

State of Alaska
Department of Administration
VIOLENT CRIMES COMPENSATION BOARD (VCCB)

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CRIME VICTIM COMPENSATION

Section 1: Claimant

1. Your Name: The name of the applicant requesting assistance. The claimant must be the parent or legal guardian if filing on behalf of a minor child or incapacitated victim.
2. Gender: Select Male or Female.
3. Relationship to Victim: If the victim is the one completing the application on their own behalf, write "SAME". You do not need to complete Section 2. Otherwise, indicate if the victim is your spouse, child, sibling etc.
4. Mailing Address: The street address or Post Office Box of the claimant.
5. Residential Address: If the same as mailing address, write "SAME".
6. SSN: The social security number of the claimant.
7. Date of Birth: The date of birth of the claimant.
8. Home Telephone: Phone number of the claimant, including area code.
9. Cell Phone: Cell phone number of the claimant, including area code.
10. Other: Any other means of contacting the claimant e.g. work phone number.
11. Email address: Email address of claimant.
12. Legislative employee: Select Yes or No.

Section 2: Victim

13. Name: The name of the victim. If the claimant is the victim, this section does not need to be completed.
14. Mailing Address: The street address or Post Office Box of the victim.
15. Residential Address: If the same as mailing address, write "SAME".
16. SSN: The social security number of the victim.

17. Date of Birth: The date of birth of the victim.
18. Home Telephone: Phone number of the victim, including area code.
19. Cell Phone: Cell phone number for the victim, including area code.
20. Other: Any other means of contacting the victim e.g. work phone number.
21. Email address: Email address of victim.

Section 3: Crime Information

22. Date Crime Occurred: The date of the incident.
23. Location of Crime: City, village, official community name where crime occurred or, if outside incorporation limits (e.g. a highway) an accurate description of the location (e.g. Mile 22 of Parks Highway).

24. Type of crime: e.g. assault, sexual assault, homicide.

NOTE: not all crimes are compensable through this program. Please call the VCCB if you are unsure whether the crime is eligible for compensation.

25. Date Crime Reported: The date on which the crime was reported to law enforcement.
26. Law Enforcement Agency reported to: The local police department or Alaska State Troopers, including location. Please include the responding officer's name, if known.
27. Case #: Case number assigned by responding law enforcement. This assists us to obtain a copy of the police report. If you do not know the case number, please contact the law enforcement agency for this information.
28. Has Prosecution started: Select Yes or No, if known.
29. Location: The location of the city, state or federal court pursuing prosecution (i.e. city prosecutor or District Attorney's office).
30. Name of Person who Committed Crime: The name of the offender, if known.
31. Is the offender a juvenile: Select Yes or No, if known.
32. What is the victim's relationship to the offender, if any: Identify the relationship, if any. E.g. spouse, ex-boyfriend, mother, acquaintance, none, etc.
33. Describe injuries: Give a brief description of the injuries suffered.

Section 4: Expenses

34. Check Expenses being requested: Select the appropriate compensable loss(es) being requested.
35. Emergency Award Request: Emergency awards are limited to lost wages, relocation, or counseling (paid directly to a provider).
36. What is the nature of the emergency: Give an explanation of why an emergency award is required.

NOTE: While each request for emergency compensation is reviewed carefully, most are not awarded. An Emergency Award is usually only suitable where a claimant/victim was employed at the time of the incident and is unable to work for a time because of the crime, or where there is an immediate threat to safety, or because of the nature of the crime, it would be unreasonable to expect the claimant/victim to have to wait several weeks before starting counseling.

Section 5 Medical Providers and Insurance Information

37. Health Insurance: Please complete the insurance information for the primary insured person whose insurance may cover some medical expenses. This might be employer provided insurance or private insurance.
38. Check if you have any of the following to assist with medical expense: Select all appropriate sources.
39. Auto Insurance: Only complete this if the crime involved DUI, hit and run, or vehicular assault.
40. Medical Providers: List all providers seen as a *direct* result of the crime, including dentists or counselors.

Section 6 Employer Information

Complete this section if lost wages are being requested.

Section 7 Representative Information

Complete this section if someone has assisted you with completing the application.

Section 8 Federal Reporting Information

Check the appropriate box to indicate your race/ethnicity and whether you are disabled. This information is required for reporting purposes to comply with federal regulations.

Section 9 How did you Learn About This Program

Select all appropriate sources. If selecting “other” please identify how you learned about the program.

Section 10 Civil Suit Information

Indicate whether you intend or have filed a civil lawsuit in connection with this crime. If you have hired an attorney to assist you, please include their contact information.

Section 11 Information Release

The information release allows us to request copies of medical records, employment records, law enforcement records, and all other relevant records for the claimant in order to establish whether the claimant is eligible, and if so, the amount of applicable compensation.

Sign and date the release. The claim cannot be processed if this section is incomplete.

Section 12 Agreement to the VCCB

The subrogation agreement guarantees that you will notify the VCCB if you receive any recovery from the offender, civil lawsuit, insurance program, or any other agency for losses or costs paid by the VCCB. You are also agreeing to reimburse the VCCB if your claim is later determined to be ineligible.

Sign and date the agreement. The claim cannot be processed if this section is incomplete.

For additional information call 1-800-764-3040 or in Juneau 465-3040.