

Minor Child Questionnaire

You must have the legal authority to file on behalf of the minor. Please complete the form and include a copy of the child's birth certificate or guardianship document.

Claimant's Name: _____ Claimant's SSN: _____

Child's Name: _____ Child's SSN: _____

Child's DOB: _____ Male Female

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

1. Have you incurred costs for this child as a result of the incident? Yes No
2. Do you have the legal authority to file on behalf of the minor child? Yes No
3. Was the child living with you at the time of the incident? Yes No
4. Is the child currently living with you? Yes No
5. Is it possible that someone else might submit a claim for this child? Yes No
6. Do you have legal responsibility for this child's medical and/or mental health bills? Yes No
7. Check the expenses you would like the Board to consider compensating for this child. The expenses requested must be incurred as a **direct** result of the incident.

- | | |
|---|--|
| <input type="checkbox"/> Lost Wages | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Loss of support for dependants of a deceased victim |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |

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
Juneau, AK 99811-0230