**Office of the Attorney General**

**Department of Crime Victim Compensation (DCVC)**

**Crime Victim Compensation Technical Assistance Form**

*(Form to be completed by victim advocates and other service professionals)*



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| VICTIM INFORMATION |
| **Primary Victim:**  | **Claimant:** |
| **Address:**  |
| **Telephone Number:**  | **Alternate Number:** |
| **Victim Type:**  | **Injury Sustained:** |
| **Professional** completing form:  |
| **Agency:**  |
| ADVOCATE CHECKLIST NOTES |
| **[ ]**  Did you explain Victims’ Rights?  |  |
| [ ]  Did you explain the Eligibility Criteria?  |  |
| [ ]  Do you have a copy of the Incident Report? |  |
| [ ]  Did you assist with filing a Compensation Claim? . |  |
| **VICTIM DOCUMENTATION COLLECTED: SUPPLEMENTAL DOCUMENTATION PROVIDED:** |
| [ ]  Certificate of Death | [ ]  Physician’s Disability Report |
| [ ]  Funeral Bill/Contract | [ ]  Mental Health Counselor’s Report |
| [ ]  Pay Stub | [ ]  Benefits Quick Reference Guide |
| [ ]  Medical Claim Form | [ ]  Payment and Reimbursement at a Glance Flyer |
| [ ]  Explanation of Benefits (EOB) | [ ]  Brochures |
| [ ]  Employer’s Report | [ ]  Flyers/Posters |
| **REFERRALS**  |
| [ ]  |
| [ ]   |
| **ADDITIONAL NOTES OR COMMENTS** |
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