

STATE OF ALASKA

SEAN PARNELL, GOVERNOR

DEPARTMENT OF ADMINISTRATION

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VIOLENT CRIMES COMPENSATION BOARD

CHILD DEPENDENCY QUESTIONNAIRE

Today's Date: _____ Claim # _____
Claimant's Name: _____ Claimant's SSN: _____
Parent / Legal Guardian's Name: _____ Parent / Legal Guardian's SSN: _____

Child's Full Legal Name: _____ Child's SSN: _____
Child's Age: _____ male female Child's DOB: _____

Child's Relationship to Claimant:
Child's Relationship to Victim:
Child's Relationship to Offender:

- Is the child living with you? Yes No
- If the child is not living with you, then with whom do they live? _____
- Do you have the legal right to apply on this child's behalf? Yes No
- If yes, what documentation will you submit providing evidence of this? _____
- Was this child living with the victim at the time of the incident? Yes No Unknown
- Was the child financially dependent upon the victim at the time of the incident? Yes No Unknown
- If yes, what documentation will you provide to show this? _____
Income Tax Returns: _____
Other: _____
- If yes, what percentage of the child's support did the victim contribute monthly? _____% Unknown
- Was this child claimed as a dependent on the victim's most recent Income Tax Return? Yes No Unknown
- Was the victim working at the time of the incident? Yes No Unknown
- What was the total monthly income of the household where this child resided at the time of the incident? _____ Unknown

Please submit a copy of the child's birth certificate.

Before the Board can consider awarding lost support, documentation of the support being provided to the child by the victim at the time of the homicide must be submitted to the Board. What documentation are you submitting to support your claim?

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

Signature _____ date _____