**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** | | |
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| **ADDITIONAL NOTES OR COMMENTS** | | |
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