

How Will My Claim Be Considered?

After all of the information contained in your application is verified, you will be notified if you are eligible for compensation. The time that it takes to arrive at this decision varies considerably, depending upon the complexity of the claim. One important factor is your help in sending the Department the information it needs to arrive at a decision.

You will be sent a copy of the decision in writing. If your claim is denied, the reason will be explained to you, along with the appeal procedure.

Attorney Fees

You do not need an attorney to file a claim. If you do choose to hire an attorney, the allowed fee will be deducted from your award.

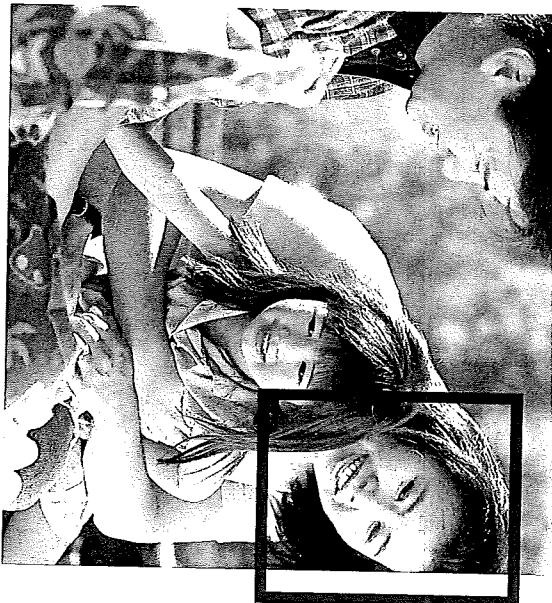
How And Where To File A Claim

Write:

Crime Victim Compensation
P.O. Box 7951
Madison WI 53707-7951

Telephone:

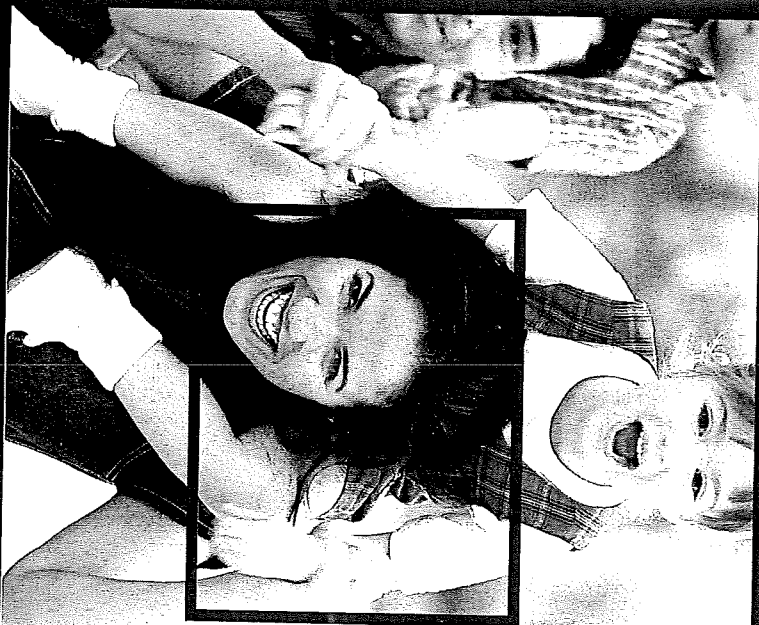
Toll-Free 1-800-446-6564
Madison Area 608-264-9497



The concept
of crime
victim
compensation
is a
time-honored
one: that
of making up
for wrong.



A Measure of Justice



Who Is Eligible?

- An innocent victim who suffers injury from a crime.
- A dependent or legal representative of an innocent victim who has been killed as a result of a crime.
- A person who is injured while aiding a crime victim or helping a police officer.
- A person who suffers a reaction from the death of a family or household member.
- Persons who are injured in automobile accidents caused by drunk drivers.



What Compensation May Be Paid?

Up to \$40,000 for any one injury or death, including:

- Medical, hospital, surgical, pharmacy, and mental health counseling expenses.
- Lost wages.
- Loss of support to a dependent of a crime victim who is killed.
- Reasonable replacement costs of clothing or bedding held as evidence by the police, prosecutor, or crime lab—up to \$300.
- Reasonable replacement value for property held as evidence and made unusable by crime lab testing—up to \$200.
- Reasonable and necessary costs for securing and cleaning a crime scene—up to \$1,000.
- Cost of homemaker services.

An additional \$2,000 may be paid for reasonable funeral expenses.

No property loss or damage is covered other than those described above.

The State of Wisconsin pays only those out-of-pocket expenses that are not paid or payable by a private or group insurance plan, public funds, or any other source, including the offender. **If you do have medical coverage through another source for the payment of your medical or mental health expenses, you must be treated by a provider who accepts that source of payment.** If you receive money from the offender or a third party through restitution or any civil action, you must re-pay the state for any money paid out on your behalf.

What Are The Requirements?

- The victim's conduct must not have caused or contributed to the crime that led to the injury or death.
- The victim must not have committed a crime that led to the injury or death.
- The victim must cooperate with law enforcement officials in their investigation and prosecution of the crime.
- The applicant must cooperate with the Wisconsin Department of Justice in supplying information for the claim.
- If the victim was injured in a car accident caused by a drunk driver, the victim must have been:
 - a pedestrian or a passenger in the other car.
 - a child passenger in the offender's car.
 - unaware that the driver was under the influence of alcohol or an illegal drug.

What Must I Do To Be Eligible?

- The crime must have been reported to a law enforcement agency within 5 days of the crime.
- The applicant must file a claim within 1 year of the date of the crime. This may be waived in certain circumstances.
- The victim must be current with court-ordered child support or maintenance payments.


WISCONSIN

CRIME VICTIM COMPENSATION PROGRAM APPLICATION INFORMATION

An application may be filed by, or on behalf of, a person who was injured or died as a result of the crime. The Program may help with certain expenses such as medical or mental health bills or other losses directly related to the crime and covered by the Program. **Personal property losses including cash, or "pain and suffering" claims cannot be reimbursed by the Program.**

WHAT TO DO

- Please print clearly in ink. Separate applications must be completed for each injured victim.
- Enclose copies of crime-related medical bills received so far and send any other bills as they are received. The Program requires that the bills be itemized. It is the applicant's responsibility to document the losses. **If there is insurance, Medical Assistance or other coverage sources for costs of medical or mental health expenses, a provider from within the provider group or that the network will reimburse, must be used. If those sources are not used first, the Program may not be able to consider reimbursement of those costs.**
- Send the completed application to the Crime Victim Compensation Program as soon as possible. Do **not** wait until court is over or until treatment is completed.
- The application must be signed by the injured victim or by the parent or guardian if the victim is under 18 years of age. If the victim is deceased, the application may be signed by a family member or by the administrator of the victim's estate.
- Provide all information requested by the District Attorney's Office to them in a timely manner. The Crime Victim Compensation Program Application does not need to be sent there.
- Return the completed application to the address listed on the bottom of this page. The applicant will receive a letter from the Crime Victim Compensation Program acknowledging the receipt of the application. Call the Program if a letter is not received after two weeks of submitting the application. Notify the Program of any changes in address or phone number. If you have any questions, please call (608) 264-9497 or 1-800-446-6564 (Toll-free). **Keep this information sheet for your records.**

REMEMBER

- The crime must be **reported to law enforcement within 5 days of the date of the crime** and the victim must cooperate in the investigation and prosecution of any known suspects. The **application must be filed within 1 year of the date of the crime**. However, there are very limited circumstances in which this requirement may be waived. If the crime was not reported within 5-days or claim was not filed within 1 year, attach a written statement explaining the reason for the delay.
- Any money received from other sources such as restitution, lawsuits, insurance settlements, etc. **must be repaid** to the Crime Victim Compensation Program for crime related expenses paid by the Program.

Wisconsin Department of Justice
Crime Victim Compensation Program
Post Office Box 7951
Madison, WI 53707-7951
(608) 264-9497 or 1-800-446-6564 (Toll-free)

All information will be verified by the Crime Victim Compensation Program. Section 949.17 of the Wisconsin Statutes provides penalties for persons who submit fraudulent applications.



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SECTION 3: CRIME INFORMATION

1. Type of Crime (Check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hit and Run of Pedestrian | <input type="checkbox"/> Drunk Driver / DUI |
| <input type="checkbox"/> Attempted Homicide | <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assault/Battery | <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Robbery | |

2. Location of Crime: Street Address

3. City

4. State

5. County

6. Date of Crime

7. Date Crime Reported

8. Law Enforcement Agency to which crime was reported

Officer's name

9. Offender(s) Name(s):

10. Did victim know offender(s)? ☐ Yes ☐ No If yes, in what way?

Description of Crime (optional):

SECTION 4: MEDICAL/MENTAL HEALTH EXPENSE INFORMATION

1. Name and address of medical facility where victim was first treated:

2. Date of Treatment:

3. Mental Health Treatment received, or to be received? ☐ Yes ☐ No ☐ Unknown**SECTION 5: MISCELLANEOUS EXPENSES**

Homemaker Services \$ _____ Documented Crime Scene Clean-up \$ _____

Securing a Crime Scene \$ _____ Property held as evidence and damaged by Crime Lab testing \$ _____

Clothing/bedding held as evidence and the reasonable replacement value of each:

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

SECTION 6: INSURANCE AND BENEFIT INFORMATION1. Was there insurance or other source of payment to cover expenses at the time of the crime? ☐ Yes ☐ No

2. Check all that apply:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Employers/Union Group | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Medical Assistance/Title 19 | <input type="checkbox"/> Homeowners Insurance |
| <input type="checkbox"/> Veterans' Benefits | <input type="checkbox"/> County Welfare/GAMP | <input type="checkbox"/> Victim/Spouse/Parent Insurance | <input type="checkbox"/> Badger Care |
| <input type="checkbox"/> Lawsuit | <input type="checkbox"/> Disability | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other (describe) _____ |

SECTION 7: CRIMES INVOLVING MOTOR VEHICLES

Did the victim have auto insurance?

☐ Yes ☐ No ☐ Unknown

Name of company:

Did the driver have auto insurance?

☐ Yes ☐ No ☐ Unknown

Name of company:

Did the offender have auto insurance?

☐ Yes ☐ No ☐ Unknown

Name of company:

SECTION 8: EMPLOYMENT INFORMATIONComplete this section ONLY if the victim was employed at the time of injury.

2. Is the victim self-employed?

1. Did victim miss time from work immediately following the crime?

☐ Yes ☐ No☐ Yes ☐ No ☐ Unknown

3. Dates absent from work due to crime related injuries: From _____ To _____

4. Name of Employer

5. Employer Telephone

()

6. Employer Mailing Address

7. City

8. State

9. Zip Code

FOR CRIMES RESULTING IN DEATH

SECTION 9: FUNERAL/BURIAL EXPENSES

1. Funeral Home Name		2. Mailing Address	
3. City	4. State	5. Zip Code	6. Phone Number ()
7. Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Amount: \$ _____ Beneficiary _____			

SECTION 10: DEPENDENTS FINANCIALLY SUPPORTED BY VICTIM AT TIME OF DEATH

First Name	Last Name	Date of Birth Mo / Day / Yr	Relationship to Victim
		/ /	
		/ /	
		/ /	

NOTE: If a claim is approved, the Program may be able to assist certain family/household members of the deceased victim with losses due to emotional/physical reactions to the death. More information can be obtained by calling the Crime Victim Compensation Program office.

AGREEMENT

- My signature below means that I certify that information on this application is true and correct.
- I agree that payments for bills may be paid directly to whom the payment is owed.
- I understand that the Crime Victim Compensation Program reimburses for costs not covered by any other source.
- I agree to notify the Crime Victim Compensation Program if a lawsuit is filed.
- I agree to repay the Crime Victim Compensation Program for all payments made if I receive money from any other source.
- I agree to refund the Crime Victim Compensation Program for all money paid by the Program if this claim is determined to be false or fraudulent.

AUTHORIZATION

I authorize and request any person having information needed by the Crime Victim Compensation Program to process my claim to release that information to the Wisconsin Department of Justice. This includes, but is not limited to, all past law enforcement records concerning me; private and governmental physicians and hospitals; local, state and federal law enforcement and prosecutors office and federal court personnel; any employer; and any private company or governmental agency that is providing or may provide medical or monetary benefits. A photocopy or facsimile of this authorization shall be considered as effective and valid as the original.

I authorize the Crime Victim Compensation Program to release copies of crime-related medical bills and wage information to the Office of the District Attorney for determination and documentation of restitution. I certify that I understand and agree to the above statements.

Signature of Victim or Person filing Claim

Date

RETURN COMPLETED APPLICATION TO:

Wisconsin Department of Justice
Crime Victim Compensation Program
Post Office Box 7951
Madison, WI 53707-7951
FAX (608) 264-6368

FOR ASSISTANCE CALL: In Madison (608) 264-9497
Toll Free 1-800-446-6564