

APPLICATION FOR CRIME VICTIMS REPARATIONS

CRIME VICTIMS REPARATIONS BOARD

1885 Wooddale Boulevard, Room #1230

Baton Rouge, LA 70806

(225) 925-4437 or (888) 6-VICTIM (Nationwide)

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

Date Application Received _____ Parish Code _____ CVR# _____

In order for your application to be processed, you must complete all information on this application form. 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 Victim 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.

When completed, return this application to the Sheriff's office in the parish where the crime occurred. You will be notified by mail when your application reaches the Louisiana Crime Victims Reparations Board office.

VICTIM INFORMATION		<input type="checkbox"/>	Primary	<input type="checkbox"/>	Secondary
Name _____		Social Sec. No. _____			
Address _____		City _____			
State _____		Zip Code _____		Parish _____	
Date of Birth _____		Home Phone () _____		<input type="checkbox"/> Unlisted	
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	AGE of VICTIM WHEN CRIME OCCURRED _____	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 disability BEFORE the date of the crime? ____ Yes ____ No	

CLAIMANT INFORMATION (Complete only if you are responsible for some/all expenses)

Name _____		Soc. Sec. No. _____			
Address _____		City _____			
State _____		Zip Code _____		Parish _____	
Contact Phone #1 () _____		Relationship to Victim: _____			
Contact Phone #2 () _____		Cell Phone () _____			

CRIME INFORMATION**Please attach a newspaper article/clipping if available**

Type of Crime	Date of Crime / /	Police Agency Crime reported/File Number
Location of Crime (Street, City, State)		
Date Crime Reported:		
Briefly Describe Crime and Injuries:		
Name of Person(s) Who Committed Crime:	Was restitution ordered: [] Yes If yes, amt ordered: \$ _____ [] No Amt paid to date: \$ _____	

INSURANCE COVERAGE

Are any bills covered by insurance? [] No [] Yes: ___ Life ___ Burial ___ Medical ___ Dental

COMPANY NAME:

PHONE: ()

AMOUNT: \$

ATTORNEY OR LEGAL ASSISTANCE provided to VICTIM or CLAIMANT

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.

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.

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.

SIGNATURE: _____ **DATE:** _____