



Memorandum of Understanding

Date: _____

As a public service to the citizens of this state, DCVC has developed this "Memorandum of Understanding". This document does not replace DCVC's Crime Victim Compensation Application.

This is a "Memorandum of Understanding" between _____ (Name of Establishment) and _____ (Claimant).

- _____ I understand that the South Carolina Attorney General's Office, Department of Crime Victim Compensation (DCVC) is an eligibility program with criteria that must be met.
- _____ I have been informed that if the compensation claim meets all of the criteria, DCVC will pay the allowable amount by law for funeral services and all remaining balances are my responsibility.
- _____ I understand that DCVC, in its sole discretion, pursuant to its laws, may grant a full award, reduce an award or deny a claim.
- _____ I acknowledge that by signing this document, that:
1. This information has been explained to me by my victim advocate or by the Director of this establishment.
 2. I agree to fully adhere to all rules and regulations of the South Carolina Attorney General's Office, Department of Crime Victim Compensation (DCVC).

I recognize that by signing this document, I acknowledge that submitting the Crime Victim Compensation application to DCVC is Not an approval for payment, but the initial process for consideration for payment.

Signing this memorandum signifies or represents an understanding between the facility and the customer listed above.

PROVIDER/DIRECTOR:

CUSTOMER/RESPONSIBLE PARTY:

NAME (PRINT)

DATE

NAME (PRINT)

DATE

SIGNATURE

SIGNATURE

Disclaimer

Payer of Last Resort:

DCVC is an eligibility program. All eligible compensable expenses will be offset by other available sources before reimbursements/payments are considered. Recipients will be required to exhaust all available funds before the program will consider payments. This includes subrogation (monies awarded for civil actions), restitution (monies ordered by the courts), pre-need arrangements and donations.

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