South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

DCVC: Physician's Disability - Loss of Support - Report

PSD24

Department of Crime Victim Compensation (DCVC), 1205 Pendleton Street, Room 401, Columbia, SC 29201● Telephone 803-734-1900 ● Facsimile 803-734-2261
WWW.SOVA.SC.GOV (Click on payment and reimbursement guide under the "For Providers" tab for more information)

This form applies to you:

If you are the spouse of the direct victim or the Parent/Legal Guardian of a minor child victim who sustained a physical injury and requires individual care

If the direct victim's treating Physician certifies that it is medically necessary for you to provide individual care to the direct victim who sustained the injury

If it is medically necessary for you to miss more than two consecutive weeks from work

To the direct victim's treating Physician:

In your professional opinion, do you certify with a reasonable degree of professional certainty that the victim requires individual care from the spouse or parent/legal guardian, and the care is required for at least two consecutive weeks?

_____Yes _____No

If you answered yes,

Provide the name of your patient: _____

Provide the date of the crime: _____

Section 1: Spouse or Parent/Legal Guardian Information (The person requesting loss of support)

Legal Name_____SS# (last 5 digits) _____ DOB____/____/____

DCVC Claim Number_____ Crime Date ____/____/____

Home Address_____ Phone (_____)_____

City_____ State_____ Zip code_____

Section 2: To be completed by the Treating Physician

Describe the injury(s) sustained as a direct result of the crime:_____

_____

Describe the care that is medically necessary to be provided by the spouse or parent/legal guardian of the direct victim:

_____

Care will be required from ____/____/____ through ____/____/____

Type or print Treating Physician's name_____Phone (____)_____

Signature of Treating Physician_____ Date ____/____/____

Name and Address of Facility _____

Section 3: To the Spouse or Parent/Legal Guardian of the Direct Victim

Criteria for Lost Wages

You must meet the four criteria: (1) Employment (2) Missed time from work (3) Reportable income & (4) Disability