

# STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

VIOLENT CRIMES COMPENSATION BOARD

SEAN PARNELL, GOVERNOR

PO BOX 110230  
JUNEAU, ALASKA 99811-0230  
PHONE: (907) 465-3040  
TOLL FREE: 1-800-764-3040  
FAX: (907) 465-2379

## ADULT DEPENDENCY QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Claim # \_\_\_\_\_  
Claimant's Name: \_\_\_\_\_ Claimant's SSN: \_\_\_\_\_  
Crime / Incident: \_\_\_\_\_ Victim's Name: \_\_\_\_\_

What is the Claimant's relationship to the victim?

1. Are you related to the offender or the victim? Yes  No
2. What is the relationship? \_\_\_\_\_
3. Were you living with the offender / victim at the time of the incident? Yes  No
4. Are you living with the offender/victim now? Yes  No
5. Were you financially dependent upon the offender / victim? Yes  No
6. If yes, what percentage of the household income did the offender / victim contribute monthly? \$ \_\_\_\_\_
7. Did you and /or the offender/victim file Income Tax Returns at least once during the three years prior to the crime? Yes  No
8. If yes, did you file jointly? Yes  No
9. If yes, did you file separately? Yes  No
10. What was the total monthly income at the time of the incident? \$ \_\_\_\_\_
11. Were you working at the time of the incident? Yes  No
12. Did you lose wages as a result of the incident? Yes  No
13. Was the offender/victim working at the time of the incident? Yes  No
14. If yes, how much income was the offender/victim making monthly? \$ \_\_\_\_\_

If you were not living with the offender/victim at the time of the incident, describe how your income was impacted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Before the Board can consider compensation, documentation of the support being provided at the time of the homicide must be submitted to the Board. What documentation are you submitting to support your claim?**

\_\_\_\_\_  
Income Tax Returns \_\_\_\_\_ Child Support Order  
\_\_\_\_\_  
Employment Forms \_\_\_\_\_ Alimony Order  
\_\_\_\_\_  
Other: \_\_\_\_\_

I, \_\_\_\_\_, do hereby affirm that the statements above are the truth.

Signature \_\_\_\_\_ date \_\_\_\_\_