Guidelines for Lost Support

Section 1: Guidelines. Please read carefully

The Violent Crimes Compensation Board can compensate a qualifying minor dependent of a homicide victim up to $40,000 for loss of support. Up to $80,000 may be available if there are multiple dependents that were financially dependent upon the victim at the time of the incident.

If the Board determines a minor child is entitled to lost support, the award is designed to replace the income the victim once provided to the dependent on an annual basis. Therefore, to assure that this award achieves its intended purpose, the award is placed in a money market account that will provide the dependent with annual support payments until the age of majority is reached.

You must have the legal authority to apply on the minor child’s behalf and have guardianship of the child. To request lost support on behalf of the minor child, you must provide the following documentation:

- Child Dependency Questionnaire
- Copy of child’s birth certificate and/or guardianship documents
- Documentation to support the child’s dependence upon the victim at the time of the incident, such as copies of the victim’s federal income tax returns or child support order.
Section 2: Child Dependency Questionnaire

Claimant’s Name: ________________________________________________________

Claimant’s SSN: _________________________________________________________

Child’s Name: __________________________________________________________

Child’s SSN: _____________________________________________________________

Child’s Relationship to Claimant: _________________________________________

Child’s Relationship to Homicide Victim: _________________________________

1. Is the child currently living with you? Yes ☐ No ☐
   a. If no, then with whom do they live? _________________________________

2. Was the child living with you at the time of the incident? Yes ☐ No ☐

3. Was the child living with the victim at the time of the incident? Yes ☐ No ☐

4. Do you have the legal right to apply on behalf of the child? Yes ☐ No ☐
   a. If yes, what documentation will you submit as evidence? ______

5. Was the child financially dependent upon the victim at the time of the incident? Yes ☐ No ☐
   a. If yes, what percentage of the household income did the victim contribute? _____%
      What documentation will you submit as evidence? ______________________

6. Did you or the victim file Income Tax Returns during the three years prior to the crime? Yes ☐ No ☐
   a. If yes, did you file jointly? Yes ☐ No ☐
7. Were you working at the time of the incident?  Yes ☐ No ☐
   a. If yes, did you lose wages as a result of the incident?  Yes ☐ No ☐

8. Was the victim working at the time of the incident?  Yes ☐ No ☐
   a. If yes, what was the victim’s monthly income? ____________________________

9. What was the total household income at the time of the incident: ________________

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

I declare under penalty of perjury that all the information I have provided is true, correct, and completed to the best of my knowledge and belief.

Signed: ____________________________ Date: ____________________________

Please return this form to: Violent Crimes Compensation Board

P.O. Box 110230

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