Alabama Crime Victims Compensation Commission



time of the crime? Yes No

P.O. Box 231267 Montgomery, AL 36123-1267 800-541-9388 or 334-290-4420 Fax 334-290-4455 www.acvcc.alabama.gov

For Office Use Only

Cross Reference Number

Claim Number

3 111 , 11	lingüística gratuita.	<u> 귀하는 무료 언어 지원을 받을 권리가 있습니다.</u>
	Section 1 – Eligibility Crit	teria
A. Was the victim physically present during	B. Did you file this application	on within one (1) year of the crime? Yes No
a violent crime? Yes No	If you marked "no", please e	explain why on a separate sheet of paper.
C. Does the applicant have any felony		
charges pending against him or her at the	D. Was the crime reported t	o Law Enforcement within 72 hours of the

occurrence? Yes No If you marked "yes", then please list them If you marked "no", then please explain why on a separate sheet of paper.

on a separate sheet of paper.

You must submit proof of US citizenship or t see https://acvcc.alabama.gov/legal_pres	_			
	Victim Information			
A. Name of Victim: Last:	B. Date of Birth:	C. Social Security Number*:		
First: Middle Initial:				
D. Mailing Address (number, street, apartment number):	E.Primary Phone Number:			
	F. Work Phone Number:			
City, State, Zip Code:	G. Email Address:			
H. Marital Status: Single Married Separat	ed Divorced Wide	owed		
	Claimant Information			
This section is to be completed only if the victim is a mir				
incapacitated, you will have to provide pro				
A. Name of Claimant: Last:	B. Date of Birth:	C. Social Security Number*:		
First: Middle Initial:				
D. Mailing Address (number, street, apartment number):	E. Primary Phone Number:			
	F. Work Phone Number:			
City, State, Zip Code:	G. Email Address:			
J. Your relationship to Victim: Spouse Mother F	ather Child Sibling			
Grandparent Grandch	ild LegalGuardian	Other		
If you are not the victim's legal next of kin, we will hold the	nis application until one yea	ar and one day has passed from the		
date of the crime, which is when you will be eligible to be	the claimant for this Claim	, or until the claimant's legal next of		
kin provides you with an ACVCC-issued Power of Attorney	document, whichever con	nes first.		

Section 4 – Emergency Award (\$1,000 maximum)		
If you want to request emergency funds,	, please select the appropriate category and explain why.	
Funeral	Moving/Relocation	
Business Name:	Business Phone Number:	

^{*}Submission of Social Security Numbers is voluntary. Social Security Numbers are requested to verify eligibility pursuant to ALA. CODE §§ 15-23-1 - 15-23.F; Failure to submit your Social Security Number may result in inability to process all expenses.

Sect Complete this section and	ion 5 – Crir			Poport	
A. Type of Crime (check only one Assault D				Report.	
			(please explain)		
	1				
B. What is the Victim's relationship to the alleged			nt been signed?		est been made?
offender, if any?	Yes	No		Yes No	
E. List the date of the F. List the date the crime	e was repo i	rted	G. List the Law E	nforcement Ag	ency that the crime was
crime:/ to Law Enforcement:/ reported to:					•
	Officer's name:				
III Dhysical address at which arises approved.					
I. Please give a brief description of the crime:					
			on Request		
The ACVCC considers several types of compensation. Please sele- Homicide - Date of Death:	ct which type y	ou are re	questing. Provide any co		
		Co	unseling for Victim	Non-Homicide	2
Counseling for Family of Victim					
Moving/Relocation Medical Expenses			Moving/Relocation Medical/Dental Expenses		
Travel/Transit (for funeral, court, and/or medical treati	mant)		avel/Transit (<i>for cou</i>		al treatment)
Loss of Support for Dependent of a Deceased Victim	nent)		st Wages for Victim		•
Crime Scene Cleanup Lost Wages for Parent/Guardian of minor victim Guardianship Fees Crime Scene Cleanup		ioi victiiii			
Funeral/Burial		Guardianship Fees			
		for pain and suffering or property crimes.			
The Acree does not provide con	препзаціон	i ioi p	ani ana sancing	or property cri	ilics.
Sect	ion 7 – Fina	ancial	Recovery		
Alabama law requires that you give the Alabama Crime Victims Compen				(15) days of initiating	g any legal proceeding to recover
restitution or damages, or prior to any attempt					
ACVCC is a payer of last resort; you <u>must</u> te				_	
A. Has a civil lawsuit been filed in B. Have you received any money for the damages that resulted from this				ulted from this	
connection with this case? Yes No crime (Insurance of any type, restitution, etc.)? Yes No					
C. If an attorney has been handling financial recover	y for you, p	lease	provide their cont	act information	n, including mailing
address, phone number, fax number, and email addr					
If you contact an attorney about financial recovery	as a result	of this	crime, please sho	ow him/her thi	s application.
Section	n 8 – Statis	tical Ir	formation:		
			s section is strictly volun		
A. Please tell us how you first found out about the Crime Victims Compensation program:					
Prosecuting Attorney Medical Provider Civil Attorney Media, Brochure, or Poster					
Police/Sheriff Victim Service Ager	ncy Frie			er	
B. Race/Ethnic background:		C. If t	he victim is disabl	ed, check	D. Gender:
	ic or Latino	one:			
Black/African American White Non-Latino/Cauca		Be	fore crime		
American Indian/Alaskan Native Asian Mul-	ti-Racial	As	a Result of this crim	ne	

As a **Result** of this crime

Claim Authorization

Information Release: I authorize financial institutions, social service agencies, funeral providers, insurance companies, medical/mental health service providers, or any state/federal agency to release my information to the ACVCC. I authorize my employer or former employer to release my employment information to the ACVCC.

Prosecuting Attorney's Office: I understand information related to my claim may be released to the prosecuting attorney's office and/or law enforcement.

Criminal Background Check: I will be subject to a criminal background check to verify my eligibility for compensation benefits.

Subrogation Agreement: I hereby agree to give the ACVCC written notice within 15 days of initiating any legal proceeding to recover restitution for damages that is related to my victimization. I agree to repay the ACVCC the amount of compensation I have received in the event that my economic loss is recouped from any collateral source. I understand that failure to comply with this agreement may result in legal action being taken against me.

Payment of Benefits: I understand the ACVCC will pay the maximum amount possible for all expenses/financial losses. I understand that these payments may result in the expenditure of all crime victims' compensation benefits for this claim. I acknowledge it is my responsibility to notify the ACVCC in writing if I do not want the maximum benefits expended for this claim.

Service Provider Information Release: I authorize the ACVCC to release information or records about my application for assistance to service providers and their authorized representatives who request information about the status of my pending claim. I understand this release is for the limited purpose of helping service providers determine the status of the claim in order to receive payment for services rendered.

Life Insurance Policy Search: I authorize the ACVCC to search the National Association of Insurance Commissioners' (NAIC) database and any other available resources for a life insurance policy for the deceased victim for whom this application is filed. I understand the purpose of this search is to determine whether a collateral source of compensation is available or not.

Authorized Parties: I hereby agree that the parties listed below may receive information regarding this claim. I understand that status only will be provided to employees of service providers.

Name		Phone	Rela	tionship
Are you a v	ictim of human trafficking or do	mestic violence?	Are you a US Citizen? Y/N	Are you a legally present alien? Y/N

The ACVCC does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, religion, age, genetic information, pregnancy and related conditions, equal pay, disability, or retaliation for filing a discrimination charge, in employment or the provision of the compensation benefits.

Therefore, I HEREBY AND FOREVER HOLD HARMLESS, the ACVCC and its authorized representatives and agents from any and all legal responsibility/liability which may arise from the release of any of the above information. By signing this document I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that if there is any credible evidence that I submitted a false claim for grant funds or have intentionally given any false information on this application, I will be referred for criminal investigation.

Check this box if you do not authorize the release of status information to service providers.

x	
Victim or Claimant Signature	Victim or Claimant Printed Name
 Date	

The victim **must** sign this authorization unless he/she is **deceased**, **incapacitated**, or is a **minor**. The person signing this authorization must be **19 or older**. The claimant (if other than victim) must be the person legally authorized to act on the behalf of the victim. Documentation of this authority **must** be provided.