CRIME VICTIMS APPLICATION

Crime victim applications are submitted in two different manners:

1) Eligibility only

2) Eligibility plus Claims

For cases that are sent in for "eligibility only," the minimum that must be sent in is as follows:

1) The 2-page Application For Crime Victims Reparations (to be filled out by claimant)
   a) Please make sure all of the questions are answered.
   b) The claimant MUST sign the application.
   c) Claimant must be at least 18-yrs old at the time that the application is signed.

2) The Claim Investigator Review (to be filled out by claim investigator)
   a) Please answer ALL questions.
   b) Please sign and date form.

3) When the victim is deceased, a COPY of the death certificate must be submitted with the application. We do not need an original.

4) Submit copies of newspaper articles, press releases, etc., that describe the incident, when available.

5) Police/Incident Report (Narrative AND Supplemental)
   a) If a supplemental report is impossible to obtain, please have the investigating detective write a short letter to the CVR Board that answers these questions:
      1) What happened? (Details of crime including motive.)
      2) Did the victim contribute to the incident?
      3) Was the victim participating in illegal activity?
      4) Did the victim (or claimant) cooperate with police?
      5) Were there any arrests? If so, please give details.
      6) Detective's comments about the incident.

The above information must be submitted with EVERY new case. Please do not send a case to CVR unless it is complete. Please send all attachments on letter-size paper. Please reduce larger documents and tape smaller ones to letter-sized paper. Please do not staple anything together. We just have to unstaple everything when we get the case in order to copy it. Use paper clips if necessary.

Only one primary victim and one claimant are permitted per application form.
APPLICATION FOR CRIME VICTIMS REPARATIONS

CRIME VICTIMS REPARATIONS BOARD
Office: (225) 342-1749 Nationwide Toll-Free (888) 6-VICTIM www.lcle.la.gov/cvr

THIS BOX IS TO BE COMPLETED BY THE SHERIFF’S CLAIM INVESTIGATOR

Date Application Received ___________________________ CVR # ________________

When completed, return this application to the Claim Investigator in the Sheriff’s office
in the parish where the crime occurred.

In order for your application to be processed, you must complete all information on this application. **PLEASE PRINT!**
You have one year from the date of the crime to file this application. If you are filing later than one year, you must attach
a letter of explanation. Please remember, the Crime Victims Reparations Board is NOT responsible for your bills.

You do not need an attorney to complete this form. **If you need assistance, contact the Sheriff’s claim investigator** or
Crime Victims Reparations office at the above-listed telephone numbers. If you choose to hire an attorney to assist you,
those fees CANNOT be repaid to you by this program.

You will be notified by mail when your application reaches the Louisiana Crime Victims Reparations Board office. Please
see additional information, including a list of Claims Investigators, on our website: **www.lcle.la.gov/cvr**.

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<table>
<thead>
<tr>
<th>_____ Primary</th>
<th>VICTIM INFORMATION</th>
<th>_____ Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ___________________________</td>
<td>Social Security # ___________________________</td>
<td></td>
</tr>
<tr>
<td>First, Middle, Maiden (If applicable) and Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address _________________________________________________________</td>
<td>City ___________________________</td>
<td></td>
</tr>
<tr>
<td>State _________________________</td>
<td>Zip Code ________________________</td>
<td>Date of Birth _____________________________</td>
</tr>
<tr>
<td>Home Phone ( ) _____________________</td>
<td>Work Phone ( ) _____________________</td>
<td>Cell Phone ( ) _____________________</td>
</tr>
<tr>
<td>Is victim deceased? _____ Yes _____ No</td>
<td></td>
<td></td>
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<tr>
<td>Does victim have children/other dependents? _____ Yes _____ No</td>
<td></td>
<td></td>
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<tr>
<td>Did the victim miss work as a result of crime-related injuries? _____ Yes _____ No</td>
<td></td>
<td></td>
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<tr>
<td>Answering questions about the victim’s race/ethnic background is voluntary. It will remain confidential.</td>
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<thead>
<tr>
<th>SEX</th>
<th>VICTIM’S AGE</th>
<th>ETHNIC BACKGROUND</th>
<th>Did VICTIM have a disability</th>
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<tbody>
<tr>
<td>☐ MALE</td>
<td>When Crime Occurred</td>
<td>Before the date of the crime?</td>
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<tr>
<td>☐ FEMALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>American Indian</td>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>Hispanic</td>
<td>Alaskan Native</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>CLAIMANT INFORMATION</th>
<th>(Complete only if you are responsible for some/all expenses)</th>
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<tbody>
<tr>
<td>LIST ONLY ONE CLAIMANT PER APPLICATION!</td>
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</tbody>
</table>

| Name ___________________________ | Social Security # ___________________________ |
| (First, Middle, Maiden (If applicable) and Last) |
| Address ___________________________ | City ___________________________ | State _________________________ | Zip Code ________________________ |
| E-mail Address: ___________________________ | Relationship to Victim: You are his/her: (mother, father, friend, uncle, aunt, etc.) |
| Home Phone ( ) _____________________ | Work Phone ( ) _____________________ | Cell Phone ( ) _____________________ |
| You were referred to this program by: (Agency or Company Name; Friend, Relative, Media, Other) |
| Date of Birth: ___________________________ |

August 13, 2014
Louisiana Commission on Law Enforcement
Crime Victims Reparations
P.O. Box 3133
Baton Rouge, LA 70821
**CRIME INFORMATION**

<table>
<thead>
<tr>
<th>Type of Crime(s)</th>
<th>Date of Crime</th>
<th>Police Agency crime was reported to/File Number of Report</th>
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<tbody>
<tr>
<td></td>
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</table>

**Location of Crime (Street, City, State, Parish)**

**Date Crime Reported:**

**Briefly Describe Crime and Injuries:** *(Please do not type or write “See Attached.”)*

**Name of Person(s) Who Committed Crime:**

**Relationship of Offender(s) to Victim (spouse, stranger, acquaintance, friend, etc.):**

**Was restitution ordered?** [ ] Yes [ ] No

If yes, amount ordered: $__________

If yes, amount paid to date: $__________

**INSURANCE COVERAGE - INSURANCE MUST BE BILLED BEFORE CLAIMS ARE SUBMITTED**

Check type(s) of insurance coverage you have. *If you have no insurance, please check "None."*

[ ] None [ ] Life [ ] Funeral [ ] Medical [ ] Medicaid/Medicare [ ] Dental [ ] Mental Health [ ] Home [ ] Auto

**Insurance Company Name**: ______________________________________________________________________________

Policy # __________________________________________ Phone # _______________________________

**CIVIL ATTORNEY HIRED BY THE CLAIMANT (Do Not List the DA or the Prosecutor)**

**Attorney’s Name**: __________________________________________ Phone ( ) _______________________________

**Address**: _______________________________________________________________________________________________

**AGREEMENTS AND AUTHORIZATION TO RELEASE INFORMATION**

I authorize and request any person having information, confidential or otherwise, necessary to the administration of my application and claims, including all past and present law enforcement records concerning me, to release that information to the Crime Victims Reparations Board.

This release includes, but is not limited to: funeral homes, physicians, hospitals, medical or mental health service providers, law enforcement agencies, local, state, and federal governmental agencies; any employer; and private company or governmental agency which is providing, or may provide, medical or monetary benefits. I agree and certify that no person shall incur any legal liability to me by releasing any information pursuant to this authorization. A photocopy or exact reproduction of this signed release shall have the same force and effect as the original.

I agree that compensation may be paid directly to the service provider.

I promise to repay the Louisiana Crime Victims reparations Fund, through the Crime Victims Reparations Board, if I receive payments from the offender (restitution or civil action), insurance, or any other governmental or private agency resulting from this incident. *(Required by R.S. 46:1814(A))*

I agree to notify the Board and the Attorney general in writing when I file a civil action to recover damages after I receive an award from the Board. *(Required by R.S. 46:1814(B))*

I understand that willfully and knowingly providing false information could result in a fine or imprisonment.

I certify subject to penalty of law that all information submitted with this application is correct and true to the best of my knowledge and that losses to be claimed are a direct result of the crime.

**CLAIMANT’S SIGNATURE**: __________________________________________ DATE: ______________

**PLEASE PRINT NAME**: ___________________________________________________________________________________

*THE PERSON LISTED AS THE CLAIMANT ON PAGE 1 OF THIS APPLICATION MUST SIGN THE FORM!*