault ____ child sexual abuse ____ DUI/DWI ____
 homicide ____ child physical abuse ____ hit and run ____
 adult sexual assault ____ domestic assault ____ other ____
 Date of crime: ____ / ____ / ____ Time ____ Date reported: ____ / ____ / ____ Time ____
 Law enforcement agency: _____ Law enforcement case #: _____
 Name of investigating officer: _____
 Location of crime: City: _____ County _____
 Name of offender: _____ Relationship to victim: _____
 Court case number: _____ Has case been completed in court? Yes ____ No ____
 If yes, was restitution ordered in court? Yes ____ No ____ If yes, amount of restitution ordered _____

Please complete section with all requested information.

 Warrant based cases must submit a copy of warrant.

Section 4 cont'd:

INJURIES

Did victim receive injuries from the crime? No Yes Describe _____

INFORMATION

Did victim receive medical treatment? No Yes Physician who treated victim _____

Attach bills for which you seek compensation. (Must be itemized.)

Address _____ City, State, Zip: _____

If victim died, attach funeral bill and death certificate.

Hospital where victim was treated _____

Did victim receive counseling? No Yes Name of counselor _____

Address _____

Is victim deceased due to injuries from crime? Yes No

Name of funeral home: _____ Phone # (____) _____ Federal ID # _____

Address _____ City, State, Zip: _____

Section 5:

TYPES OF ECONOMIC LOSS

Victim's lost wages _____ Victim's funeral/burial _____ Victim's medical/dental _____ Victim's counseling _____ other (victim or claimant - please specify) _____

(Check all that apply.)

Was victim employed at time of crime? Yes No If yes, complete the following employment information:

Employer's name _____ Phone # (____) _____

Address _____ City, State, Zip: _____

Section 6:

ADDITIONAL INFORMATION

Supply all requested information

Has an attorney been retained to represent victim or claimant in a civil suit related to this crime? Yes No

Attorney's name _____ Attorney's address _____

Has a civil suit been filed or do you anticipate filing a civil suit as a result of this crime? Yes No

Have you applied for other financial assistance? Yes No Agency Name _____

If the crime involved a vehicle, please list all involved insurance agencies (your insurance as well as defendant's):

Auto Insurance Names _____

Addresses _____

Section 7:

CERTIFICATION

Read carefully, date and sign. The claimant must be at least 18 to sign.

APPLICATION MUST BE NOTARIZED.

This authorization is granted for a period of 2 years from this date.

I authorize the Division of Victim and Justice Services, NC Department of Crime Control and Public Safety to request and obtain any information or records required to determine the eligibility of my claim for a period not to exceed the full processing of this application.

I agree if I recover any money from the offender or from any other source as payment for my injury, I will pay it to the Office of Victim Services or that amount may be deducted from the amount of compensation for which I am eligible.

I agree that the failure to immediately inform the Office of Victim Services of the existence of any other funds constituting payment for my injury may be considered fraud and the Office of Victim Services may reduce or deny my claim or may initiate an action to recover funds previously paid

I agree the Office of Victim Services may pay compensation directly to the provider for any unpaid expenses relating to this claim.

I understand that willfully and knowingly providing false information could result in this claim being disallowed and/or imprisonment of up to five years.

I certify under penalty of law that the information in this application is true to the best of my knowledge.

STATE OF NORTH CAROLINA
COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____

Notary Public
My commission expires _____

Dated this the _____ day of _____

Victim (or claimant's) signature

Residence address

City, State Zip

PLEASE MAIL TO:

**North Carolina Department of Public Safety
Office of Victim Services
4232 Mail Service Center
Raleigh, North Carolina 27699-4232
919-733-7974 or (in North Carolina only) 1-800-826-6200
Web address: <http://www.nccrimecontrol.org/vjs>**