

# CRIME VICTIM COMPENSATION PROGRAM

7<sup>th</sup> Judicial District  
1140 North Grand Ave, Suite #200  
Montrose, CO 81401

All claims are reviewed by the *Crime Victim Compensation Board (CVC)*. The CVC board meets once a month. The CVC Board is created of three citizens of Montrose County, who are appointed by the District Attorney.

The Crime Victim Compensation Program operates pursuant to C.R.S. 24-4-1, Part 1. All materials received, made, or kept by the CVC Program or district attorney concerning an application are confidential.

## Eligibility Requirements:

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

## General Information:

1. There does not have to be an arrest made for a victim to be eligible for compensation.
2. Compensation may be made for medical expenses, mental health counseling, dentures, eyeglasses, hearing aids, or other prosthetic or medical devices, loss of earnings, outpatient care, homemaker or home health services, funeral expenses, and loss of support to dependents.
3. Compensation for property damage may be awarded for the cost of replacement or repair to residential point of entry/doors, locks or windows that are damaged during the commission of a crime.
4. By law, you must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid and/or Medicare.
5. Please attach all bills and receipts. You may apply even if you have not received any bills as of this date.
6. Your claim will be investigated and presented to the Victim Compensation Board. This process may take up to 60 days.
7. Total recovery may not exceed the statutory limit of \$30,000. Compensation for some categories is limited by Board policy.
8. Should your claim be denied, you have a right to reconsideration the Board's decision and have the right to submit new or additional information related to the reason(s) for the Board's denial or reduction of your claim. You may arrange for an appeal by contacting the Victim Compensation Program within 30 days from the date in which you receive notice of the denial or reduction of your claim. If you request an appeal, further information concerning the appeal process will be mailed to you. In the event the denial is upheld by the Board, you have a right to have the board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.
9. If the claimant/victim is either hearing impaired, blind or have limited English proficiency, please contact your local CVC administrator.

## SECTION 1 – VICTIM INFORMATION *(This can be either primary or secondary victim(s))*

_____ Victim's Name	_____ Email Address (Please print clear)
_____ Mailing Address	_____ City/State/Zip
_____ Physical Address	_____ Place of Employment
_____ Home Telephone	_____ Work Telephone
	_____ State of Residency

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age when crime occurred

Sex:     Male             Female

The following information is used for statistical purposes only. It is needed to comply with federal regulations.

**Handicapped:**

- Yes     Physical  
 No      Mental

**Race:**

- White  
 African American  
 Hispanic/Spanish  
 Native American  
 Asian Pacific  
 Unknown  
 Other: \_\_\_\_\_

**Who Referred You to the Compensation Program?**

- Victim Advocate  
 Police Officer  
 District Attorney's Office  
 Social Services  
 Hospital  
 Therapist  
 Other: \_\_\_\_\_

**SECTION 2 – CLAIMANT INFORMATION** *(Complete only if person submitting application is **NOT** the victim, i.e.: victim's parent or guardian, or relative of victim)*

_____ Claimant's Name	_____ Email Address (Please print clear)
_____ Mailing Address	_____ City/State/Zip
_____ Home Telephone	_____ Work Telephone
Relationship to Victim _____	

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

<b>Type of Crime:</b>	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Drunk Driver/Vehicular Assault/Homicide
<input type="checkbox"/> Assault	<input type="checkbox"/> Child Physical Abuse
<input type="checkbox"/> Burglary/Criminal Mischief	<input type="checkbox"/> Child Sexual Assault by Family Member
<input type="checkbox"/> Sexual Assault – Adult	<input type="checkbox"/> Child Sexual Assault – Non-Family Member
<input type="checkbox"/> Murder/Homicide	<input type="checkbox"/> Other _____
Date of Crime:	Police Dept./Agency Crime Was Reported To:
Crime Report Number:	Law Enforcement Officer Handling Case:
Who Committed the Crime?	Suspect's Relationship to Victim:
Did the Crime Occur at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	County Where Crime Occurred:

Please provide any information regarding the criminal incident and include copies of itemized bills with this application. Additionally, please forward any bills related to the criminal incident as you receive them.

**SECTION 4 – BENEFITS** (Please check each type of claim for which you are requesting funds, and provide the information requested within the block or mark the type of claim as not applicable (N/A))

\_\_\_ **MEDICAL SERVICES:** Please submit copies of itemized medical bills, if/when available. CVC cannot pay any interest accrued from medical billing.

**Hospital:**  yes  no      **Physician:**  yes  no      **Chiropractic:**  yes  no  
**Dental:**  yes  no      **Physical Therapy:**  yes  no  
**Home Nursing Care:**  yes  no       Other: \_\_\_\_\_

\_\_\_ **PERSONAL MEDICAL ITEMS:** Submit copies of itemized bills, if available. (Limited to medically necessary devices damaged or destroyed during the crime.)

**Eyeglasses/Contact Lenses:**  yes  no      **Dentures:**  yes  no  
**Hearing Aid:**  yes  no      **Prosthetic Device:**  yes  no       Other: \_\_\_\_\_

\_\_\_ **COUNSELING:** Submit copies of itemized bills, if available. If you have reviewed the current CVC approved mental health therapy provider list, please provide the information below.

**Therapist's Name:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

\_\_\_ **LOST WAGES:** Was the victim able to use any of the following types of leave due to physical or emotional injury caused by the crime? Please submit letters from EMPLOYER and PHYSICIAN or THERAPIST which documents loss of income and inability to work due to the crime.

**Sick Leave:**  yes  no      **Vacation Leave:**  yes  no      **Personal Leave:**  yes  no

\_\_\_ **FUNERAL EXPENSES:** Submit copies of itemized bills, if available, \$9,000 maximum payout.

\_\_\_ **RESIDENTIAL PROPERTY:** Submit copies of itemized bills, if available. (Reimbursement for any safety modifications related exterior residential entry point, doors, locks, windows that have been damaged and/or destroyed during the criminal act.)

**Doors:**  yes  no      **Locks:**  yes  no      **Windows:**  yes  no

**Residential insurance deductible amount:** \$ \_\_\_\_\_

\_\_\_ **LOST SUPPORT TO DEPENDENTS** (Contact your local Crime Victim Compensation Administrator at 252-4260 for additional information on this benefit as if may apply.)

**EMERGENCY AWARDS:** In an emergency, i.e. an urgent situation requiring immediate action a crime victim may request an emergency award (i.e. a payment of funds prior to a regular board meeting and award process) in order to meet immediate short term arising from a crime, repair or residential entry-point damage, safety modifications to residence, emergency medical treatment, funeral and burial expenses. In addition, to be eligible for an emergency award, all of the eligibility requirements must be present.

**SECTION 5 – INSURANCE INFORMATION**

**\*\*\* If This Section Is Not Completed Your Form CANNOT Be Accepted \*\*\***

**All applicants seeking compensation for ANY bills MUST complete the following information on ALL insurance and other sources available to pay bills. Include copies of itemized bills with your application. Please forward any additional bills related to the criminal act as you receive them.**

SOURCE:	YES	NO	UNK	Name of Insurance Company/Policy No./Phone No.
Private Insurance				
Medicaid				
Group Insurance				
Medicare				
Worker’s Comp.				
Disability Insurance				
Automobile Insurance				
Homeowner’s/ Renter’s Insurance				
Other				

**SECTION 6 – CIVIL LAWSUIT**

Are you planning to sue the person(s) or business/agency responsible for this injury?

Yes  No  Unknown If yes, please provide the following information;

Your Civil Attorney’s Name: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City/State/Zip

\_\_\_\_\_  
Telephone No.

**NOTE: The Crime Victim Compensation Board must be notified of any civil action and be provided with written evidence of the amount of settlement.**

**SECTION 7 – RELEASE OF INFORMATION AND VICTIM’S RIGHTS AND RESPONSIBILITIES**

**Certification of Application:** The information contained in this application for a Crime Victim Compensation award is true and correct to the best of my knowledge. I understand that the filing of false information may result in a denial of my claim and is punishable by law.

**Cooperation:** I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc.) may result in the denial of my claim.

**Alternative Application Process:** If you feel the CVC board in your judicial district is unable to fairly review your claim due to a personal or professional relationship with two or more board members, it will be sent to another district for review. If your claim is approved, bills will be paid from this office. I understand that this may delay the processing for my claim.

**Repayment of Crime Victim Compensation Award:** The Crime Victim Compensation Program will be repaid if payments are received from the offender (restitution or civil action), insurance, or any other government or private agency as compensation for this injury or death after receipt of payment from the Victim Compensation Fund.

**Subrogation Agreement:** I understand that acceptance of a CVC award I am legally obligated to reimburse CVC for the expenses CVC has paid on your behalf. Please read and sign the attached Notice of Subrogation agreement. (page 6 of CVC application)

**Release of Information Authorization:** I hereby authorize the release of all information from my employer, Physician, hospital, medical and/or mental health service provider(s) creditor(s) for the purposes of verifying the claims I have submitted, or to establish the validity of a restitution claim. I further understand that any information provided may be subject to disclosure under the law.

**Release of Funds:** I hereby authorize release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the services provider(s) applicable to my claim. I understand that any award is subject to the availability of funds and the discretion of the Board.

**Right to Reconsideration:** As an applicant, you are advised that if your Crime Victim Compensation claim is denied, you have the right to request a hearing before the Crime Victim Compensation Board. You will be entitled to present evidence and witnesses. At said hearing, the burden of proof is upon you as the applicant to show that the claim is reasonable and compensable under the terms of the Colorado Crime Victim Compensation Act. In the event the denial is upheld by the Board at the appeal’s hearing, the applicant has the ability to have the board’s decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.

**In Camera Review:** The information provided to the 7<sup>th</sup> Judicial District Crime Victim Compensation Board may be discoverable in the criminal case after an in-camera by the court.

**Victims’ Rights Act (VRA) to be notified:** Victims have a right to be notified by the district attorney’s office if a subpoena has been issued by the courts for the CVC claim file, or materials in the CVC claim file, for which the victim submitted an application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Victim or Claimant

\_\_\_\_\_  
Date

**CRIME VICTIM COMPENSATION PROGRAM 7<sup>th</sup> JUDICIAL DISTRICT**

**NOTICE OF SUBROGATION**

Crime Victim Compensation (CVC), pursuant to statute C.R.S. 24-4.1-101 et. Seq. is the payer of last resort. All other avenues of payment must be exhausted before CVC can consider your crime related losses. This can include donations, medical and auto insurance, awards from civil lawsuits or settlements and restitution payments.

Occasionally, the Board is willing to make payment on your behalf prior to a collateral source issuing payment. Specifically, the Board understands that auto insurance companies may not be timely in processing claims or finalizing settlements. In response, and in the best interest of victims, CVC is willing to process your crime related bills prior to an auto insurance payment or settlement only if you complete this subrogation agreement.

As part of the CVC application you completed, you have already agreed to subrogation (the transfer of right to receive payment). This means that if a collateral agency or payment source issues payment for the same crime and losses, you are legally obligated to reimburse CVC for the expenses CVC has paid on your behalf. **TO ENSURE THAT YOU UNDERSTAND YOUR RESPOSIBIITES PLEAE READ AND INITIAL THE STATEMENTS BELOW AND SIGN THE BOTTOM.**

\_\_\_\_\_ If I am represented by a lawyer in either an auto claim/settlement or a civil lawsuit, I will let my lawyer know that I have applied for CVC and that I have agreed to subrogation for the items which CVC has paid.

\_\_\_\_\_ I will inform my personal auto insurance company that I have applied for CVC and that I have agreed to subrogation for the items which CVC has paid.

\_\_\_\_\_ I will inform the defendant’s auto insurance company that I have applied for CVC and that I have agreed to subrogation for the items which CVC has paid.

\_\_\_\_\_ I understand that if I receive a civil settlement, an insurance settlement or monetary award for the same crime related losses CVC has paid on my behalf, which I am legally obligated to reimburse CVC for the expenses they paid directly, unless the settlement/award is less than the crime related expense.

\_\_\_\_\_ I understand that I must notify CVC if I am pursuing a civil lawsuit, and/or when I receive any type of crime related settlement/award.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Return to: Crime Victim Compensation Fund  
1140 North Grand Ave Suite #200  
Montrose, CO 81401  
Phone (970) 252-4266  
Fax to (970) 252-4270  
E-mail to [eleasha.cervantes@co7da.org](mailto:eleasha.cervantes@co7da.org)

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