## **Checklist for Crime Victims Compensation**

| Applying for Medical Bills and Counseling |                                                                                                                                                                                                  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | Itemized copies of all medical bills and paid receipts if you already made payment                                                                                                               |
|                                           | All medical bills should be submitted to your insurance carrier, provide the Explanation of Benefits showing rejection of coverage or partial payment                                            |
|                                           | Submit the initial assessment and goal oriented treatment plan from your therapist                                                                                                               |
|                                           | If you already are permanently disabled because of your injury, send a prescription and total cost estimates for any necessary rehabilitative equipment or modifications of your home or vehicle |
| Applyi                                    | ng for Burial Benefits                                                                                                                                                                           |
|                                           | Itemized copy of funeral bill, including cemetery and funeral home, and paid receipts                                                                                                            |
|                                           | Submit Life Insurance Benefit Statement                                                                                                                                                          |
| Applyi                                    | ng for Loss of Earnings or Support                                                                                                                                                               |
|                                           | 3 pay stubs paid before the date of injury                                                                                                                                                       |
|                                           | If you are self-employed, provide the most recent Federal Income Tax Return including Schedule C                                                                                                 |
|                                           | A written disability statement from your physician verifying your physical disability and that you are off work                                                                                  |
|                                           | Statement of Benefits you and/or your dependants receive through your employer, and/or your Social Security benefit received                                                                     |
|                                           | Submit the Application Eligibility Notice you receive from the Department of Human Services                                                                                                      |
|                                           | If you apply for loss of support, provide you Life Insurance Benefit Statement and Social Security Survivor's Benefit statement for you and your children                                        |

Our office will not disclose your information to the defendant or the defense attorney.