Alabama Crime Victims Compensation Commission

P.O. Box 231267
Montgomery, AL 36123-1267
800-541-9388 or 334-290-4420
Fax 334-290-4455
www.acvcc.alabama.gov

For Office Use Only
Cross Reference Number
Claim Number

You have the right to free language assistance.	*Tiene derecho a asistencia lingüística gratuita.*	*귀하는 무료 언어 지원을 받을 권리가 있습니다.*

Section 1 – Eligibility Criteria

A. Was the victim **physically present** during a violent crime? ◯ Yes ◯ No

B. Did you file this application **within one (1) year** of the crime? ◯ Yes ◯ No
If you marked "no", please explain why on a separate sheet of paper.

C. Does the applicant have any **criminal charges pending** against him or her at the time of the crime? ◯ Yes ◯ No
If so, please list them on a separate sheet of paper.

D. Was the crime **reported to Law Enforcement** within **72 hours** of the occurrence? ◯ Yes ◯ No
If you marked "no", then please explain why on a separate sheet of paper.

You must submit proof of US citizenship or that you are an alien eligible for public benefits. Please see https://acvcc.alabama.gov/legal_presence_faq.htm for the list of acceptable documents.

Section 2 – Victim Information

A. Name of **Victim**: Last: _____
First: _____ Middle Initial: _____

B. Date of Birth: _____

C. Social Security Number*: _____

D. Mailing Address (number, street, apartment number): _____
City, State, Zip Code: _____

E. Primary Phone Number: _____

F. Work Phone Number: _____

G. Email Address: _____

H. Marital Status: ◯ Single ◯ Married ◯ Separated ◯ Divorced ◯ Widowed

Section 3 – Claimant Information

This section is to be completed only if the victim is a **minor**, **deceased**, or **incapacitated**. If the victim is 19 or older, but is incapacitated, you will have to provide **proof of guardianship/conservatorship** over the victim.

A. Name of **Victim**: Last: _____
First: _____ Middle Initial: _____

B. Date of Birth: _____

C. Social Security Number*: _____

D. Mailing Address (number, street, apartment number): _____
City, State, Zip Code: _____

E. Primary Phone Number: _____

F. Work Phone Number: _____

G. Email Address: _____

J. Your relationship to Victim: ◯ Spouse ◯ Mother ◯ Father ◯ Child ◯ Sibling ◯ Grandparent ◯ Grandchild ◯ Legal Guardian ◯ Other _____

If you are not the victim's *legal* next of kin, we will hold this application until one year and one day has passed from the date of the crime, which is when you will be eligible to be the claimant for this Claim, or until the claimant's legal next of kin provides you with an ACVCC-issued *Power of Attorney* document, whichever comes first.

Section 4 – Emergency Award ($1,000 maximum)

If you want to request emergency funds, please select the appropriate category and explain why.

◯ Funeral ◯ Moving/Relocation

*Submission of Social Security Numbers is voluntary. Social Security Numbers are requested to verify eligibility pursuant to ALA. CODE §§ 15-23-1 - 15-23.F; Failure to submit your Social Security Number may result in inability to process all expenses.

Section 5 – Crime Information

Complete this section and, if one is available, provide a copy of the Police Report.

A. Type of Crime (check only one) ◯ Assault ◯ Domestic Violence ◯ Homicide ◯ Sexual Assault ◯ Other (please explain) _____

B. What is the Victim's relationship to the alleged offender, if any? _____

C. Has a warrant been signed? ◯ Yes ◯ No

D. Has an arrest been made? ◯ Yes ◯ No

E. List the date of the crime: ____/___/_____

F. List the date the crime was **reported** to Law Enforcement: ___/___/_____

G. List the **Law Enforcement Agency** that the crime was reported to: _____

H. Physical address at which crime occurred: _____

I. Please give a brief description of the crime: _____

Section 6 – Compensation Request

The ACVCC considers several types of compensation. Please select which type you are requesting. Provide any corresponding and directly related bills/receipts.

Homicide	Non-Homicide
◯ Counseling for Family of Victim	◯ Counseling for Victim
◯ Moving/Relocation	◯ Moving/Relocation
◯ Medical Expenses	◯ Medical/Dental Expenses
◯ Travel/Transit (*for funeral, court, and/or medical treatment*)	◯ Travel/Transit (*for court, and/or medical treatment*)
◯ Loss of Support for Dependent of a Deceased Victim	◯ Lost Wages for Victim (if employed at time)
◯ Crime Scene Cleanup	◯ Lost Wages for Parent/Guardian of minor victim
◯ Guardianship Fees	◯ Crime Scene Cleanup
◯ Funeral/Burial	◯ Guardianship Fees

The ACVCC does not provide compensation for pain and suffering or property crimes.

Section 7 – Financial Recovery

Alabama law requires that you give the Alabama Crime Victims Compensation Commission written notice within fifteen (15) days of initiating any legal proceeding to recover restitution or damages, or prior to any attempt by Claimant to reach a negotiated settlement. ALABAMA CODE § 15-23-14(c).

ACVCC is a payer of last resort; you must tell the Commission if you receive funding from a collateral source.

A. Has a civil lawsuit been filed in connection with this case? ◯ Yes ◯ No

B. Have you received any money for the damages that resulted from this crime (Insurance of any type, restitution, etc.)? ◯ Yes ◯ No

C. If an attorney has been handling financial recovery for you, please provide their contact information, including mailing address, phone number, fax number, and email address. _____

_____

If you contact an attorney about financial recovery as a result of this crime, please show him/her this application.

Section 8 – Statistical Information:

For statistical purposes only; completion of this section is strictly voluntary.

A. Please tell us how you first found out about the Crime Victims Compensation program:

◯ Prosecuting Attorney ◯ Medical Provider ◯ Civil Attorney ◯ Media, Brochure, or Poster
◯ Police/Sheriff ◯ Victim Service Agency ◯ Friend/Acquaintance ◯ Other _____

B. Race/Ethnic background:

◯ Native Hawaiian or Other Pacific Islander ◯ Hispanic or Latino
◯ Black/African American ◯ White Non-Latino/Caucasian
◯ American Indian/Alaskan Native ◯ Asian ◯ Multi-Racial

C. If the victim is disabled, check one:

◯ **Before** crime
◯ As a **Result** of this crime

D. Gender: _____

Claim Authorization

Information Release: I authorize financial institutions, social service agencies, funeral providers, insurance companies, medical/mental health service providers, or any state/federal agency to release my information to the ACVCC. I authorize my employer or former employer to release my employment information to the ACVCC.

Prosecuting Attorney's Office: I understand information related to my claim may be released to the prosecuting attorney's office and/or law enforcement.

Criminal Background Check: I will be subject to a criminal background check to verify my eligibility for compensation benefits.

Subrogation Agreement: I hereby agree to give the ACVCC written notice within 15 days of initiating any legal proceeding to recover restitution for damages that is related to my victimization. I agree to repay the ACVCC the amount of compensation I have received in the event that my economic loss is recouped from any collateral source. I understand that failure to comply with this agreement may result in legal action being taken against me.

Payment of Benefits: I understand the ACVCC will pay the maximum amount possible for all expenses/financial losses. I understand that these payments may result in the expenditure of all crime victims' compensation benefits for this claim. I acknowledge it is my responsibility to notify the ACVCC in writing if I do not want the maximum benefits expended for this claim.

Service Provider Information Release: I authorize the ACVCC to release information or records about my application for assistance to service providers and their authorized representatives who request information about the status of my pending claim. I understand this release is for the limited purpose of helping service providers determine the status of the claim in order to receive payment for services rendered.

Life Insurance Policy Search: I authorize the ACVCC to search the National Association of Insurance Commissioners' (NAIC) database and any other available resources for a life insurance policy for the deceased victim for whom this application is filed. I understand the purpose of this search is to determine whether a collateral source of compensation is available or not.

Authorized Parties: I hereby agree that the parties listed below may receive information regarding this claim. I understand that status only will be provided to employees of service providers.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a victim of human trafficking or domestic violence?	Are you a US Citizen?	Are you a legally present alien?
○ Y / N ○	○ Y / N ○	○ Y / N ○

The ACVCC does not discriminate on the basis of race, color, national origin, sex, religion, age, genetic information, pregnancy, or disability in employment or the provision of the compensation benefits.

Therefore, I HEREBY AND FOREVER HOLD HARMLESS, the ACVCC and its authorized representatives and agents from any and all legal responsibility/liability which may arise from the release of any of the above information. By signing this document I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that if there is any credible evidence that I submitted a false claim for grant funds or have intentionally given any false information on this application, I will be referred for criminal investigation.

☐ Check this box if you **do not** authorize the release of status information to service providers.

X _____ _____

Victim or Claimant Signature | Victim or Claimant Printed Name

_____

Date

The victim **must** sign this authorization unless he/she is **deceased**, **incapacitated**, or is a **minor**. The person signing this authorization must be **19 or older**. The claimant (if other than victim) must be the person legally authorized to act on the behalf of the victim. Documentation of this authority **must** be provided.