

Denver Crime Victim Compensation Application Check List

In order to ensure that your application is processed as quickly as possible,
please review the following checklist:

The incident must have been reported to the Denver Police Department and the victim/applicant must cooperate with the investigation and prosecution if a prosecution results.

- Check to make sure the application is filled out completely. **If the application is not complete and questions are unanswered, it may be returned to you delaying assistance.**
- The application **must include the signature** of the victim or of the claimant if the victim is under the age of 18 years old.
- If you have not yet received medical bills, send the completed application and forward the bills as you receive them. If you are sending medical bills with the application, please **send itemized bills rather than a payment coupon or letter from a collection agency.**
- If you are requesting reimbursement for bills you have already paid, **please enclose receipts or other proof of payment with an itemized copy of the bill.**
- If you are requesting assistance with **dental** treatment, the Board **requires a treatment plan from the dentist before** they will review dental bills. Payment for **dental treatment related to the crime** is limited to \$8,000.
- Loss of wages** must be documented by an employer. A release of information is included with the application. **If self-employed**, the Board will **only** accept documentation from the most recent income tax return or quarterly income tax statements. A **doctor's note must accompany all requests for more than 2 weeks** of lost wages. The Board may pay up to four months or \$6,000.
- If you pursue **mental health counseling**, be aware that the Board will only consider payment to a licensed therapist or a counselor directly supervised by a licensed therapist. The Board will determine the number of sessions for which it will pay based on the treatment plan. The Board will pay up to \$90 per individual sessions and up to \$45 per group.
- The Board **cannot repair or replace property** with the exception of exterior residential doors, locks, and windows damaged as the result of a crime.
- The Board cannot replace cash or assist with rent or relocation.**
- If you have questions on filling out the application including needing reasonable accommodations for hearing impaired, blind or have limited English proficiency please contact Crime Victim Compensation by phone or email for assistance with application.**

Payment is not guaranteed and no one can make that promise to you. All decisions are made by the Crime Victim Compensation Board.

**Return to: Crime Victim Compensation
201 W. Colfax, Dept 801
Denver, CO 80202**

**720-913-9253(Phone)
720-913-9035 (Fax)
VictimComp@denverda.org**

DENVER CRIME VICTIM COMPENSATION APPLICATION 720-913-9253

The Victim Compensation program operates pursuant to C.R.S. 24-4.1, Part 1.

Eligibility Requirements:

1. The crime must be one in which the victim sustains mental or bodily injury or dies; or suffers residential property damage to external door, locks, or windows as a result of a compensable crime.
2. The victim must cooperate fully with law enforcement officials, (police, and prosecutors.)
3. The police were notified within 72 hours after the crime occurred.
4. The injury or death of the victim was not the result of the victim's own wrongdoing or substantial provocation.
5. The victimization occurred on or after July 1, 1982.
6. The application for compensation must be submitted within one year from the date of crime against a person and six months from the date of a property crime.

NOTE: The Crime Victim Compensation Board may waive some of these requirements for good cause.

General Information:

1. The arrest of a suspect does not need to be made for a victim to be eligible for compensation.
2. Compensation may be made for reasonable medical expenses, mental health counseling, dentures, eyeglasses, hearing aids, or other prosthetic or medical devices, loss of earnings, outpatient care, homemaker / home health services, funeral expenses, and loss of support to dependents.
3. Compensation for property damage may be made for the replacement or repair to exterior residential doors, locks, or windows that are damaged during the commission of a crime.
4. By law, you must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid, Medicare, etc.
5. Please attach *itemized* bills and receipts. You may apply if you have not received any bills as of this date.
6. Your claim will be investigated and presented to the Victim Compensation Board. This process may take up to 60 days after the information is complete.
7. If your claim is denied, you have the right to request that the Board reconsider its decision. You must submit new or additional information related to the Board's denial or reduction of your claim. You can arrange for a hearing by contacting the Crime Victim Compensation program within 30 days of notification of the denial or reduction of your claim. In the event the denial is upheld by the Board, you have the right to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure.

Please complete every question. Write N/A if the question is not applicable.

SECTION 1 - VICTIM INFORMATION

_____		_____	
Victim's Name		Date of Birth	
_____		_____	
Mailing Address	Apt#	City/ State/ Zip Code	
_____		_____	
Home/ Cell Number		Work Number	

Email Address			

Gender Identity: ___ Male ___ Female			
The following information is used for statistical purposes only. It is needed to comply with federal regulations.			
Race:	Disability:	Who referred you to this program?	
___ American Indian or Alaskan Native	___ No	___ Police Victim Advocate	
___ Asian	___ Emotional	___ Police Officer	
___ Black or African American	___ Physical	___ District Attorney's Office	
___ Hispanic or Latino		___ City Attorney's Office	
___ Native Hawaiian or Other Pacific Islander		___ Hospital	
___ White Non-Latino or Caucasian		___ Therapist	
___ Multiple Races		___ Social Services	
		Other _____	

SECTION 2 - CLAIMANT INFORMATION *(Complete only if person submitting application is not the victim, i.e. parent, guardian, or relative of the victim.)*

_____		_____	
Claimant's Name		Date of Birth	
_____		_____	
Mailing Address	Apt. #	City / State/ Zip Code	
_____		_____	
Home /Cell Number		Work Number	

Email Address			

Relationship to Victim			

SECTION 3 - CRIME INFORMATION (All applicants **must** complete this section.)

Type of Crime:

- | | |
|---|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> DUI / Vehicular Assault / Vehicular Homicide |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Child Physical Abuse |
| <input type="checkbox"/> Burglary/Criminal Mischief | <input type="checkbox"/> Child Sexual Abuse - by family member |
| <input type="checkbox"/> Sexual Assault - Adult | <input type="checkbox"/> Child Sexual Abuse - non-family member |
| <input type="checkbox"/> Murder / Homicide | <input type="checkbox"/> Other _____ |

Date of Crime:	Did crime happen at work? ____ Yes ____ No
Street Location of Crime:	Law Enforcement Agency Investigating
Police Report Number	Investigating Police Officer / Detective
Suspect's Name	Suspect's Relationship to Victim:

INCLUDE COPIES OF ITEMIZED BILLS WITH THIS APPLICATION. PLEASE FORWARD ADDITIONAL CRIME RELATED BILLS AS YOU RECEIVE THEM.

SECTION 4 - BENEFITS (Please check each category for which you are requesting assistance and provide the information requested.)

Medical Services: Submit copies of itemized medical bills if available:

Hospital: yes no **Name of hospital:** _____

Doctor: yes no Dental: yes no

Inpatient: yes no Emergency only: yes no

Chiropractic: yes no Physical Therapy: yes no

Personal Medical Items: Submit copies of itemized bills, if available.
(Limited to medically necessary items damaged or destroyed during the crime.)

Eyeglasses: yes no Dentures: yes no

Hearing aid: yes no Prosthetic device: yes no

**Crime Victim Compensation
Release of Information for Employment**

I hereby authorize you to release the employment information requested below to a representative of the Crime Victim Compensation Program of the Denver District Attorney's Office. This release is being executed because of my request for financial compensation from the Crime Victim Compensation Program.

Dated: _____ Signature of Victim or Claimant: _____

Printed Name: _____

Address: _____

Social Security Number or Employee ID number: _____

**Please do not complete this portion of the form.
The Crime Victim Compensation Program will send this to your employer for
completion.**

This release is being sent on behalf of the above employee. Please provide us the following information. If you have questions, please call us at **720-913-9253**.

Employee name: _____ Employee SSN/ID _____

Job title: _____ Date hired: _____ Duties: _____

Hours lost: _____ From: _____ To: _____
Month/Day/Year Month/Day/Year

Net income lost: \$ _____ (Minus sick leave)

Employer's representative: _____ Position: _____

Employer's phone number: _____

If the employer is a temp agency, please send a print out for the month work prior to date above.

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