

9TH Judicial District
CRIME VICTIM COMPENSATION FUND
109 Eighth Street, Suite 308
Glenwood Springs, Colorado 81601
(970) 945-8635

The 9th Judicial District Crime Victim Compensation Board can provide Crime Victim Compensation to any person who is victimized by violent crime in Garfield, Pitkin or Rio Blanco Counties in Colorado. Colorado residents who are victimized in a state or country that does not have a victim compensation program, or residents who are victims of international terrorism, are also eligible to apply.

Victims of crime **MAY** receive up to \$30,000 for out of pocket expenses not covered by insurance or other collateral resources, and may also be eligible for emergency awards. Funds to pay crime victim compensation claims do not come from taxpayers. Instead, these funds are collected through fines from criminals convicted of felony and misdemeanor crimes, and some traffic offenses.

Listed below are the general eligibility requirements to apply for compensation.

Compensable Losses:

Only losses directly related to the compensable crime are eligible for reimbursement. These **MAY** include: **medical expenses, mental health expenses, lost wages, lost support to dependents, funeral expenses, repair and replacement of doors, locks and/or windows of residential property only, and security devices.**

Eligibility Requirements:

1. The crime must have occurred in Garfield, Pitkin or Rio Blanco County in Colorado; Colorado residents who are injured in a state or country that does not have a compensation program are also eligible to apply.
2. The crime must be one in which the victim sustains mental or bodily injury, dies, or suffers property damage to doors, locks or windows to residential property as a result of a compensable crime.
3. The victim must cooperate with law enforcement officials (district attorney, police, sheriff, department of social services).
4. The law enforcement agency was notified within 72 hours after the crime occurred.
5. The injury or death of the victim was not the result of the victim's own wrongdoing or substantial provocation.
6. The victimization occurred on or after July 1, 1982.
7. The completed application for compensation but be submitted within one year from the date of the crime; six months for residential property damage claims.

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| <p>PLEASE NOTE: Some of these requirements may be waived for "good cause" or in the "interest of justice" at the discretion of the board.</p> |
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General Information:

1. There does not have to be an arrest made for a victim to be eligible for compensation.
2. Compensation may be made for medical expenses, mental health counseling, dentures, eyeglasses, hearing aids, or other prosthetic or medical devices, loss of earnings, outpatient care, homemaker or home health services, funeral expenses, and loss of support to dependents.
3. Compensation for property damage may be awarded for the cost of replacement or repair to exterior doors, locks or windows that are damaged during the commission of a crime.
4. By law, you must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid and Medicare.
5. Please attach all bills and receipts. You may apply even if you have not received any bills as of this date.
6. Your claim will be investigated and presented to the Victim Compensation Board. This process may take up to 60 days.
7. Total recovery may not exceed the statutory limit of \$30,000. Compensation for some categories is limited by Board policy.
8. Should your claim be denied, you have the right to request reconsideration of the Board's decision and have the right to submit new or additional information related to the reason(s) for the Board's denial or reduction of your claim. You may arrange for reconsideration by contacting the Victim Compensation Program within 60 days from the date in which you received notice of the denial or reduction of your claim. If you request a reconsideration of the Board's decision, further information concerning the reconsideration process will be mailed to you. In the event the denial is upheld by the Board, you have a right to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.

How to File a Claim:

Victims of crime are required to complete an application and submit it to the Board. Itemized bills related to the crime should be submitted with the application. If no bills have been received, an application can still be filed. Bills can be submitted to the compensation program as they are received. The processing time is approximately 60 days to be notified of the program's decision once bills have been received.

Once all of the required information is received, a case summary will be prepared for the Board's consideration at the next scheduled meeting. The Board meets once a month usually in the third week and will render a decision of approved, denied or they may request additional information. You will then be notified by mail of the Board's decision.

CRIMES COVERED BY CRIME VICTIM COMPENSATION:

1. Murder
2. Manslaughter
3. Assault, Vehicular Assault
4. Criminally negligent homicide and vehicular homicide
5. Menacing
6. Kidnapping
7. Sexual Assault
8. Robbery
9. Incest
10. Child Abuse
11. Sexual exploitation of a child
12. Crimes against at-risk persons
13. Any crime, the underlying factual basis of which may be reasonably interpreted as involving domestic violence
14. Careless Driving that results in the death of another person
15. Failure to stop at the scene of an accident that results in the death of another person
16. Harassment by stalking
17. Ethnic intimidation
18. Retaliation against a victim or witness
19. Intimidation of a victim or witness
20. Any attempt, conspiracy, solicitation, or accessory to the above listed crimes
21. Indecent Exposure
22. Human Trafficking in Children or Adults
23. First Degree Burglary
24. Retaliation Against a Judge or Juror

APPLICATION PROCESS:

1. You will need to complete the enclosed application form as thoroughly as possible, answering all questions. *On the front page please add the name, social security number and birth date for each person you want covered by the program.*
2. If you are covered by medical insurance, please provide the name of the insurance provider, address and telephone number, policy number, subscriber number, the amount of the calendar year deductible and a list of the covered services (usually outlined in the Explanation of Benefits). If you are applying for financial assistance with medical bills, please include a copy of the bills with the application. The Crime Victim Compensation program has established a limit on payment of medical costs. The Board will pay 100% of these costs.
3. If you are applying for financial assistance for mental health counseling costs, the administrator will review your application and the law enforcement reports. If they meet the program criteria, she will authorize three sessions with a Crime Victim Compensation approved therapist of your choice to prepare the treatment form. The therapist will then complete the treatment plan form, listing the goals and objectives for treatment, and will return the form to our office along with a bill for current services rendered. The "no contact" provision of the protection order must remain in place, excepting parenting reasons. If your medical insurance will cover a portion of counseling costs, the bill must be submitted to the insurance company. The Crime Victim Compensation program will pay a maximum of \$80-\$100 per session depending on the therapist's credentials and/or the insurance deductible plus the percentage of the bill not covered by the insurance, whichever is less.

4. If you are applying for financial assistance with loss of wages, the following must be submitted: A copy of the doctor's release stating the date you are able to return work; statement from your employer providing your hourly wage, number of hours worked weekly, dates of work missed due to the incident, and any type of compensation received (ie: sick leave, vacation, unemployment, etc). The Board pays a maximum of 65% of the gross wage for a limit of five weeks based on a maximum 40 hours per week (maximum payout \$1,000.00 per week)

5. If you are applying for financial assistance with residential property damage and or repair, the following must be submitted – a copy of the repair bill. Losses compensable as defined by C.R.S. 24-4.1-109 are repair and replacement of property damage, payment of the deductible amount on residential insurance policy and any modification to the victim's residence that is necessary to ensure the victim's safety. Residential is defined as the victim's primary place of residence as determined by the CVC Board members. Second or vacation homes are not included. The maximum limit on property damage is set at \$1,000.00. The Board will consider, on a case by case basis, requests from domestic violence victims for changing locks of the residence when the perpetrator has keys. Only one such request from any victim will be considered.

6. If you are applying for financial assistance with the payment of burial and funeral costs, the following must be submitted – a copy of the burial or funeral bill. The Board has set the level allowed for "a reasonable funeral service and burial" - the maximum limit is set at \$5,000. Additional costs related to transportation of the body are set at a maximum of \$1,500 and \$1,500 for cemetery costs.

7. If you are applying for financial assistance with loss of support, we need verification of your spouse's/partner's wages (pay stub, W2 or Tax return) in order to determine the amount of support and verification that he/she assisted in the payment of routine household expenses. If verification cannot be provided, we will use the minimum wage as the support amount. In addition, we will need complete copies of the bills you would like to be paid. The Board will not consider past due notices or late fees or bills that accrued prior to the crime date.

The program may compensate loss of support equal to 65% of the gross wage, with a maximum rate of \$1,000 per week for a limit of five (5) weeks at 40 hours per week, earned by the defendant to a victim of domestic violence or sexual assault whose perpetrator is the main support of the family and who leaves or is removed from the family. The purpose is to assist victim in surviving without the benefit of the defendant's income.

The following must be in effect in order for the claimant to be eligible: 1. The perpetrator is not living in the household. 2. The restraining order is in effect and if it is violated by the victim, the Board may deem that contributory conduct has occurred and deny the claim. 3. The claimant must submit written verification of the family income and monthly expenses. 4. Should the defendant return home the Board will be unable to provide any loss of support financial assistance to the victim. 5. The Board will review each claim on a case by case basis and decide which expenses may be authorized

CRIME VICTIM COMPENSATION APPLICATION
9th Judicial District
109 Eighth Street, Suite 308
Glenwood Springs, Colorado 81601
(970) 945-8635

Please complete every question, write N/A if the question is not applicable.

SECTION 1 – VICTIM INFORMATION

Victim's Name (First, Middle, Last)

Mailing Address City/State/Zip

Home Telephone Work Telephone

Date of Birth Age When Crime Occurred:

Sex: Male Female State of Residency: _____

The following information is used for statistical purposes in order to comply with federal regulations.

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| Handicapped: | Race: | Who Referred You to the Compensation Program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> Physical | <input type="checkbox"/> Asian | <input type="checkbox"/> Victim Advocate |
| | <input type="checkbox"/> White Non-Latino or Caucasian | <input type="checkbox"/> Police Officer |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> District Attorney's Office |
| <input type="checkbox"/> No <input type="checkbox"/> Mental | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Social Services |
| | <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Hospital |
| | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Therapist |
| | <input type="checkbox"/> Some Other Race | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Multiple Races | |

SECTION 2 - CLAIMANT INFORMATION (Complete only if person submitting application is not the victim, i.e.: victim's parent or guardian, or relative of victim.)

Claimant's Name:

Mailing Address City/State/Zip

Home Telephone Work Telephone Relationship to Victim

INCLUDE COPIES OF ITEMIZED BILLS WITH THIS APPLICATION. PLEASE FORWARD ADDITIONAL CRIME RELATED BILLS AS YOU RECEIVE THEM.

| | |
|--|--|
| SECTION 3 - CRIME INFORMATION (All applicants must complete this section) | |
| Type of Crime: | |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drunk Driver/Vehicular Assault/Homicide |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Child Physical Abuse |
| <input type="checkbox"/> Burglary/Criminal Mischief | <input type="checkbox"/> Child Sexual Assault by Family Member |
| <input type="checkbox"/> Sexual Assault- Adult | <input type="checkbox"/> Child Sexual Assault- Non Family Member |
| <input type="checkbox"/> Murder/Homicide | <input type="checkbox"/> Other _____ |
| Date of Crime | Police Dept./Agency Crime Was Reported To |
| Crime Report Number | Law Enforcement Officer Handling Case |
| Who Committed the Crime? | Suspect's Relationship to Victim |
| Did the Crime occur at work? <input type="checkbox"/> yes <input type="checkbox"/> no | County where the crime occurred <input type="checkbox"/> Garfield <input type="checkbox"/> Pitkin <input type="checkbox"/> Rio Blanco |

SECTION 4 - BENEFITS Please check each type of claim for which you are requesting funds, and provide the information requested within the block or mark the type of claim as not applicable (N/A).

 MEDICAL SERVICES: Submit copies of itemized medical bills, if available:

Hospital: yes no **Physician:** yes no **Chiropractic:** yes no
Dental: yes no **Physical Therapy:** yes no
Home Nursing Care: yes no other: _____

 PERSONAL MEDICAL ITEMS: Submit copies of itemized bills, if available.
(Limited to medically necessary devices damaged or destroyed during the crime.)

Eyeglasses/Contact Lenses: yes no **Dentures:** yes no
Hearing Aide: yes no **Prosthetic Device:** yes no **Other:** _____

 COUNSELING: Submit copies of itemized bills, if available. If already in therapy, please provide the following:

Therapist's Name: _____ **Telephone No.** _____

Mailing Address: _____

Other family members/secondary victims seeking counseling related to this crime:

| | |
|------------------------|------------------------|
| _____ | _____ |
| Name and date of birth | Name and date of birth |
| _____ | _____ |
| Name and date of birth | Name and date of birth |

___LOST WAGES: Was the victim able to use any of the following types of leave due to physical or emotional injury caused by the crime?

Sick Leave: yes no **Vacation Leave:** yes no **Personal Leave:** yes no

___FUNERAL EXPENSES: Submit copies of itemized bills, if available.

___RESIDENTIAL PROPERTY: Submit copies of itemized bills, if available.
(Reimbursement for exterior residential doors, locks and windows damaged or destroyed during the crime.)

Doors: yes no **Locks:** yes no **Windows:** yes no

Residential insurance deductible amount: \$ _____

___LOST SUPPORT TO DEPENDENTS (Contact 970-945-8635 for information on this benefit)

___EMERGENCY AWARDS: The compensation fund **MAY** immediately assist victims if they are determined to require emergency assistance as a direct result of the crime. "Emergency" is generally defined as eviction, lack of food, or being denied medical or dental services due to financial reasons caused by the crime. If you meet any of these requirements, please write a letter to the Board detailing your emergency including what needs to be paid and to whom and the dollar amount. Emergency awards are limited to a maximum of \$2,000.00.

| SECTION 5 - INSURANCE INFORMATION (applicants seeking compensation for medical bills must complete the following information on insurance and other sources available to pay medical bills.) | | | | |
|---|------------|-----------|------------|---|
| SOURCE: | YES | NO | UNK | Name of Insurance Company/Policy No./Phone No. |
| Private Insurance | | | | |
| Medicaid | | | | |
| Group Insurance | | | | |
| Medicare | | | | |
| Worker's Comp. | | | | |
| Automobile Ins. | | | | |
| Disability Ins. | | | | |
| Homeowner/Renters Ins. | | | | |
| Military Coverage | | | | |
| Other | | | | |

SECTION 6 - CIVIL LAWSUIT

Are you planning to sue the person (s) or business/agency responsible for this injury? yes no

If yes, what is your Civil Attorney's Name: _____

Mailing Address

City, State, Zip Code

Telephone Number

NOTE: *The Crime Victim Compensation Board must be notified of any civil action and be provided with written evidence of the amount of settlement.*

SECTION 7 - RELEASE OF INFORMATION AND VICTIM'S RIGHTS AND RESPONSIBILITIES

Certification of Application: The information contained in this application for a Crime Victim Compensation award is true and correct to the best of my knowledge. I understand that the filing of false information may result in a denial of my claim and is punishable by law.

Cooperation: I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc) may result in the denial of my claim.

Repayment of Crime Victim Compensation Award: I understand that the Crime Victim Compensation Program will be repaid if payments are received from the offender (restitution or civil action), insurance, or any other government or private agency as compensation for this injury or death after receipt of payment from the Victim Compensation Fund.

Subrogation Agreement: I understand that the acceptance of a Victim Compensation Award by an applicant shall subrogate the state to the extent of such award to any cause or right of action accruing to the applicant.

Release of Information Authorization: I hereby authorize the release of all information from my employer, physician, hospital, department of human services, medical and/or mental health service provider(s) and/or creditor(s) for the purposes of verifying the claims I have submitted, or to establish the validity of a restitution claim. I further understand that any information provided may be subject to disclosure under the law.

Release of Funds: I hereby authorize release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the services provider(s) applicable to my claim. I understand that any award is subject to the availability of funds and the discretion of the Board.

Right to Reconsideration: As an applicant, you are advised that if your Crime Victim Compensation claim is denied you have the right to request a hearing before the Crime Victim Compensation Board. You will be entitled to present evidence and witnesses. At said hearing, the burden of proof is upon you as the applicant to show that the claim is reasonable and compensable under the terms of the Colorado Crime Victim Compensation Act. In the event that the denial is upheld by the Board at the reconsideration's hearing, the applicant has the ability to have the board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.

Alternative Application Process: If you feel the Crime Victim Compensation Board in your jurisdiction is unable to fairly review your claim due to a personal or professional relationship with two or more board members, it will be sent to another district for review. If your claim is approved, bills will be paid from this office. I understand that this may delay the processing of your claim.

The information provided to the 9th Judicial Crime Victim Compensation Board may be discoverable in the criminal case if the court conducts an in camera review and determines that the materials sought are necessary for the resolution of an issue then pending before the court.

If the Board finds that funds distributed were used inappropriately, the Board may request that the monies be returned to the fund and the matter will be referred to the Office of the District Attorney.

I, the applicant to the Crime Victim Compensation Program of the 9th Judicial District, hereby state that the information provided in this application is accurate:

Printed Victim or Claimant Name

Signature of Victim or Claimant Name

Date

Return to:

Crime Victim Compensation Fund
109 8th Street, Suite 308
Glenwood Springs, CO 81601

Fax: 970-945-1304

Telephone: 970-945-8635