

# Arizona Criminal Justice Commission Crime Victim Compensation Program

## ELIGIBILITY REQUIREMENTS

Have you been an innocent victim of crime that caused physical harm or extreme mental distress? Are you an Arizona resident who has been a victim of international terrorism?

....if the answer is yes, you **MAY** be eligible for financial compensation for out-of-pocket crime-related expenses.

### GENERAL CRITERIA FOR ELIGIBILITY

- The victim is victimized in Arizona or is an Arizona resident who is a victim of international terrorism.
- The crime is reported to a police agency within 72 hours of the discovery of the crime unless good cause is shown to justify a delay.
- An application is filed within 2 years of the discovery of the crime in the county in which the crime occurred unless good cause is shown to justify a delay.
- The victim or derivative victim willingly cooperates with law enforcement agencies.
- The victim or a derivative victim suffers physical injury or extreme mental distress as a direct result of the criminally injurious conduct.
- The victim or derivative victim incurs economic loss as a direct result of the crime which is not covered by a benefit or advantage that the person is entitled to receive from a collateral source.

***Submitting an application for compensation does NOT guarantee an award. Awards are based on eligibility and funding availability. FUNDS ARE VERY LIMITED.***

### VICTIM COMPENSATION MAY PAY FOR:

Crime related:

- Medical costs
- Funerals – up to \$5,000
- Counseling – up to 36 months
- Work loss – Minimum wage – Sick leave & vacation leave available must be utilized first.

***The maximum award of any one claim is \$20,000. Awards are based on eligibility and funding availability. FUNDS ARE VERY LIMITED.***

### VICTIM COMPENSATION CANNOT PAY FOR:

- Crime scene clean up
- Attorney fees
- Victimization of a person serving a sentence of imprisonment in a detention facility, home arrest, or work furlough, or who has escaped imprisonment in a detention facility, home arrest, or work furlough program.
- Property loss or repair
- Copying fees
- Pain and suffering

## **FOR MORE INFORMATION, CONTACT THE PHONE NUMBERS BELOW:**

The Crime Victim Compensation Board is administered through the County Attorney's Offices in each of Arizona's fifteen counties. Awards for crime victims are determined by the Crime Victim Compensation Boards. Innocent victims of crime may apply for eligible compensation in the county where the crime occurred.

For further information, please call the Crime Victim Compensation Program in the county where the crime occurred. Phone numbers are listed below:

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Apache County Attorney's Office  
(928) 337-7560

Mohave County Attorney's Office  
(928) 718-5522

Cochise County Attorney's Office  
(520) 432-9377

Navajo County Attorney's Office  
(928) 524-4332

Victim/Witness Services for  
Coconino County (928) 779-6163

Pima County Attorney's Office  
(520) 740-5525

Gila County Attorney's Office  
(928) 425-4120

Pinal County Attorney's Office  
(520) 868-6271

Graham County Attorney's Office  
(928) 428-4787

Santa Cruz Co Attorney's Office  
(520) 281-5868

Greenlee County Attorney's Office  
(928) 865-4108

Yavapai County Attorney's Office  
(928) 771-3485

La Paz County Attorney's Office  
(928) 669-6118

Yuma County Attorney's Office  
(928) 329-2133

Maricopa County Attorney's Office  
(602) 506-4955

**AZ Criminal Justice Commission  
Crime Victims Compensation Program  
Application**

Please  
return  
to:

Medical\_\_\_\_ Funeral/Burial\_\_\_\_  
Loss of Wages\_\_\_\_ M/H Counseling\_\_\_\_

**Date Received:**\_\_\_\_\_ **Staff Assigned:**\_\_\_\_\_ **Case Number:**\_\_\_\_\_

**PART 1: VICTIM INFORMATION** - Please complete the application as thoroughly as possible and SIGN the application on page 5.

Victim's Last Name		First Name	Middle Name
Address (Street)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	County	Zip Code
Date of Birth	Home Phone	Work Phone	
	( )	( )	
Social Security Number (If available)			Is victim deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 2: CLAIMANT INFORMATION** (*Complete ONLY if different from victim*)

Claimant's Last Name		First Name	Middle Name
Address(Street)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	County	Zip Code
Date of Birth	Home Phone	Work Phone	
	( )	( )	
Social Security Number (If available)			

Your Relationship to the Victim

Please List The Following Information For Each Victim/Derivative Victim (*Attach additional sheets if necessary*)

Victim/Derivative's Name	Social Security Number(If available)	Date Of Birth	Relationship To Victim
1.			
2.			
3.			

**PART 3: CRIME INFORMATION**

<b>Type of Crime</b> ( <i>check one</i> ) <input type="checkbox"/> Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Sexual Assault/Adults Only <input type="checkbox"/> Child Abuse (Physical & Sexual) <input type="checkbox"/> DWI/DUI	<input type="checkbox"/> Stalking <input type="checkbox"/> Robbery <input type="checkbox"/> Terrorism <input type="checkbox"/> Kidnapping <input type="checkbox"/> Other Crimes (List)_____	<b>Was this crime DOMESTIC VIOLENCE related?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Crime	Date Crime Reported	Law Enforcement Agency Reported To
Name of Officer/Detective		Report Number
Location of Crime		Offender(s) Name

Briefly Describe Crime and Injuries (Attach additional sheets if necessary)

**PART 4: CIVIL LAWSUIT INFORMATION**

Have you or will you file a civil lawsuit (sue) in relation to this crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
If yes, please list the name and address of your attorney:			
Attorney's Name	Phone Number (    )		
Street Address	City	State	Zip Code

**PART 5: BENEFIT INFORMATION**

Since the crime have you received or are you entitled to receive any of the following benefits listed below. For each benefit checked, please supply requested information on Lines 1 through Line 4 below. (Attach additional sheets if necessary)

AHCCCS	<input type="checkbox"/>	Health/Accident Insurance	<input type="checkbox"/>	Social Security (SSD)/(SSI)	<input type="checkbox"/>
Auto Insurance	<input type="checkbox"/>	Indian Health Services	<input type="checkbox"/>	Tribal Assistance	<input type="checkbox"/>
Tricare/Military	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Veteran's Benefits	<input type="checkbox"/>
Child Protective Service	<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>	Vision Insurance	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	Medicare/Medicaid	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	Restitution (from offender)	<input type="checkbox"/>	Other:_____	
Employee Assistance	<input type="checkbox"/>	Sick Leave/Vacation	<input type="checkbox"/>		

Are any of these benefits pending (*please specify*)

For each benefit checked, please supply requested information on Lines 1 through Line 4 below. (Attach additional sheets if necessary)

Type Of Benefit	Address	Phone (    )	Agency/Policy Number
1.			
2.			
3.			
4.			

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**PART 6: TYPE OF COMPENSATION REQUESTED**

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**A. MEDICAL**Are you seeking payment for medical, hospital, or traditional healing expenses that are crime related?  Yes  No

Name Of Provider	Address	Account Number	Phone	Date Of Service
1.			( )	
2.			( )	
3.			( )	
4.			( )	
5.			( )	
6.			( )	

**B. MENTAL HEALTH COUNSELING:**Are you seeking payment for mental health treatment expenses that are crime related?  Yes  NoIf **YES**, are you currently seeing a provider?  Yes  NoIf **YES**, are you claiming mileage for crime related mental health counseling?

Name Of Provider	Address	Account Number	Phone	Date of Service
1.			( )	
2.			( )	
3.			( )	

**MILEAGE:** Are you claiming mileage for crime related medical or mental health counseling?  Yes  NoIf **YES**, please list the dates of trips and the mileage traveled round trip:

Date of trip \_\_\_\_\_ Mileage traveled round trip \_\_\_\_\_

Date of trip \_\_\_\_\_ Mileage traveled round trip \_\_\_\_\_

Date of trip \_\_\_\_\_ Mileage traveled round trip \_\_\_\_\_

Date of trip \_\_\_\_\_ Mileage traveled round trip \_\_\_\_\_

**C. WORK/SUPPORT LOSS: (All sick leave and vacation leave available must be utilized first – wage loss is calculated at the minimum wage rate)**Are you seeking work loss benefits as a result of the injury or mental distress?  Yes  NoIf **YES**, please answer the questions listed below:

Date first unable to work as a result of injury or mental distress: \_\_\_\_\_

Date returned to work: \_\_\_\_\_

Total time lost from work \_\_\_\_\_

Hourly rate of pay \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_ Hours worked per day \_\_\_\_\_

Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Address	City	State	Zip Code	Phone
				( )

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**REQUIREMENT: A signed statement on office letterhead stationery from the employer will be required to verify the above work loss information. A signed statement on office letterhead stationery from the doctor or mental health therapist is also required stating that the victim was unable to work as a result of crime related injuries, the length of time the victim was unable to work and the date the victim was able to (or will be able to) return to work.**

**D. FUNERAL EXPENSES:**

Are you seeking payment for crime related funeral expenses?  Yes  No

Name of Funeral Service Provider:				Amount \$
Address	City	State	Zip Code	Phone  ( )

**REQUIREMENT: If you answered YES to Part 6A, 6B, 6C, or 6D, please attach a copy of ALL bills, contracts, receipts and insurance statements received to date.**

**PART 7: STATISTICAL INFORMATION (If available)**

The following information is used for statistical purposes only. It is needed to comply with federal regulations. Information applies to the VICTIM only.

Ethnic Group:  Caucasian  Hispanic  Unknown  
 African American  Native American/Eskimo  Other \_\_\_\_\_  
 Asian/Pacific Islander

Arizona Resident:  Yes  No Federal Crime:  Yes  No

Handicapped:  Yes  No

I learned about the Crime Victim Compensation Program from:

Victim Assistance Program  Prosecutor  Medical Service Provider  Self Referral  
 Law Enforcement Agency  Brochures/ Posters, etc.  Social Service Agency  Other

ACJC Crime Victim Compensation Application Form -Revised 11/21/200

**PLEASE TURN TO THE NEXT PAGE AND SIGN THE APPLICATION ON ALL THREE LINES.**



## **DEFINITIONS:**

### **VICTIM**

"Victim" means a person who suffers physical injury, extreme mental distress, or death as a direct result of any of the following:

- a. Criminally injurious conduct;
- b. An act of international terrorism;
- c. A person's good faith effort to prevent criminally injurious conduct; or
- d. A person's good faith effort to apprehend a person suspected of engaging in criminally injurious conduct or an act of international terrorism

### **DERIVATIVE VICTIM**

"Derivative victim" means:

- a. The spouse, child, parent, stepparent, stepchild, sibling, or guardian of a victim who died as a result of criminally injurious conduct or act of international terrorism and includes a child born after the victim's death.
- b. A person living in the household of a victim who died as a result of criminally injurious conduct.
- c. A member of the victim's family who witnessed the criminally injurious conduct.
- d. A non-family member who witnessed a violent crime.  
A person whose mental health counseling and care or presence during the victim's mental health counseling and care is required for the successful treatment of the victim.

### **CLAIMANT**

"Claimant" means any natural person filing a claim under these rules and authorized to receive a compensation award for economic loss because the person is:

- a. A victim of criminally injurious;
- b. A resident of this state who is injured by an act of international terrorism;
- c. A derivative victim;
- d. A person authorized to act on a victim's behalf, or a person authorized to act on behalf of a deceased victim's dependent if the victim died as a direct result of criminally injurious conduct or an act of international terrorism;  
or
- e. A person who assumes an obligation or pays an expense directly related to a victim's economic loss incurred as a direct result of criminally injurious conduct or an act of international terrorism.