



**GEORGIA CRIME VICTIMS COMPENSATION PROGRAM**  
**104 MARIETTA STREET, SUITE 440, ATLANTA, GEORGIA 30303-2743**  
**OFFICE: (404) 657-2222 FAX: (404) 463-7652 TTY: (404) 463-7650**  
**TOLL FREE: 1-800-547-0060 (BILINGUAL & TRANSLATION LINE SERVICES AVAILABLE)**

**GENERAL INFORMATION:** Please fill out this form completely and clearly write your answers. Please review the second page of this form for general guidelines and the documentation needed for processing each benefit request. Mail your completed form and documentation to the above address. **\*\*\*YOU MUST NOTIFY THIS OFFICE IF YOUR ADDRESS OR OTHER CONTACT INFORMATION CHANGES.**

**SECTION I. TYPE OF BENEFITS REQUESTED (check all that apply)**

Medical  Funeral  Counseling  Economic Support  Crime Scene Clean-Up

Please check if you have requested/filed: Restitution  Civil Action

Do you have medical/dental/burial insurance? Yes  No  If so, please submit a copy of your insurance card with the application

**SECTION II. REFERRING AGENCY/OFFICE**

Who referred you to the Crime Victims Compensation Program: \_\_\_\_\_

**SECTION III. VICTIM/WITNESS INFORMATION (This Section Is Required)**

Victim/Witness Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone (Home): (\_\_\_\_) \_\_\_\_\_ (Work): (\_\_\_\_) \_\_\_\_\_

Was the victim/witness gainfully employed at the time of the crime?  Yes  No

Dates victim/witness was absent from work due to the crime: \_\_\_\_\_

**SECTION IV. CLAIMANT INFORMATION (if someone other than the victim is paying for bills, please complete this section)**

Your Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Relationship to Victim: \_\_\_\_\_ Telephone (Home): (\_\_\_\_) \_\_\_\_\_ (Work): (\_\_\_\_) \_\_\_\_\_

**SECTION V. CRIME INFORMATION:** Submit an investigative report of the incident from proper government authorities (i.e., law enforcement, child protective services, the courts, medical authorities, etc.), identifying the victim/witness listed in this application

Location of Crime: \_\_\_\_\_ Date of Crime: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
City County

Type of Crime Reported: \_\_\_\_\_ Offender's Name: \_\_\_\_\_ Name of Officer/Detective: \_\_\_\_\_

Agency Crime Reported to: \_\_\_\_\_ Law Enforcement Case #: \_\_\_\_\_

**SECTION VI. FEDERAL GOVERNMENT INFORMATION (Optional - for Statistical Use Only)**

|   |                           |  |
|---|---------------------------|--|
| Ethnic Group (Victim): <input type="checkbox"/> White <input type="checkbox"/> Black                          | U. S. Citizen (Victim)    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander | Handicap (Victim)         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hispanics (Mexican, Puerto Rican, Cuban, or other Spanish Culture)                   | Federal Crime             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Multiracial  | Georgia Resident (Victim) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION VII. SUBROGATION AGREEMENT & RELEASE OF INFORMATION**

**\*\*\*IMPORTANT – READ CAREFULLY – AUTHORIZATION\*\*\***  
**(A COPY OF THIS SIGNED RELEASE SHALL BE CONSIDERED THE SAME AS THE ORIGINAL)**

**SUBROGATION AGREEMENT:**

I hereby agree that if I am awarded any money by the Georgia Crime Victims Compensation Board, in consideration of such award, I assign, transfer and subrogate to the Board, all rights, claims, interests, and rights of action, to the extent of the Board's award, that I may have against other parties or entities that may be obligated to compensate me for the injuries or damages which form the basis for this application. I also hereby certify that, to date, I have not received any compensation except as noted on this form.

**MEDICAL AND CRIMINAL HISTORY RELEASE:** (A Criminal History will be completed on all victims/witnesses and claimants 18 years of age and older.) I hereby authorize and understand that a criminal history report will be analyzed to determine eligibility for the Georgia Crime Victims Compensation Program. I authorize any hospital, physician, medical facility, insurer or any other person or law enforcement agency that has knowledge relative to my claim to furnish information to the Georgia Crime Victims Compensation Board. If psychiatric assistance is requested, a separate authorization form may be required.

Victim/Witness Signature (original) \_\_\_\_\_ Date \_\_\_\_\_

Claimant Signature (original) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: All applications must have a readable & original signature to be processed. Otherwise, a picture I.D. may be required.**

## GEORGIA CRIME VICTIMS COMPENSATION PROGRAM

### The Following Are General Eligibility Guidelines and Requirements:

#### I. Who May be Eligible to Apply:

- 1) Victims/Witnesses/Claimants with eligible expenses
- 2) A dependent spouse or child of a victim (in physical injury cases) or family members with eligible expenses
- 3) Any member of the immediate family of a victim of Homicide
- 4) Any person who goes to the aid of another and suffers personal injury, serious mental or emotional trauma or death as a result (i.e., Good Samaritan) **\*\*Please Note:** Behavior deemed as reckless conduct when aiding another may not be eligible
- 5) Victims that are legal residents or nonresidents of this state

#### II. Deadlines:

- 1) Application Filing Deadline: Applications must be filed within 1 year of the incident. If a victim/witness/claimant misses the 1-year filing deadline the claim will be denied, and the applicant will have 30 days after receipt of the denial letter to appeal the decision to the Crime Victims Compensation Board. All applications filed within 3 years of the incident can be appealed for good cause shown. **Applications filed 3 years after the crime cannot be considered for compensation.**
- 2) Crime Reporting Deadline: The crime must be reported to proper governmental authorities (i.e. law enforcement, child protective services, the courts, medical authorities, etc.) within 72 hours of the incident. If the crime is not reported within 72 hours, the claim will be denied, and the applicant will have 30 days after receipt of the denial letter to appeal the decision to the Crime Victims Compensation Board. The 72-hour reporting requirement may be waived for good cause shown.
- 3) Appeal Filing Deadline: Once a claim has been denied, the applicant has 30 days after receipt of the denial letter to appeal the decision to the Crime Victims Compensation Board. **The Board cannot consider appeals filed after the 30-day filing deadline.**

#### III. Claim Processing Requirements: At a minimum the following documents are required to initiate the processing of a claim

- 1) Must submit a completed victims compensation application, with an original, readable signature.
- 2) Must submit at least one itemized bill that includes the victim/claimant's name, date(s) of service, description of the services rendered, cost of service, name and contact information of the service provider.
- 3) A Criminal History will be completed and analyzed on victims/witnesses/claimants 18 years of age and older, who apply for benefits.
- 4) The victim/witness must not have contributed to the offense.

**IV. Compensable Losses & Additional Documentation Requirements:** All documents will be thoroughly reviewed and verified. Although general documentation requirements are listed below, once reviewed, additional documentation may be required to determine eligibility.

- 1) **Medical Expenses: Benefits Cap = \$15,000**
  - A) Required Documentation: Itemized medical bill
  - B) Examples of services that may qualify: prescriptions, physical therapy, rehabilitation/occupational therapy, insurance deductibles & co-pays, etc.
- 2) **Funeral Expenses: Benefits Cap = \$3,000**
  - A) Required Documentation: Itemized funeral bill, a signed death certificate & receipt of payment (if bill has been paid)
  - B) Examples of services that may qualify: costs associated with the funeral services, transportation of the decedent's body, clothing for the deceased, headstones, church or hall rental, etc.
- 3) **Mental Health Counseling Expenses: Benefits Cap = \$3,000**
  - A) Required Documentation: Itemized counseling bill
  - B) Examples of services that may qualify: Individual, group and/or family counseling

**\*Please Note the Following:** a) Counselors must be licensed and in good standing with the appropriate licensing Boards, b) If seeking counseling benefits, a completed psychological service report is required after the first visit and must document that the services rendered are directly related to the crime listed on the investigative report. The report must be submitted by the licensed mental health professional that provided the service, and c) for eligible claims where a crime results in death, the spouse, children, parents, or sibling of the decedent may each be eligible for \$3000 in counseling benefits (only applicable for crimes occurring on or after July 1, 2009).

- 4) **Crime Scene Clean-up: Benefits Cap = \$1,500**
  - A) Requirements & Required Documentation: Itemized crime scene clean-up bill, and services must be provided by a company who specializes in crime scene sanitation clean-up. **\*Please Note: Property repair is not eligible**
  - B) Examples of services that may qualify: equipment rental, labor, removal of dirt, blood, stains, fingerprint powder, etc.

**\*Please Note: For items 1-4 above, an Itemized bill must include the name of the applicant or dependents, if applicable, provider name and contact information, list of service dates, services rendered, and the associated charges.**

- 5) **Economic Support: Benefits Cap = \$10,000 (An applicant may apply for either Lost Wages OR Loss of Support & the applicant must be gainfully employed at time of the crime)**

##### 5A) Lost Wages:

A) Requirements & Required Documentation: Pay stubs for a period of at least 60 days prior to incident, letter from employer stating number of days missed and wages lost since the date of the incident, doctor's note required when absent more than one week, must submit proof of application for other resources, if applicable (e.g., disability, Social Security, Worker's Compensation, sick leave, annual leave, etc.)

**\*Please Note: sick leave and annual leave cannot be reimbursed**

B) Who may be eligible: Victim/Witness of an eligible crime, Parent/Guardian of a minor victim

##### 5B) Loss of Support:

A) Requirements & Required Documentation: Pay stubs for a period of at least 60 days prior to injury, letter from employer verifying employment and wages earned, must submit proof of application for other resources, if applicable (e.g., disability, Social Security, Worker's Compensation, TANF etc.)

B) Who may be eligible: dependents of homicide victims (loss of support is based on the decedent's income), domestic violence victims, or child victims of an offending parent (loss of support in these instances will be based on the offender's income, must show proof that the offender supported the home, and is no longer in the home)

**\$25,000 is the Maximum Award Amount**

**The current average processing time is approximately 65 days.**