VICTIM COMPENSATION

PRESENTED BY:
DEBORAH SHAW RICE
LEARNING OBJECTIVES

Upon completion of this module the participant will be able to:

- Discuss the importance of financial assistance to crime victims and identify the costs covered by the victim compensation programs.
- Identify which crimes are covered for victim compensation and basic eligibility requirements.
- Explain the procedures for submitting an application and how the decision process determines if compensation will be paid.
- Explain the correlation between the victim compensation application-based program and the sexual assault forensic examination payment process.
- Discuss the collaboration needed among professionals to assist victims in obtaining compensation as well as professionals’ mandated responsibilities under the Victims of Crime Act (VOCA) to provide information and assistance in filing for compensation.
VICTIMS’ COMPENSATION
Deborah Shaw Rice

IMPACT OF CRIME
- Physical Injury
- Psychological Injury
- Death
- Financial Devastation

What Financial Losses May Occur?
Covered Losses

- Hospital/Ambulance
- Eye Glasses/prosthetic Devices
- Prescriptions
- Dental
- Counseling
- Lost Wages
- Loss of Support
- Funeral Expenses
- Relocation
- Temporary Survival Needs/medications
- Crime Scene Clean up
- Locks and Security Devices
- Security Deposits
- Mileage

Purpose of Victims’ Compensation

- Financial Loss recovery
- Assistance when most needed
- Psychological stabilization
- Hope

Program Structure

**Maine**
- Located in the AG’s Office
- Board-based program
- Board appointed by AG
- Three member board:
  1. Physician
  2. Attorney
  3. Victim Services Professional
- Monthly meeting, limited by statute.
  $55 per diem & travel
- 3 Positions: Director & Staff
- Sexual Assault forensic exam claims processed and paid by program.

**New Hampshire**
- Located in the AG’s Office
- Board-based program
- Board nominated by AG & appointed by Governor
- Five member board:
  1. Physician
  2. Attorney
  3. Victim
  4. Mental Health Professional
  5. Third-party payment
- 21/2 Positions: Director & Staff
- Sexual assault forensic exam paid by program, process by outside staff
**Funding Sources – Who Pays?**

- Funds from assessments on convicted criminals
- Federal matching funds come from federal criminals
- Restitution and subrogation
- Collateral Resources- Payer of last resort

**ELIGIBILITY**

**Who’s Eligible?**

Eligibility based on whether person is the victim of a violent crime.

Related but ≠ to criminal case.

**COVERED CRIMES**

**Maine**
- Drunk Driving
- Sexual Assault /abuse
- Stalking, Assault, Homicide
- Robbery
- Threatening/Terrorizing
- Kidnapping and/or criminal restraint
- Terrorism

**New Hampshire**
- Drunk Driving
- Sexual Assault/abuse
- Stalking, Assault, Homicide
- Robbery (not burglary)
- Terrorism
- Kidnapping
- Arson
### ADDITIONAL ELIGIBILITY REQUIREMENTS

**Maine**
- Report to Law Enforcement
- Report within 5 days
- File application within 3 years
- Cooperation w/Law Enforcement/Prosecutors
- No Criminal Conduct
- One claim per crime
- No minimum loss

**New Hampshire**
- Report to Law Enforcement or final order of protection
- Report within 5 days
- File application within 1 year
- Cooperation w/Law Enforcement/Prosecutors
- No Criminal Conduct
- Multiple claims per crime
- $100 minimum out-of-pocket

### BENEFITS

**Maximum paid per crime in ME & NH?**

- **Maine** - $15,000 per case
- **N.H.** - $10,000 per person before 9/14/2009
  - $25,000 per case on/after 9/14/2009

### ANCILLARY VICTIMS

- Family and Household Members Coverage
APPLICATION PROCESS

ME & NH application processes are similar -
- Information on crime and losses suffered is provided on application form
- Verification by compensation staff
- Each board meets once a month to decide claims
- Each state allows for reconsideration

Sexual Assault Forensic Examinations

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct billing by hospitals</td>
<td>Direct billing by hospitals</td>
</tr>
<tr>
<td>$500 maximum payment</td>
<td>$800 maximum payment</td>
</tr>
<tr>
<td>No report to law enforcement necessary</td>
<td>No report to law enforcement necessary</td>
</tr>
<tr>
<td>Costs of sexual assault forensic exam and initial treatment</td>
<td>Costs of sexual assault forensic exam:</td>
</tr>
<tr>
<td>No insurance billing</td>
<td>- HIV PEP in addition to $800</td>
</tr>
<tr>
<td>Maine hospital</td>
<td>- $200 voucher for one follow up exam</td>
</tr>
<tr>
<td></td>
<td>- Insurance billed first unless victim requests confidentiality</td>
</tr>
<tr>
<td></td>
<td>NH Crime</td>
</tr>
</tbody>
</table>

Role of the Advocate

- Be Knowledgeable
- Refer
- Help with Applications, Bills, and Forms
  - VOCA funding requirement
- Provide criminal case and victim information
Resources

- New Hampshire web site:  
  http://doj.nh.gov/victim/compensation.html

- Maine web site:  
  http://www.state.me.us/ag/crime/victims_compensation/index.shtml
NEW HAMPSHIRE VICTIMS’
ASSISTANCE COMMISSION

CRIME VICTIMS
COMPENSATION PROGRAM

HISTORY

- Federal Office for Victims of Crime established in 1983
- Federal Crime Victims Fund was established in 1986 to support victim compensation and assistance programs across the nation
- NH Victims’ Compensation Program started on November 2, 1989
- NH Victims’ Assistance Fund established January 1, 1990

PROGRAM FUNDING

- The Federal Crime Victims Fund consists of:
  - Criminal fines, forfeited bail, bonds, penalties and special assessments
  - Private gifts, donations, and/or bequests were authorized in October 2001 through the PATRIOT Act
- The NH Victims Assistance Fund consists of:
  - A small percentage of Motor vehicle and criminal fine assessments
Program Requirements

• Reasonable evidence of a crime (felony on or after 11/2/89; misdemeanor on or after 7/1/97)
• Crime reported to law enforcement within 5 days (if possible) and reasonable cooperation with law enforcement
• Crime resulted in personal injury (including mental health trauma) or death
• New Cold Case Unit established and legislation is pending to provide mental health therapy to survivors of homicide victims as well as reimbursement for time spent in court proceedings.

Program Requirements (continued)

• File claim within 2 years for crimes occurring on or after September 14, 2009. (if possible) There is a good cause exception
• The victim must not have contributed to his/her injury or death and must not have been committing a crime at the time of his/her injury or death
• Offender shall not receive benefit or enrichment as a result of compensation payment

Program Requirements (continued)

• At least $100 in out-of-pocket expenses or liability
• Maximum assistance of $10,000 available, if approved. If crime occurred on or after September 14, 2009, the maximum is now $25,000.00.
• Payer of last resort
COMPENSABLE EXPENSES (MUST BE CRIME-RELATED)

- Medical and Dental care
- Mental Health Therapy
- Medication and Medication Management
- Mileage to and from licensed health care providers
- Relocation (up to $5,000)

COMPENSABLE EXPENSES (continued)

- Emergency funds (up to 10 days available through local crisis centers)
- Replacement of clothing and/or bedding held for evidence
- Lost wages/paid leave
- Lost support for minor dependents of homicide victims

COMPENSABLE EXPENSES (continued)

- Costs associated with securing and cleaning crime scene
- Funeral and burial costs for homicide victims (up to $5,000 and up to $500 for grave marker)
- Necessary physical assistance equipment
- Other reasonable crime-related out-of-pocket expenses
RECENT INITIATIVES
• Installation of Security Systems, plus 1 year of monitoring.
• Emergency assistance available through local crisis centers for domestic violence and sexual assault victims.
• Relocation assistance increased for domestic violence victims.
• Payment of date rape drug laboratory testing; HIV testing & meds, follow up exam, vouchers for RX.

NH VICTIMS’ ASSISTANCE
CRIME VICTIMS COMPENSATION
PROGRAM PROCESS
1. Claim is received. One claim per primary victim for crimes occurring on or after September 14, 2009. All claimants share one award of up to $25,000.00.
2. Acknowledgement letter and request for additional information sent to victim
3. Compilation of supporting documentation
4. Final review of claim by Coordinator and preparation for Commission review (administrative or full review)
5. Commission review and decision

NH VICTIMS’ ASSISTANCE
CRIME VICTIMS COMPENSATION
PROGRAM PROCESS (CONTINUED)
7. Letter of decision sent to victim
8. If awarded, conditions and payments of the award will be explained in the letter
   If denied, the victim can submit a written request for reconsideration
9. If request for reconsideration is received, the Commission re-reviews claim and final decision letter is sent to victim

Maine/New Hampshire Victim Assistance Academy, March 21 - 26, 2010
Victim Compensation
was scarred for life when he was assaulted but with the Victims’ Assistance help he did not incur all those medical bills, so again Thank You.”

- mother of an assault victim

“There are so many wonderful people on _______’s side, I’m proud to say your organization is one of them.”

- mother of an Aggravated DWI victim

“You should know that your work has been extremely helpful both to my recovery and to that of my family. The financial assistance is nice, but the sense of validation and justice my family and I got from having this claim approved is immeasurable.”

- adult survivor of child sexual abuse

WHAT CAN YOU DO TO HELP?

• Assist our outreach efforts by informing victims of the program.
• Assist victims in completing all sections of the application form.
• Assist victims in sending in supporting documentation (i.e. police reports, medical bills, letters of support and Safety Plan for relocation, etc.) at the time of application.
WHAT CAN YOU DO TO HELP? (continued)

• If a victim is requesting reconsideration, assist him/her in providing additional supporting documentation for the claim.

QUESTIONS?

New Hampshire Victims Assistance Commission

Maine/New Hampshire Victim Assistance Academy, March 21 - 26, 2010
Victim Compensation
INTRODUCTION

While the physical and psychological impact of crime may be considered the most obvious and serious toll taken by any crime, the financial impact can be devastating.

Each type of injury which a victim of violent crime might suffer can incorporate a concomitant financial loss.

These losses include medical and dental expenses for bodily injury, counseling and medication expenses for psychological trauma, lost wages for either type of personal injury, and funeral expenses and loss of support when a victim has died.

The purpose of each victim compensation program is to assist victims to recover from these financial losses, as quickly as possible, when the funds are most needed, with a hope that the security of this financial assistance will provide some emotional support as well.

Overview of Presentation

This presentation will outline the nature of victims’ compensation, the eligibility requirements for compensation, the benefits available, the process for obtaining compensation, the roles of allied professionals, especially advocates, in the process, and the correlation with the payment process for sexual assault forensic examinations.

The participant book or CD includes separate materials for each state, New Hampshire and Maine. These materials contain much more specificity about crimes covered, benefits available, and restrictions, than does the powerpoint.

Costs of violent crime
Nationally, the direct, financial cost of violent crime to society is in the billions of dollars.

Insurance, Medicare, Medicaid, civil judgments, and restitution cover part of these costs, especially the out-of-pocket costs. State compensation programs, as payers of last resort, assist victims with costs which would not be covered by any other source. State compensation programs paid crime victims and their families $461 million in benefits in the federal fiscal year 2008, an increase over the $426 million paid in 2005, the $444 million paid in 2006, and the $453 million in 2007. In Federal Fiscal Year 2008, Maine paid out approximately $619,000 on application and forensic claims, and New Hampshire paid out over $575,000. (NACVCB web site: http://www.nacvcb.org) (See the NACVCB web site and USDOJ and Office for Victims of Crime sites for additional statistics.)

State Compensation Programs
Aside from funds available for victims of terrorism, there is no federal or national victim compensation program; however, every state has a program.

The state victim compensation programs differ based on each state’s statute, but they are very similar in their fundamental aspects. These similarities result from their original purposes and also because there
are federal matching grant funds available for state programs which comply with VOCA compensation provisions. The Office for Victims of Crime in the United States Department of Justice, Office of Justice Programs, is the federal agency that oversees the Crime Victims Fund, the source of federal compensation grant funds and funds for many victim assistance programs.

I. PROGRAM STRUCTURE

In compensation programs, decision-making is performed by boards or program administrators. Staffs range in size from one or two to hundreds, in California. A program might be located in one of a variety of governmental departments or agencies, including the Worker’s Compensation Commission, Court of Claims, Department of Treasury or Public Safety, or Office of the Attorney General. Maine and New Hampshire compensation programs are similar in most aspects of structure as well as in eligibility requirements and benefits.

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Located in the Office of Attorney General</td>
<td>Located in the Office of Attorney General</td>
</tr>
<tr>
<td>Board based program: Victims’ Compensation Board</td>
<td>Board based program: Victims’ Assistance Commission</td>
</tr>
<tr>
<td>Board appointed by Attorney General</td>
<td>Board nominated by Attorney General and appointed by Governor</td>
</tr>
<tr>
<td>Three member Board: physician, attorney, victim services professional</td>
<td>Five member Board: physician, attorney, victim, mental health professional, one knowledgeable in third-party payments</td>
</tr>
<tr>
<td>Monthly meeting, limited by statute. $55 per diem and travel.</td>
<td>Monthly meeting with some decision-making during month. No per diem. Travel paid.</td>
</tr>
<tr>
<td>3 positions: director and staff</td>
<td>2.5 positions: director and staff</td>
</tr>
<tr>
<td>Sexual assault forensic examination claims processed and paid by program</td>
<td>Sexual assault forensic examination claims paid by program, processed by staff outside program</td>
</tr>
</tbody>
</table>

Maine/New Hampshire Victim Assistance Academy, March 21 - 26, 2010
Victim Compensation
II. VICTIM COMPENSATION PROGRAM FUNDING SOURCES
State compensation programs receive funding from a variety of sources. However, the large majority of programs get their funds either entirely or primarily from the offenders themselves. The federal matching funds received by each state come from criminals.

In both ME and NH funding for payments to victims comes from assessments on criminals. Understanding that the system places responsibility on criminals to generate compensation funds is therapeutic for many victims.

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments for each conviction are deposited in the Victims’ Compensation Fund: $10 per Class D or E (misdemeanor), $25 for murder or Class A,B, or C.</td>
<td>An add-on of 20% of each fine goes into the Penalty Assessment Fund, of which 20% goes to Victim Compensation. Compensation also gets 2% of some restitution fees.</td>
</tr>
</tbody>
</table>

III. COLLATERAL RESOURCES
Compensation programs are able to maintain fiscal stability because they pay only after collateral resources have been exhausted. Claimants must submit claims to insurance, Medicare, Medicaid, or other third-party payer before those claims will be considered for payment by the program.

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires filing for worker’s compensation for work related injury, but will pay difference between worker’s compensation payment and net pay lost</td>
<td>Requires filing for worker’s compensation for work related injury, but will pay difference between worker’s compensation payment and net pay lost</td>
</tr>
<tr>
<td>Requires submission for hospital charity care for bills =&gt; $5000, recommends submission for charity care for all hospital bills</td>
<td>Requires submission to charity care for all hospital bills except balances after insurance</td>
</tr>
<tr>
<td>Life insurance is not considered a collateral source.</td>
<td>Life insurance up to $100,000 waived as a collateral source.</td>
</tr>
<tr>
<td></td>
<td>Sexual assault victim need not submit to medical insurance if confidentiality concern exists.</td>
</tr>
</tbody>
</table>
IV. ELIGIBILITY

Both Maine and New Hampshire determine eligibility for program benefits based on whether a person is the victim of a violent crime, either felony or misdemeanor. The state statutes provide for other requirements or restrictions as well. Maine has a specific list of covered crimes in its statute; New Hampshire does not.

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of violent crime in one of a statutory list of criminal code</td>
<td>Victim of a violent felony or, as of 7-1-1997, a violent misdemeanor, includes arson, DWI, and hit</td>
</tr>
<tr>
<td>chapters, includes all potentially violent crimes plus OUI and some</td>
<td>and run, no statutory list</td>
</tr>
<tr>
<td>leaving the scene traffic crimes</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Personal injury: bodily injury or psychological injury from the</td>
<td>Personal injury including mental trauma</td>
</tr>
<tr>
<td>threat of bodily injury</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Crime within State of Maine</td>
<td>Crime within State of New Hampshire</td>
</tr>
<tr>
<td>Only crimes committed on or after 1-1-1993</td>
<td>Only crimes committed on or after 11-2-1989 (misdemeanors on or after 7-1-1997)</td>
</tr>
<tr>
<td>Report to law enforcement</td>
<td>Report to law enforcement or acquisition of final order of protection. When there is only a</td>
</tr>
<tr>
<td></td>
<td>temporary restraining order with no other report, the Commission will require a copy of the</td>
</tr>
<tr>
<td></td>
<td>petition for a restraining order, and additional reasonable evidence that a crime has been</td>
</tr>
<tr>
<td></td>
<td>committed.</td>
</tr>
<tr>
<td>Report within 5 days unless minor victim or good cause shown</td>
<td>Report within 5 days unless good cause shown</td>
</tr>
<tr>
<td>Cooperation with law enforcement and prosecutors, but there need</td>
<td>Cooperation with law enforcement and prosecutors, but there need not be a conviction or even an</td>
</tr>
<tr>
<td>not be a conviction or even an identified suspect</td>
<td>identified suspect</td>
</tr>
<tr>
<td>File application within 3 years unless minor victim or good cause</td>
<td>File application within 1 year unless good cause shown (2 years for crimes after 9/13/2009)</td>
</tr>
<tr>
<td>shown</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Compensation may not be paid on behalf of a person who violated a</td>
<td>The victim must not have engaged in conduct or committed a crime which caused or contributed to</td>
</tr>
<tr>
<td>criminal law that caused or contributed to the injury or death for</td>
<td>death or injury or engaged in conduct which could have been foreseen as</td>
</tr>
<tr>
<td>which compensation is sought</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

Maine/New Hampshire Victim Assistance Academy, March 21 - 26, 2010
Victim Compensation
leading to death or injury

| Only one primary victim and one claim per crime | May have multiple claims per crime committed prior to 9/14/2009
|                                               | Only one primary victim and one claim per crime after 9/13/2009 |
| No minimum loss                              | $100 minimum out-of-pocket loss required |

V. BENEFITS

Individuals who are physically and psychologically injured as a result of violent crime suffer a myriad of financial costs and losses. Maine and New Hampshire provide benefits assisting victims with most types of losses. There used to be a major difference between the programs in how they handled ancillary victims, usually family members. Maine has a maximum payment of $15,000 per crime, which covers the losses of the primary victim as well as ancillary victims. New Hampshire now has adopted this approach for cases based on crimes committed after 9/13/2009. Previously, New Hampshire had a maximum payment of $10,000 per victim, and a victim was defined as “any person who sustains physical or mental injuries.” Under New Hampshire’s law, a traumatized parent of a victimized child could file an independent claim. This continues to be true for crimes committed prior to 9/14/2009.

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15,000 maximum per crime</td>
<td>$25,000 maximum per case for crimes committed after 9/13/2009</td>
</tr>
<tr>
<td></td>
<td>$10,000 maximum per victim after 7-1-1997 and before 9/14/2009, $5000 maximum per victim prior to 7-1-1997</td>
</tr>
<tr>
<td><strong>Hospital bills</strong> 75% including repayment to claimant at 75%. Victims with high charges must apply for charity care.</td>
<td>Hospital bills 75% if no charity care or insurance, deductibles and co-pays 100%</td>
</tr>
<tr>
<td><strong>General medical bills</strong> 75%, prescriptions 100%</td>
<td>General medical bills 100%, including dental, ambulance, prescriptions, eyeglasses</td>
</tr>
<tr>
<td>Ambulance 100% to max. of $700. 75% for bills over $1200</td>
<td></td>
</tr>
<tr>
<td>Eyeglasses 100% to a max of $300</td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong> bills and prospective awards 100%</td>
<td></td>
</tr>
<tr>
<td>Other prosthetic devices and ramps or minor home renovations 100%</td>
<td>Other prosthetic devices and ramps or minor home renovations 100%</td>
</tr>
<tr>
<td>Mental Health: 100% of reasonable charges, licensed therapist with few exceptions. No requirement to use provider covered by insurance</td>
<td>Mental Health: $75 per individual session, $35 per group session, licensed therapist. No requirement to use provider covered by insurance</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Coverage for supervised student, for emergency phone sessions, case-by-case court testimony time</td>
<td>Coverage for emergency phone sessions and court time for testimony only</td>
</tr>
<tr>
<td>Lost Wages: Net paid, usually 80 to 90% of gross. Net figure based on wage stubs and/or tax returns.</td>
<td>Lost Wages: 75% of gross, includes lost time for court attendance</td>
</tr>
<tr>
<td>Self-employed: payment for some fixed costs as well as lost profits</td>
<td></td>
</tr>
<tr>
<td>Up to $50 per day lost income or travel expenses for parent or other claimant for care of a dependent</td>
<td>Payments for parents time to drive child to medical/mental health and court appointments</td>
</tr>
<tr>
<td>Loss of support for dependents of deceased victims, reduced by Social Security, paid retrospectively</td>
<td>Loss of support for dependents of deceased victims</td>
</tr>
</tbody>
</table>
| **Funeral and burial:** Maximum of $4500 plus $500 marker  
Up to $1000 available for high homicide related costs | **Funeral and burial:** Maximum of $5000 plus $500 marker |
| **Crime scene cleanup** up to $1000, cleaning only, no property replacement | Crime scene cleanup, costs of replacing bedding and clothing taken as evidence |
| Repair, replace, or install locks or other security devices up to $1000. | Property repairs for security: installation of system and 1 year of monitoring |
| No property crimes covered and no other property repaired or replaced | No property crimes covered and no other property repaired or replaced |
| **Mileage** uncommon (related to care but not court) | Mileage to treatment appointments and court |
| Security Deposit in collaboration with DV/SA projects | **Relocation costs** up to $5000 for victims of domestic abuse and some sexual assault victims, available benefits include security deposit, two months rent, three months storage, basic utility connections, reasonable moving costs |
VI. ANCILLARY VICTIMS

In New Hampshire, family members and others, who suffer mental trauma due to the crime against the primary victim, are eligible as victims to file independent claims for crimes that occurred prior to 9/14/2009. For crimes committed on or after 9/14/2009, New Hampshire has adopted the Maine model, which includes benefits for family members as part of a single case based on the primary victim’s claim.

In Maine, the Board can award benefits to eligible family and household members as part of the single claim. Maine’s ancillary benefits are loss of support for dependents of deceased victims and mental health benefits for four categories of family or household members: family or household members of homicide or sexual assault victims or victims who suffer catastrophic injuries and family or household members who witness the crime against the primary victim.

VII. COVERED CRIMES

<table>
<thead>
<tr>
<th>Maine</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drunk driving</td>
<td><strong>DWI</strong></td>
</tr>
<tr>
<td>Sexual assault/molestation</td>
<td>Sexual Assault</td>
</tr>
<tr>
<td>Offense against the person (stalking, threatening, terrorizing, assault, homicide)</td>
<td>Assault</td>
</tr>
<tr>
<td></td>
<td>Homicide</td>
</tr>
<tr>
<td></td>
<td>Stalking</td>
</tr>
<tr>
<td></td>
<td>Robbery (not burglary)</td>
</tr>
<tr>
<td></td>
<td>Threatening</td>
</tr>
<tr>
<td></td>
<td>Kidnapping</td>
</tr>
<tr>
<td></td>
<td>Arson</td>
</tr>
<tr>
<td>Leaving the scene of a personal injury motor vehicle accident (some cases)</td>
<td>Terrorism outside the U.S.</td>
</tr>
<tr>
<td></td>
<td><strong>DWI</strong></td>
</tr>
<tr>
<td></td>
<td>Sexual Assault</td>
</tr>
<tr>
<td></td>
<td>Assault</td>
</tr>
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<td></td>
<td>Homicide</td>
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<tr>
<td></td>
<td>Arson</td>
</tr>
<tr>
<td></td>
<td>Terrorism outside the U.S.</td>
</tr>
</tbody>
</table>
VII. APPLICATION PROCESS
The application processes for both Maine and New Hampshire are similar. A claimant, usually the victim or the parent or representative for a minor, must complete an application. A completed application form will include information about the victim, the claimant, the crime, the losses suffered, provider bills, and benefits requested. The Maine application form asks about collateral resources. New Hampshire’s form has a separate release for collateral resources. New Hampshire also has a separate form for emergency benefits. All forms and releases must be signed. The claimant submits the application to the compensation program, which acknowledges receipt and immediately starts to verify the crime and the victim’s losses.

The compensation program obtains a police verification form and police reports to verify the crime. (In New Hampshire, a Protection from Abuse final order can take the place of a police report.) The process for verifying losses depends on the types of crimes and losses suffered. Program staff will obtain bills and medical records for medical losses, treatment plans for mental health counseling requests, estimates for dental work, bills for funerals and crime scene cleanup. The programs need wage stubs or tax returns, employer statements, and disability statements to support lost wage claims.

In Maine, when the claimant has submitted, or program staff have gathered, all necessary information for a case decision, the director reviews the case, makes any additional calculations, and makes recommendations on eligibility and awards to the Compensation Board. By statute the Board can meet only once each month to issue decisions on cases. The Board must make all necessary findings based on a preponderance of the evidence. If the Board issues a denial, a claimant may file a request for hearing within 30 days. The claimant almost always appears for the hearing rather than simply submitting additional information. If the case is denied after hearing, the claimant may appeal to Superior Court. Processing time for an average case is about three to four months.

In New Hampshire the Compensation Commission meets monthly; however, the Commission sometimes makes decisions during the month when contacted by the program director. The director may make non-controversial decisions during the month. The Commission makes decisions based on “reasonable evidence.” After a denial, a claimant has 14 days to request reconsideration. The request should be accompanied by additional evidence. The New Hampshire program has set itself a processing goal of three months for cases.

VIII. SEXUAL ASSAULT FORENSIC EXAMINATIONS
In both Maine and New Hampshire sexual assault forensic examination charges are paid out of compensation funds. In Maine the compensation staff also processes the payments.

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<tr>
<th></th>
<th>Maine</th>
<th>New Hampshire</th>
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<tr>
<td>Direct billing by hospitals. No balance billing to patient.</td>
<td>Direct billing by hospitals. No balance billing to patient.</td>
<td>$750 maximum payment</td>
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<tr>
<td>No insurance billing</td>
<td>Insurance billed first unless victim requests confidentiality</td>
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<tr>
<td>No report to law enforcement necessary</td>
<td>No report to law enforcement necessary</td>
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<tr>
<td>Coverage for all testing and treatment related to initial sexual assault forensic examination</td>
<td>Costs of sexual assault forensic examination</td>
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</tr>
<tr>
<td>Process covers examinations in Maine hospitals.</td>
<td>Process covers examinations if crime occurred in New Hampshire. No balance billing of victim. If crime occurred outside of New Hampshire, bill is sent to program responsible for payment in the state of the crime.</td>
<td></td>
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</table>

Victims can file a regular compensation application for costs not billable through the forensic examination payment process, for instance, counseling costs or x-ray charges, but regular program requirements apply.
MAINE VICTIMS’ COMPENSATION PROGRAM

An Overview
Deborah Shaw Rice, Director

The Maine Victims’ Compensation Program offers financial assistance to victims of violent crime. This overview provides information on how the program works and how victims of crime may obtain this support.

Victims of criminal violence in Maine often suffer physical and emotional trauma. The aftermath of a violent crime may leave victims and their families overwhelmed and financially burdened. In recognition of the financial hardship crime victims often suffer, the Maine Legislature in the spring of 1992 enacted a statute creating the Victims’ Compensation Fund and Victims’ Compensation Board. This statute provides a mechanism through which eligible crime victims may receive up to $15,000 in financial support for medical and medically-related expenses incurred as a direct result of a crime.

The Victims’ Compensation Program is located in the Criminal Division of the Office of the Attorney General. It is administered by a director and a staff of two, who investigate and verify claims for presentation to the Victims’ Compensation Board. The Board, which meets monthly to make decisions on claims, is comprised of three members drawn from Maine’s legal, medical and victim services communities. Maine has been fortunate to have had a concerned and committed Board since its first meeting in January 1994. In 2010, Board members are Doctor Andrew Dionne, chairperson, Attorney Juliet Holmes-Smith, and experienced victim services professional Pamela Adams.

FUNDING SOURCE

The monies utilized for victim awards and program administration comes from the Victims’ Compensation Fund. Funds for the Victims’ Compensation Fund come from assessments levied against criminal offenders: $25.00 for murder, Class A, B and C crimes, and $10.00 for Class D and E crimes. No tax dollars fund either the administration of the Program or the payments of awards to victims.

The Victims’ Compensation Fund also includes smaller amounts of money from other sources such as restitution and subrogated claims. The Fund is NOT intended as a substitute for restitution. If appropriate, the court may order restitution as part of a sentence. In circumstances where the Fund has made an award, such restitution may be payable directly to the Victims’ Compensation Fund. Additionally, if awards made from the Fund are duplicated by recovery in a civil action or insurance settlement, the law requires reimbursement of the Fund. Finally, the Program is eligible for and receives some Federal matching monies, which come from Federal criminal fines and penalties rather than tax dollars.

WHAT IS AN ELIGIBLE EXPENSE?

The Board may award up to $15,000 for actual medical and medically-related expenses or losses incurred as a direct result of crime-related injuries. These expenses or losses may include mental health counseling, lost wages, loss of support, and burial and funeral expenses. In addition, counseling expenses are covered for certain family and household members of certain victims. No property losses are covered other than replacement costs of eyeglasses, dentures and other prosthetic devices and...
some costs of crime scene cleanup and repair, replacement, or installation of locks or other security devices.

The Compensation Program is a "payer of last resort." An expense is eligible for payment from the Fund only if there is no collateral source of payment. Collateral sources include, but are not limited to, insurance, Medicaid, Medicare, and workers’ compensation. Life insurance is not considered a collateral resource in homicide cases.

ELIGIBLE CRIME VICTIMS/COMPENSABLE CRIMES/REPORTING
To be eligible, a person must be a victim of a compensable crime committed on or after January 1, 1993. The crime must be one of the following types: (1) an offense against the person (Title 17-A, chapter 9), (2) a sexual assault (Title 17-A, chapter 11), (3) a kidnapping and/or criminal restraint (Title 17-A, chapter 13), (4) a robbery (Title 17-A, chapter 27), (5) a drunk driving incident (Title 29-A, §2411), (6) sexual exploitation of a minor (Title 17-A, chapter 12), or (7) in some cases, leaving the scene of a personal injury motor vehicle accident (Title 29-A, §2252). The victim must suffer bodily injury or be threatened with bodily injury except in instances of sexual assaults. NOTE: The crime need not result in a successful prosecution. The Board may consider an application regardless of the status of the criminal process. However, to make an award, the Board must find by a preponderance of the evidence that a compensable crime in fact did occur.

There are some statutory restrictions. First, compensation may only be paid to innocent victims; it may not be paid to or on behalf of any person who violated a criminal law that contributed to or caused the injury for which compensation is sought. Also, the victim must report the crime to a law enforcement agency and must cooperate with the reasonable requests of law enforcement officers and prosecuting authorities. The law provides for a report to police to be made within 5 days of the occurrence of the crime unless there is good cause for delay; however, this time limit is always waived for children and may be waived for adults as well.

An application must be filed by the victim with the Compensation Board within three years of the crime or 60 days of the discovery of the injury or compensable loss, whichever is later, unless there is good cause for failing to file. Again, the Board has applied this waiver very liberally.

APPLICATION PROCESS
The victim or a claimant acting on the victim’s behalf must complete a standard application form. Forms are available at the Victims’ Compensation Program office and through all District Attorney’s Victim Witness Assistance Programs. The application must be signed and sent to the Victims’ Compensation Board. Release forms are included with the application to allow staff to compile and verify information. When all information and documentation necessary to support a victim’s claims have been submitted, the case is reviewed by the Board at its next monthly meeting. Most claims can be verified by staff and are approved by the Board; however, if the Board issues a denial, a claimant can request a hearing before the Board. If the case is denied after hearing, the claimant may appeal to Superior Court.
SEXUAL ASSAULT FORENSIC EXAMINATIONS

In the year 2000, the Maine Legislature made the Victims’ Compensation Program responsible for paying the costs of forensic examinations for victims of gross sexual assault. These examinations almost always are performed in hospitals and must be performed with a sexual assault kit. Hospitals bill the VCP directly for these examinations, up to a maximum of $750, and they may not balance bill the victim or any source other than the VCP. The victim need not report the sexual assault to police to have these services covered by the VCP. If the victim has services which are not part of the initial testing and treatment for a sexual assault, such as x-rays, follow-up medications, or counseling, the hospital may bill the victim or the victim’s insurance. A victim may file a regular application with the VCP to ask for reimbursement for such additional charges. If applying for this additional help, the victim will need to report the crime to law enforcement.

AUTHORITY

The authorizing statute for the Program can be found at 5 M.R.S.A. §§3360-3360-M. The Rules are agency number 26 and unit number 550, chapters 3, 6, and 8. There are links to the statute and rules on the Program website.

For more information, please contact:

Deborah Shaw Rice, Director
Victims’ Compensation Program
Office of the Attorney General
6 State House Station
Augusta, Maine 04333-0006
(207) 624-7882

- Also see Maine Attorney General web site at www.state.me.us/ag and select “Crime and Victims” and then “Victims’ Compensation” or http://www.state.me.us/ag/crime/victims_compensation/index.shtml
NH VICTIMS’ ASSISTANCE COMMISSION

PURPOSE
The purpose of the New Hampshire Victims’ Assistance Commission is to assist innocent victims of violent crime with their out-of-pocket, crime related expenses that come within the categories identified by statute and rule. The governing statute is RSA 21-M:8-h and the administrative rules are Chapter Jus 600.

ABOUT THE COMMISSION
The Commission is comprised of five volunteer members who are nominated by the Attorney General for appointment by the Governor. They meet monthly at the Office of the Attorney General and all meetings are public.

ELIGIBILITY
There must be reasonable evidence that a crime has been committed in New Hampshire and reported to law enforcement within five days of the date of the crime. The Commission can make good cause exceptions for the reporting time period and may accept a final restraining order in lieu of a police report so long as there is reasonable evidence that a crime was committed. When there is only an emergency or temporary restraining order with no other law enforcement reporting present, the Commission will require a copy of the petition for a restraining order, and additional other reasonable evidence that a crime has been committed. The offender does not have to have been charged (e.g., hit and run) nor found guilty. Unfortunately, the Commission does not compensate for crimes that are strictly property crimes.

The victim is any person who as a direct result of a crime has sustained personal injury (includes mental trauma) or death. The Commission may award benefits to secondary victims such as immediate family members. A claimant is either the victim, or, if the victim is a minor or incapacitated adult, the parent or legal guardian. If the child is a foster child, DCYF can sign on behalf of the child. A crisis center advocate involved in the case cannot be the claimant.

There is a victims’ compensation program in every state, the Virgin Islands and Puerto Rico - so if someone was a crime victim elsewhere, he/she should be referred to the correct compensation program. The Program would be happy to provide the most current information as the need presents itself.

APPLICATION
All information contained in the application must be filled in as completely and accurately as possible. To the extent that you are able to assist crime victims with completing our application or other required paperwork, it is greatly appreciated. Incomplete applications run the risk of being returned immediately to the sender with incomplete areas highlighted for completion. Opening claims with incomplete applications has created more lengthy claims processing delays.
COLLATERAL RESOURCES
The Commission is the payer of last resort. This means that if there is any other source of payment or another program to cover the expenses incurred as a direct result of the crime, it must be used first. Please direct victims to submit bills to their insurance company and to explore other resources such as disability benefits, public assistance, Medicare, Medicaid, Social Security, home/auto insurance, veteran’s or military benefits or any hospital or other medical provider’s charity care programs. The insurance form we send to the claimant will ask if they have any other collateral resources and the application asks if there is any other collateral resource. One exception to this is for sexual assault victims that would not like their exam billed to their health insurance in an effort to protect their anonymity.

MEDICAL EXPENSES
Any time there is a hospital bill and the victim has no insurance coverage, the victim should be directed to promptly apply for financial assistance (also referred to as charity care or free care) from the hospital. Should a victim be denied financial assistance from the hospital, the Commission will consider payment of that bill at 75%, and, for claims that have been approved in full by the Commission, staff of the Compensation program will advocate that the remaining balance be written-off by the hospital. If the victim has co-pays or deductibles, s/he is encouraged, but not required, to file a financial assistance application. Payments for sexual assault forensic medical exams are made at a rate not to exceed $800. This applies for anonymous exams where the victim may be insured. The victim is not required to have a claim submitted to insurance if the victim requests confidentiality.

MENTAL HEALTH EXPENSES
With regard to mental health bills and use of insurance, the Commission will assist crime victims who choose to obtain services from an out-of-network provider. Victims should still inquire whether their insurance company allows reimbursement to out-of-network providers. Victims should be directed to licensed therapists only as the Commission will not pay for mental health therapy provided by an unlicensed therapist. For claims filed on or after February 21, 2002, the Commission will provide payment for court testimony time of treating therapists for criminal prosecutions and RSA 169-B cases. The Commission also reimburses for emergency mental health telephone services. Therapist reimbursement is currently $75 per hour for individual therapy and $35 per hour for group therapy or Medicaid rates, whichever is higher.

LOST WAGES/SUPPORT
Claims for lost wages that exceed 14 consecutive days following the date of the crime will require certification by either a treating physician or mental health professional confirming the time period of the disability and connecting the disability to the crime. Supplements to disability pay and workers compensation pay can be made. The Commission pays lost wage claims at a rate of 75% of verifiable gross income. Therefore, should you have a victim that is collecting 60% through insurance; the Commission can consider an additional 15%. This should not reduce the payments from the insurer. The Commission can also provide reimbursement of confirmable lost wages for reasonable travel time for medical/mental health appointments, prosecutor-required pretrial preparation, trials, sentencing hearings and probation/parole hearings. The Commission compensates for loss of paid leave. This
should not be construed as a means of “double-dipping;” rather it should be deemed an effort to put the person back to where they were prior to the crime occurring.

Loss of support can be paid in cases of the victim’s total or partial disability. Claims involving a homicide are paid in a lump sum and after the source of income and other collateral resources can be verified.

**FUNERAL/BURIAL**

The Commission can reimburse funeral expenses to a maximum of $5000 for funeral/burial expenses and $500 for a grave marker. The Commission’s policy is that the first $100,000 of life insurance will not be taken into consideration as a collateral resource.

**EMERGENCY FUNDS/RELOCATION**

The Commission has created new ways to assist victims of domestic and sexual violence. We are working with local crisis centers allowing them to disburse funds immediately for up to 10-days of temporary survival needs and post sexual assault medications. **Please note that reimbursement cannot be absolutely guaranteed with the existence of an emergency or temporary restraining order. There must be reasonable evidence that a felony or misdemeanor crime has been committed.** Limits are $1,000 per adult and $250 per child. Advocates or other individuals not employed by a crisis center are encouraged to make referrals to crisis centers for such needs. The Commission has also established guidelines for relocation of victims of domestic violence and, in some instances, victims of sexual assault, through which they may provide for security deposit, up to two months rent, three months of storage, basic utility connection costs and reasonable moving costs. The cap on relocation funds is $5,000. Imminent, sustained, serious threat of violence to the victim is required.

Completed documentation necessary for reimbursement to crisis centers includes: an application, an insurance and other collateral source information form, post sexual assault medication form or 10-day form, copies of restraining order(s) and/or police report. The Commission can request police reports as necessary from the appropriate law enforcement agency; however, this may slightly delay the processing of the reimbursement. Attached to these materials is a copy of the 10-day form and post sexual assault medication form.

**CAP/EXPENSE PRIORITIZATION**

For each individual claim, (may be more than one per crime) the Commission currently has a statutory cap of $10,000 for crimes that happened on or after July 1, 1997, but before September 14, 2009, and a statutory cap of $25,000 for unified claims (one per crime) for crimes committed on or after September 14, 2009. The Commission has prioritized expenses as follows: out-of-pocket expenses, anticipated out-of-pocket expenses (e.g. lost wages, medication), individual providers (e.g. surgeon) and institutional providers (e.g. hospitals). In some instances the Commission will prorate payments due to the volume of past and anticipated expenses exceeding the statutory maximum.
CONTRIBUTORY CONDUCT AND RECONSIDERATION

If the Commission finds that there is contributory conduct or mutual combat by the victim, they will deny the claim. The Commission decides these cases based on the police records and other documentation in the application. All claimants whose claims are denied have the right to request reconsideration. Requests must be made within 14 days and should be accompanied by additional documentation or a detailed explanation.

If you have any questions or need further training, please call 1-800-300-4500 (in NH only) or (603) 271-1284 or fax (603) 271-6804; our website is: http://doj.nh.gov/victim/compensation.html

STATISTICS
MAINE VICTIMS’ COMPENSATION PROGRAM
Federal Fiscal Year 2008 Statistics

During Federal Fiscal Year 2008 the Maine Victims’ Compensation Program paid out $488,279 on claims for victims who filed claims and another $130,336 for payments directly to hospitals for sexual assault forensic examinations, for a total of $618,615 in payments for 494 violent crime victims and their families. The payments of $415,443 were for 228 cases, giving an average new or additional payment during the period of $2142 per case. The forensic payments were for 266 cases with an average payment of $490.

Crime victims filed 214 new cases in FFY 2008. Hospitals filed 225 new forensic claims during the period.

NEW HAMPSHIRE VICTIMS’ ASSISTANCE COMMISSION
Federal Fiscal Year 2008 Statistics

The New Hampshire Victims’ Assistance Commission in FFY 2008 made payments on par with their payments in FFY 2006, closing FFY 2008 with total payments of $575,407 in 358 cases. This total payment figure included payments of $57,770 for sexual assault forensic examinations and $94,609 in relocation costs. With the application case and forensic cases consolidated, the average payment per case was $1607.
APPLICATION FOR CRIME VICTIM COMPENSATION

(Please print legibly and fill out both sides completely or your application will be delayed)

I. VICTIM INFORMATION (use separate application for each victim)  

Victim’s name __________________________________________________________ Female ☐ Male ☐  
Mailing Address _________________________________________________________  
City/State/Zip___________________________________________________________  
Home phone______________________________________________________________  
Work phone_______________________________________________________________  
Date of birth ___________________ Age at time of incident ________________  
SSN __________ - ______ - ______  

II. CLAIMANT INFORMATION (if victim is Claimant, write “same”; if victim is under 18, claimant must be parent or guardian)  

Claimant’s name ________________________________________________________  
Mailing Address _________________________________________________________  
City/State/Zip___________________________________________________________  
Home phone______________________________________________________________  
Work phone_______________________________________________________________  
Date of birth ___________________ Relationship to victim ___________________  
SSN __________ - ______ - ______  
If filing on behalf of minor dependent(s) of homicide victim, relationship to minor  
dependent(s)________________________________________________________________

II. CRIME INFORMATION  

Type of Crime:  
☑ assault ☐ homicide ☐ drunk driving ☐ child sexual abuse  
☐ sexual assault ☐ terrorizing/threatening ☐ other_______________________________________________  

Exact location of crime ______________________________________________________  
City/State  
Date of crime _______ Date crime discovered _________ Date crime reported _________  

Adult victims attach a statement explaining reason for delay if NOT reported within 5 days, or if Application is NOT filed within 3 yrs.

Name of Police Department _________________________________ Investigating Officer  

________________________________________________________________________  
Name(s) of person(s) who committed crime (if known) ___________________________ Date of Birth________________________  
Relationship to victim (e.g. father, boyfriend, spouse, stranger, etc.) _______________  
Who referred you? ☐ Police/Sheriff ☐ District Attorney ☐ Media ☐ Hospital/Dr.  
☐ Victim Advocate (advocate’s name) _________________________________________ ☐ Other  
Briefly describe the type of crime and any injuries which resulted ________________________________________________________________________________________________

IV. EXPENSES (check types of expenses for which you seek compensation)  

☐ medical services* ☐ lost wages (for victim only) ☐ locks repair/replacement  
☐ medical supplies/pharmacy* ☐ loss of financial support ☐ counseling for victim  
☐ dental services* (dependents of homicide victims only) ☐ counseling for family members *  
☐ funeral/burial* ☐ crime scene cleaning (1) who witnessed crime; or  
Name & address of Funeral Home: (biological matter only) (2) in homicides; or  
Attach copies of bills and/or receipts (or send as they become available) (3) in child sexual assault cases

Complete Fully if applying for counseling benefits for family or household members of victim:
Complete Fully Medical service providers (please list type of service: hospitals, doctors, mental health counselors)

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency/Office</th>
<th>Address</th>
<th>Telephone</th>
<th>Type of Service</th>
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V. LOST INCOME: (complete if seeking lost wages or loss of financial support)

Victim's employer: ________________________________ Contact person __________________ Telephone ________________

Address: __________________________________________________________________________

City/State/Zip __________________________________________________________

Dates absent from work due to crime related injuries: From ___________________________ To ___________________________

Name and address of treating physician for disability statement

______________________________________________

Attach 2 recent pay stubs. If self-employed attach last 2 years of federal tax returns with all attachments.

Complete ONLY if requesting financial support for dependent(s) of a homicide victim:

<table>
<thead>
<tr>
<th>Name(s) of dependent(s)</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Relationship to victim</th>
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</table>
VI. OTHER SOURCES OF FINANCIAL ASSISTANCE (check all potential sources of full or partial payment of expenses)

☐ NONE ☐ health insurance ☐ life insurance ☐ automobile insurance ☐ disability benefits
☐ Social Security Disability ☐ workers compensation ☐ Medicare ☐ other (please specify)
☐ SSI ☐ Medicaid/MaineCare ☐ General Assistance

Names and addresses of applicable insurance companies:
________________________________________________

Have you filed or do you intend to file a civil lawsuit? ☐ yes ☐ no ☐ not sure
If yes: Attorney’s name: __________________________ Telephone __________________________
Address __________________________ City/State/Zip __________________________

VII. OPTIONAL INFORMATION ON VICTIM (for statistical purposes only)

Disabled ☐ yes ☐ no prior to crime? ☐ yes ☐ no ☐ 17-under ☐ 18-64 ☐ 65-over
Race: ☐ White ☐ Black ☐ American-Indian/Alaskan Native ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other

INFORMATION RELEASE

I give permission to any hospital, medical facility, doctor, mental health provider, insurance company, employer, person or agency to give needed information to the Victims’ Compensation Program in the Department of the Attorney General. I understand that the information will be used to determine my claim for victim compensation benefits. I do not authorize the use or release of this information to any person or entity for any other purpose whatsoever. A photocopy of this signed release is as valid as the original. This authorization shall expire upon final determination of all my claims for Victims’ Compensation Fund benefits unless earlier revoked in writing by me. Pursuant to statute, 5 M.R.S.A. § 3360-D(2), a signed Victims’ Compensation application fulfills the requirements under State law, including 22 M.R.S.A. § 1711-C(3), to authorize release of records.

X __________________________________________ Date __________________________
Claimant signature (parent or guardian if victim is a minor)

AGREEMENT

I understand that the Victims’ Compensation Fund is a fund of last resort. I shall inform the Victims’ Compensation Program if I hire an attorney to pursue any action related to this crime. If my attorney receives funds from any source for losses for which I have received compensation, I hereby direct my attorney to reimburse the Victim’s Compensation Fund from these funds. I agree to reimburse the Fund promptly for any such funds I may receive. I swear that the information that I have provided in or with this application is true to the best of my knowledge.

WARNING

Making false statements and leaving out information to mislead may subject you to criminal prosecution under 17-A M.R.S.A. § 453.

X __________________________________________ Date __________________________
Claimant signature (parent or guardian if victim is a minor)

Return completed application to:

Victims’ Compensation Program
Department of the Attorney General

6 State House Station, Augusta, ME 04330-0006
(207) 624-7882 or 1-800-903-7882
http://www.state.me.us/ag click on Crime and Victims

Attach additional sheets where necessary to answer questions fully

Rev. 9/03
MAINE CRIME VICTIMS’ COMPENSATION APPLICATION FORM AND INSTRUCTIONS

Application Instructions: Please read:
Incomplete applications cause delay in processing and presentation to the Victims’ Compensation Board for consideration!

IMPORTANT

TAKE A FEW MINUTES TO READ OVER THE ENTIRE APPLICATION. THEN BEGIN FILLING IN THE INFORMATION REQUIRED IN EACH SECTION. A decision on your application may take as little as 1 month or as long as 6 months, depending on how thoroughly you complete the application and how quickly we can verify your claim from the information you provide. Please call us at 1-800-903-7882 if you have any problems filling out your application form.

I. Victim Information- In this section of the application, provide information about the child or adult who is the primary crime victim.

EXAMPLE of completed “Victim Information” section of application:
Victim’s name - Mary X. Doe  Female X_Male__
Mailing address – RR#3, Box 2 Harbor Rd.  Home phone (207) 123-4567
City/State/Zip - Augusta, ME 04330  Work phone N/A
Date of birth - 1/3/88  Age at time of incident -12  SSN 004-00-0001
SSN is not required but helps us process your case more quickly. Medical providers usually require SSN’s to release information.

III. Claimant Information- If the victim is an adult, the victim will be the claimant. A parent or guardian will be the claimant for a child. In the case of a homicide, a family member usually will be the claimant.

EXAMPLE of completed “Claimant Information” section of application:
Claimant’s name - Sheila F. Doe  Female X_Male__
Mailing address - Same as above  Home phone (207) 123-4567
City/State/Zip  Same as above  Work phone (207) 223-8913
Date of birth - 1/22/41  Relationship to victim -Mother  SSN 001-00-0002
**Ill. Crime Information** - We must obtain reports from all law enforcement agencies involved in the crime you have reported. Accurate and complete information provided by you in this section of the form will enable Victims’ Compensation to obtain documentation in a timely fashion. Please use full names of individuals, police departments, officer’s names and victim advocate’s names as well. If at all possible, please provide specific dates for date of crime and date reported. Law enforcement agencies use these dates for purposes of locating their reports for this specific crime. (If the crime was NOT reported within 5 days, or if the application was not filed within 3 years, please explain why in an attached statement unless the victim is a minor.)

**EXAMPLE of completed “Crime Information” section of application:**

**Ill. Crime Information:**

Type of Crime:

☑ assault ☐ homicide ☐ drunk driving ☐ other

☐ child sexual abuse ☐ sexual assault ☐ terrorizing/threatening

Exact location of crime 483 Harbor Road City/State Augusta, Maine

Date of crime 1/31/01 Date crime discovered 2/1/01 Date crime reported 2/1/01

Name of Police Department Augusta Police Dept. Investigating Officer Robert B. Robin

Name(s) of person(s) who committed crime Clyde Z. Doe d/o/b 2/3/1940

Relationship, if any to the victim. Include boyfriend/girlfriend. Father

Who referred you? ☐ Police/Sheriff ☐ District Attorney ☐ Media ☐ Hospital/Dr.

☑ Victim Advocate (advocate’s name) ☐ Other

Briefly describe the type of crime and any injuries which resulted: Victim was assaulted by her father. He broke her teeth. She went to the hospital and needed a dental crown.

**IV. Expenses** - Check box (es) of services you are requesting. We can process your application, and the Board can award payments for medical or mental health expenses ONLY if this section is filled out fully. If you or a family member may need mental health counseling in the future but do not require it at present, check the mental health box and write “later” next to the line. **ALWAYS PROVIDE:** All information requested to identify victims and family members who may need counseling; full names, agency names, office addresses and telephone numbers for all medical, mental health, and funeral service providers. Please note for each name, the type of provider (e.g. dentist, counselor, hospital, X-rays, etc.) *If more than one person is seeing a counselor, please specify who is seeing what counselor and if one counselor is seeing family members as a family group please so specify. **Use an additional sheet of paper to clarify this information.**

**EXAMPLE of completed “Expenses” section of application after check boxes:**

Complete if applying for counseling benefits for family/ household members of victim:

Relationship:

**Name:** Sheila F. X.

**Address:** 3 Harbor Rd. Maple, ME 04000

**Date of Birth:** 1/22/1941 **Relationship To Victim:** brother, son **To Claimant:** self

Medical service providers (hospitals, doctors, mental health counselors) complete fully:

**Name-Agency/Office**

**Address** ☐ Telephone ☐ Type of Service

Northbound Hospital 6 North St. Augusta, ME 04330 (207) 626-0000 Hospital
V. LOST INCOME - Lost income is available only for victims and for dependents of homicide victims, not for parents of child victims. You must provide name, address & telephone number of your employer. State the dates for missed work due to crime-related injuries. Submit two wage stubs showing gross and net wages for two weeks just prior to injury. If you are self-employed or do not have wage stubs, submit copies of your federal tax returns for the last two years.

We need to document your work disability; please provide the name, address, and telephone number of your doctor who can certify that you were unable to work.

If you are requesting support for dependents of homicide victims, please provide a copy of any social security award letter, any life insurance information, monthly pension and/or annuity benefits. Please be specific as to the amount(s) the decedent was receiving and what amounts surviving spouse and/or children are receiving. Please provide copies of the deceased’s federal tax returns for the last two years if the dependents are listed on them.

**EXAMPLE of completed “Lost Income” section of application:**

V. Lost Income: Complete if seeking lost wages or loss of financial support.
Victim’s employer: Acme Sewing Contact person John Acme Telephone 555-1234
Address 14 Elegant Drive City/State/Zip Bangor, ME 04400
Dates absent from work due to crime related injuries: From 1/1/2002 To 1/13/2002
Name & address of treating physician for disability statement John Doe, MD, 12 Exit Street, Waterville, ME 04901 872-1212.
Complete ONLY if requesting financial support for dependent(s) of a homicide victim:

<table>
<thead>
<tr>
<th>Name(s) of dependent(s)</th>
<th>Date of birth:</th>
<th>SSN:</th>
</tr>
</thead>
</table>

**Relationship to victim**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>SSN</th>
</tr>
</thead>
</table>

**VI. OTHER SOURCES OF FINANCIAL ASSISTANCE** - If you have any type of insurance, you **MUST** indicate what type. Check the boxes and give the details requested. Check “NONE” if you have no insurance. If you have medical insurance or receive MaineCare (Medicaid or CubCare) or Medicare, it is your responsibility to instruct all providers to bill that source first. Also, if you may qualify for Charity Care at the hospital, ask for and complete an application for Charity Care. For claimants in homicide cases, please provide the amount and beneficiary of any life insurance. Please send in copies of MaineCare (Medicaid or CubCare) eligibility letters and insurance explanation-of-benefit forms; they help us to compute the amounts of awards.

If you have an attorney as a result of the crime, or if you intend to file a lawsuit, please provide the name and address of your attorney.

**VII. OPTIONAL INFORMATION ON VICTIM** - This information is helpful for
Federal reporting but is not mandatory.

**INFORMATION RELEASE**, **AGREEMENT**, and **WARNING** **SECTIONS**

Sign and date the release! Sign and date the agreement/warning! Yes, **sign in two places**. **We are unable to process your claim until you have done so.**

If you have **any questions** after reading these instructions, please call Victims’ Compensation at **1-800-903-7882** or the Victim Witness Advocate assisting the District Attorney with the criminal case. **A half-completed application will delay your claim.**

**Caution - If you move** or obtain a different telephone number, you must call us with your new address or telephone number immediately. **The Post Office will not forward State checks.**

**STOP**
**Please review your application one last time to make sure all parts are filled in or signed and that you have attached required statements and bills.**

We sincerely hope that financial assistance from the Victims’ Compensation Program will be able to provide you with some relief and support during this stressful time. Should you have questions or wonder about the status of your application, please feel free to contact Victims’ Compensation at anytime to inquire about your claim.

02/2005
**MAINE VICTIMS’ COMPENSATION PROGRAM**

**ELIGIBILITY CHECKLIST**

*If the following statements are true the claimant may be eligible for financial assistance.*

YES/NO

The crime was committed on or after January 1, 1993.

The crime committed is one of the following:

- An offense against the person, e.g. assault or murder, (Title 17-A Ch. 9)
- A sexual assault/exploitation of minor (Title 17-A Ch. 11, Ch. 12)
- Kidnapping/criminal restraint (Title 17-A Ch 13)
- Robbery (Title 17-A Ch 27)
- Drunk Driving (Title 29-A §2411)
- Leaving the scene of some personal injury vehicle accidents (Title 29-A §2252)

The victim suffered bodily injury or the threat of bodily injury as a direct result of the crime (not required of victims of sexual assault). Yes ___ No ___

The crime was reported to a Law Enforcement Agency within five days of the occurrence or discovery of the crime or injury.* Yes ___ No ___

The victim was not engaged in criminal activity which contributed to or caused the injury. Yes ___ No ___

The victim cooperated with the law enforcement officials and ___ prosecutors. Yes ___ No ___

The victim/claimant has no collateral source of payment for the compensation they are seeking. (e.g. insurance, Medicaid)  Yes ___ No ___

An application will be filed with the Victim Compensation Board within three years of the injury or compensable loss or within 60 days of the discovery of the injury or compensable loss, whichever is later.* Yes ___ No ___

---------TYPES OF COVERAGE SOUGHT---------

The claimant is seeking coverage for a victim for actual losses of the following types: medical, mental health counseling, lost income or wages, funeral, eyeglasses, dentures, other prosthetic devices, travel, some crime scene cleanup costs, and costs to repair, replace, and install locks or security devices. Yes ___ No ___

or

The claimant is seeking coverage for persons other than the victim for:

1. Counseling expenses ___ Yes ___ No ___
   a. for family and household members of homicide victims or of victims of sexual assault ,
   b. for family and household members of crime victims, who witness the commission of the crime, or
   c. for family and household members of a crime victim who suffers catastrophic injuries.

or

2. Funeral and burial expenses up to $4500 (+ $500 for a marker) for an individual who pays or incurs these bills ___ Yes ___ No ___

or

3. Loss of support for the dependents of homicide victims. Yes ___ No ___

* Time requirements may be waived. Claimants should submit a letter to the Board.

Dept. of Attorney General, Victims’ Compensation Program, #6 SHS, Augusta, ME 04333-0006; (207) 624-7882
Application Form

Each section of this application must be completed

Please type or print clearly

You are filing this application because you are (check one)

- [ ] 1. The victim of a crime
- [ ] 2. An immediate family member of a crime victim who died as a direct result of a crime
- [ ] 3. The parent/guardian of a crime victim under 18 years of age
- [ ] 4. The guardian of a crime victim who is incompetent
- [ ] Other, explain: ____________________________

SECTION 1. ELIGIBILITY CRITERIA

1. Did the crime occur in N.H.? [ ] Yes [ ] No
2. Did the crime result in personal injury (including mental trauma) or death? [ ] Yes [ ] No
3. Did the crime occur on or after November 2, 1997? [ ] Yes [ ] No
4. Did you report the crime to law enforcement within 5 days? [ ] Yes [ ] No If no, explain why not.

5. Did you file this claim within 1 year of the crime? [ ] Yes [ ] No If no, explain why not.

6. Is your out-of-pocket loss or liability more than $100.00? [ ] Yes [ ] No

SECTION 2. VICTIM INFORMATION

Victim's Name ____________________________ [ ] Male [ ] Female

Address - Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Mailing Address - Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Social Security Number ____________________________ 

Marital Status [ ] Single [ ] Married [ ] Divorced [ ] Widowed

Age of Victim on Date of Crime

Date of Birth

MONTH DAY YEAR

Spouse's Name ____________________________

Dependent's Names, Relationships and Ages

Victim's Occupation at Time of Crime ____________________________

Victim's Employer and Employer's Address at Time of Crime ____________________________

Victim's Current Occupation (if different from above) ____________________________

Victim's Current Employer and Employer's Address ____________________________

OPTIONAL – FOR FEDERAL GOVERNMENT REPORTING PURPOSES ONLY

National origin of Victim ____________________________ Race of Victim ____________________________ Disabilities of Victim (If any) ____________________________

SECTION 3. CLAIMANT INFORMATION (If someone other than victim is filing claim)

Your Name ____________________________ Relationship to Victim ____________________________

Address - Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________ Phone (include area code) ____________________________

Social Security Number ____________________________

Marital Status [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated

Age of Claimant on Date of Birth

MONTH DAY YEAR

Claimant's Occupation ____________________________

Claimant's Employer and Employer's Address ____________________________

SECTION 4. TOTAL (Must be completed)

Type of compensation you are requesting:

Money for Medical expenses $ ____________ Money for Funerary expenses $ ____________

Money for Lost income $ ____________ Money for Mental Health Counseling Expenses $ ____________

Other (provide documentation) $ ____________ TOTAL COMPENSATION $ ____________

(If you are still receiving services and/or have not received all of your bills, please place a plus (+) symbol after each amount that may increase.)
CRISIS CENTER REFERRAL/REIMBURSEMENT REQUEST  
FOR  
UP TO 10-DAYS OF TEMPORARY SURVIVAL NEEDS

To be eligible for reimbursement of up to 10 days of temporary eligible expenses for a victim of domestic violence or sexual assault, there must be **reasonable evidence that a crime has been committed**. Please complete the following information and submit this with a completed application and insurance and other collateral source information form. Should a restraining order be available, please include a copy of this also (petition, temporary order and final order). The types of expenses deemed eligible are itemized below. However, should you have special circumstances, please do not hesitate to contact the Coordinator for the New Hampshire Victims’ Assistance Commission prior to disbursement of your funds.

VICTIM INFORMATION

Name: ____________________________________________

Date of Birth: ______________ SS Number: __________

CRISIS CENTER FUNDING ITEMIZATION

Facility Name: _________________________________________________

Your Name: ___________________________________________________

Telephone Number: ______________ Extension: __________ E-Mail: ________

<table>
<thead>
<tr>
<th>Item</th>
<th>Days</th>
<th>Rate per Day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Personal Hygiene</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary RX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security of Current Residence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>*Other (please describe on a separate sheet of paper)</td>
<td></td>
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</tbody>
</table>

TOTAL AMOUNT OF FUNDS ALLOCATED $__________.

AUTHORIZATION OF REFERRAL

I am making this referral with the understanding that the above-named individual is in need of immediate temporary assistance due to domestic violence or sexual assault. I have personally interviewed this applicant/client and believe there to be no other resources available. Furthermore, I am satisfied that it is unlikely that the alleged offender will benefit from the funds noted above and allocated by our facility.

_________________________________________      ______________________________________________
Signature of Representative                                        Date of Submission

Rev. 9/03
To be eligible for reimbursement for post sexual assault medications and emergency clothing replacement, please complete the following information and submit this with both a completed application and insurance and other collateral source form. The medications eligible for reimbursement are identified below and include medications prescribed but not necessarily dispensed at the hospital where a sexual assault examination may have taken place.

**VICTIM INFORMATION**

Name: __________________________________________________________________________________

Date of Birth: ___________________ SS Number: __________________________________________________________________________________

**CRISIS CENTER FUNDING ITEMIZATION**

Facility Name: __________________________________________________________________________________

Your Name: __________________________________________________________________________________

Telephone Number: ___________________ Extension: ___________ E-Mail: ___________________

Sexually Transmitted Infection Prevention

- Doxycycline $__________
- Hepatitis B Vaccination $__________
- Pregnancy Prevention
  - Plan B $__________
  - Preven $__________
  - Ovral $__________
  - Lo-Ovral $__________

HIV PEP

- Zidovudine $__________
- Lamivudine $__________

**Emergency Clothing Replacement (up to $100.00)**

- Item__________ Value $__________
- Item__________ Value $__________
- Item__________ Value $__________
- Item__________ Value $__________

**TOTAL AMOUNT OF FUNDS ALLOCATED FOR POST-SEXUAL ASSAULT MEDICATIONS**

$__________.  

**TOTAL AMOUNT OF FUNDS ALLOCATED FOR EMERGENCY CLOTHING REPLACEMENT**

$__________.  

**AUTHORIZATION OF REFERRAL**

I am making this referral with the understanding that the above-named individual is in need of immediate funding for prescription costs and emergency clothing replacement that were incurred as a direct result of a sexual assault. I have received adequate documentation to substantiate this request and I have personally interviewed this applicant/client and believe there to be no other resources available.

_________________________________________      ______________________________________________

Signature of Representative                                        Date of Submission

Rev. 9/03
Insurance And Other Collateral Source Information for Vehicle Crimes

Claim No: __________ Victim: __________________ Claimant: ________________

The Commission is required by law to consider any other financial resource you have or expect to have before consideration of an award for any compensation. Because your claim involves a motor vehicle crime, you need to provide the Commission with the following information before you claim will be reviewed.

Please answer each question and provide copies (not originals) of each document requested.

VICTIM/CLAIMANT INFORMATION

I. Did you have Auto Insurance on the date of the crime?............Yes ______ No ______

If Yes: a. Name of Company

If Yes: b. Policy Number

c. Please send copy of complete policy for our records.

d. Have you received any proceeds from your auto insurance carrier? Yes ______ No ______

e. Please forward an name and itemized amounts in which bills were paid for by your auto insurance carrier and the amounts, monies received, etc.

f. Do you have a pending Civil Suit with the insurance carrier? Yes ______ No ______

OFFENDER INFORMATION

II. Did the offender have Auto Insurance on the date of the crime? Yes ______ No ______

If Yes: a. Name of Company

If Yes: b. Policy Number

c. Other than for repairs to your vehicle, have you received any proceeds from the offender’s auto insurance carrier? Yes ____ No _____

d. Do you have a pending Civil Suit with the offender’s auto insurance carrier? Yes ____ No _____

e. Do you have a pending Civil Suit with the offender? Yes ____ No _____

f. Have you retained an attorney for the purpose of obtaining a civil judgment against the offender? Yes ______ No ______

g. If yes, have you informed your attorney you have filed for Victims’ Assistance with us? Yes ______ No _____

h. Have you received any Restitution or Civil Suit Judgments as a result of this crime? Yes ______ No ______

If you have answered YES to any of the above, please provide copies of policies, the name and mailing address of the person, company, agency and/or organization that paid or will be paying some or all of any expense and describe which expenses are covered and for how much. You may use the back of this form to provide this information. Call 1-800-300-4500 (in NH only) or 603-271-1284 if you have any questions about this form or what you need to provide.

I declare, under penalty of perjury, that I have read all the questions on this form and to the best of my knowledge and belief; all of my answers are true, correct, and complete.

Date ___________________________ Claimant’s Signature ____________________
New Hampshire Victims’ Assistance Commission

Insurance and Other Collateral Source Information

Claim No. __________ Victim: ____________________________ Claimant: ____________________________

By checking Yes or No below, please identify each of the victim’s financial resources that were in effect at the time of the crime, or which you expect to be available at any time for crime-related services. **Please be sure to answer all 12 questions.**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental/Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medicare/Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Any Social Security Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Veterans Administration</td>
<td></td>
<td></td>
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<tr>
<td>5. Workers’ Compensation</td>
<td></td>
<td></td>
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<tr>
<td>6. Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pensions, Union or Fraternal Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sick, Vacation or other Paid Leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Public or General Assistance (including welfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Insurance or Other Death Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Restitution or Civil Suit Judgments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have answered YES to any of the above, please provide the name and mailing address of the person, company, agency and/or organization that paid, or will be paying, some or all of any expense. In addition please provide your group/policy numbers and describe which expenses are covered and for how much. You may use the back of this form to provide this information. Please call 603-271-1284 or 1-800-300-4500 (in NH only) if you have any questions about this form or what you need to provide.

I declare, under penalty or perjury, that I have read all the questions on this form and to the best of my knowledge and belief, all of my answers are true, correct and complete.

Date: _______________ Victim/Claimant Signature ____________________________________________
RELOCATION EXPENSES AWARDS.

The commission shall consider and evaluate requests for compensation for relocation expenses, if:

(1) Concerns for the claimant’s safety necessitate relocation;

(2) There is either a police report and a temporary restraining order has been issued against the claimant’s abuser or potential abuser or a final restraining order has been issued against the claimant’s abuser or potential abuser;

(3) The underlying facts of the claim meet the requirements; and

(4) None of the circumstances resulting in ineligibility applies.

A claimant submitting a request for compensation for relocation assistance shall submit the following documentation to support the request:

(1) A copy of either a police report and a temporary restraining order has been issued against the claimant’s abuser or potential abuser or a final restraining order has been issued against the claimant’s abuser or potential abuser;

(2) A copy of the lease, which shall be for a minimum of one year and list the claimant as the primary responsible party;

(3) A copy of the front and back of all pages of each invoice from each utility company providing service at the new residence;

(4) An estimate or the actual billing invoice for the services of a moving company or movers; and

(5) Copies of all receipts for items the purchase or rental of which was necessitated by the relocation itself.
The advocate assisting the claimant shall submit a letter of support for the claim for relocation expenses and explanation of all costs.

The following shall be eligible for compensation under the category of relocation expenses:

(1) Security deposit and up to 2 months’ rent;

(2) Start-up utility expenses and up to 2 months’ utilities;

(3) Up to 3 months’ storage;

(4) Expenditures necessitated by the relocation including but not limited to:
   a. Moving materials such as boxes, packaging, and tape;
   b. Travel expenses to the new location such as:
      1. Fuel;
      2. Tolls;
      3. Food;
      4. Lodging; and
      5. Fare for bus, train, air or other scheduled carrier’s transportation;

(5) The cost of the move as billed by the moving company; and

(6) Local telephone service and safety-related features such as caller-ID.

The following limitations shall apply to awards made for relocation expenses:

(1) Relocation expenses shall be a one-time benefit per claim;

(2) Relocation expenses shall be paid for expenses associated with the new residence only and not applied to any arrearages associated with the residence the claimant is leaving or has left;

(3) Relocation expenses shall be capped at $5,000;

(4) Compensation for security deposit and 2 month’s rent and for the services of the movers shall be paid directly to the landlord and the movers, respectively;
(5) No compensation shall be awarded for cable television, long-distance telephone, or Internet service; and

(6) The relocation shall occur within 6 months of the award of compensation for relocation unless the claimant requests an extension and demonstrates:

   a. Housing is not available within that time period; and

   b. The circumstances giving rise to the concern for safety are anticipated but will not occur until after the compensation has been awarded.
The NH Victim’s Assistance Commission awards relocation expenses to claimants who have demonstrated, among other things, a credible threat to her/his safety from the offender as a result of the reported crime which necessitates relocation. In order for claims for relocation expenses to be deemed complete, an advocate must submit a letter in support of relocation on behalf of the victim. These letters are a crucial piece of the victim’s claim. It is an opportunity to reveal the pieces of the victim’s story that are lost in police reports and medical bills. The advocate needs to include a Safety Plan for the victim. In order to make these letters of support as effective as possible, the following statements should be included whenever feasible.

- A statement describing the domestic violence history between the victim and the offender. This should include past domestic violence that may or may not have police documentation as well as a brief narrative of the most recent incidents of domestic violence, abuse, or threats.

- A statement indicating the specific concerns for the victim’s safety and an explanation of how an award of relocation expenses will alleviate these concerns. It is also essential to include the current whereabouts of the offender (e.g. incarcerated, out-of-state, unknown, etc).

- A statement explaining any of the victim’s behavior that may be seen as non-cooperative (e.g. why the victim chose not to file a police report, why the victim dropped charges against the offender, etc).

- A statement of the victim’s plan for the future (e.g. relocate while the offender is incarcerated, relocate to be near out-of-state family, etc). Is the victim financially able to enter into a one-year lease?

- A statement addressing any other issues or concerns specific to the victim or the situation.

Attached is a Safety Plan Form which needs to be submitted with the application, along with copies of a Final Order of Protection, or police reports and a temporary order, the financial form, and the Letter of Support. You will shortly be receiving a new Application Form for Relocation once it has been finalized.

Victim advocates and crisis center personnel are extraordinarily helpful and have an essential role in the application process. Our hope is that these guidelines will help make the application process more efficient. Thank you for all your help and hard work.
SAFETY PLAN FOR CRIME VICTIMS

In order for the Commission to assess your request for relocation assistance, please complete the following questions. An advocate may be able to assist you in completing this form. Please give as much information as possible, and feel free to use additional pages if necessary.

1. If you have previously been a victim of a crime by this offender, please describe the domestic violence history involving you and the offender. Be sure and include approximate dates, whether or not you reported to police and if any protective orders were issued.

2. Have you reported the current crime to local law enforcement?

3. Have you obtained a Temporary Order of Protection? Please attach a copy to this form. Do you intend to obtain a Final Order of Protection? If so, please forward a copy to us once it has been issued.

4. Please describe where you intend to relocate and how that location will assure your safety. If you have children with the offender, please indicate legal custody status, any visitation plan currently in place or proposed, and whether you are under any specific court orders to remain in state.

5. What is the current status of the offender? If incarcerated is there a likelihood he can make bail? Is there a date certain for his release?

6. If you are awarded relocation, the Commission requires a one year lease naming you as the primary responsible party. We pay security deposit and two months rent. Please describe your plan to meet the financial obligations of a one year lease.