

9TH Judicial District
CRIME VICTIM COMPENSATION FUND
109 Eighth Street, Suite 308
Glenwood Springs, Colorado 81601
(970) 945-8635

The 9th Judicial District Crime Victim Compensation Board can provide Crime Victim Compensation to any person who is victimized by violent crime in Garfield, Pitkin or Rio Blanco Counties in Colorado. Colorado residents who are victimized in a state or country that does not have a victim compensation program, or residents who are victims of international terrorism, are also eligible to apply.

Victims of crime **MAY** receive up to \$30,000 per 9th Judicial District CVC policy for out of pocket expenses not covered by insurance or other collateral resources. Funds to pay crime victim compensation claims do not come from taxpayers. Instead, these funds are collected through fines from criminals convicted of felony and misdemeanor crimes, and some traffic offenses.

Listed below are the general eligibility requirements to apply for compensation.

Compensable Losses:

Only losses directly related to the compensable crime are eligible for reimbursement. These **MAY** include: **medical expenses, mental health expenses, lost wages, lost support to dependents, funeral expenses, repair and replacement of doors, locks and/or windows of residential property only, and security devices.**

Eligibility Requirements:

1. The crime must have occurred in Garfield, Pitkin or Rio Blanco County in Colorado; Colorado residents who are injured in a state or country that does not have a compensation program are also eligible to apply.
2. The crime must be one in which the victim sustains mental or bodily injury, dies, or suffers property damage to exterior doors, locks or windows to residential property because of a compensable crime.
3. The victim must cooperate with law enforcement officials (district attorney, police, sheriff, department of social services).
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.

PLEASE NOTE: Some of these requirements may be waived for "good cause" or in the "interest of justice" at the discretion of the board.
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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 exterior 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 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 9th Judicial District CVC policy of \$30,000. Compensation for some categories is limited by Board policy.
8. Should your claim be denied, you have the right to request reconsideration of 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 reconsideration by contacting the Victim Compensation Program within 60 days from the date in which you received notice of the denial or reduction of your claim. If you request a reconsideration of the Board's decision, further information concerning the reconsideration 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. For further information regarding CVC, please call (970) 945-8635 and request to speak to the CVC staff.
10. If you do not speak English, are hearing impaired, Blind or require any other accommodations to complete an application please call (970)945-8635 and leave a message you can also e-mail us at info@9daco.org
11. All materials received, made or kept by the CVC Program or district attorney concerning an application for victim's compensation made under C.R.S. 24-4.1-100.1 are confidential.
12. Victims have a right to be notified by the district attorney's office if a subpoena has been issued by the court for the CVC claim file, or materials in the CVC claim files, for which the victim submitted an application.
13. If any bills incurred as a result of the victimization has resulted in collection actions, the victim can request information related to collections actions from the CVC program staff.

How to File a Claim:

Victims of crime are required to complete an application and submit it to the Board. Itemized bills related to the crime should be submitted with the application. If no bills have been received, an application can still be filed. Bills can be submitted to the compensation program as they are received. The processing time is approximately 60 days to be notified of the Boards decisions once documents have been received.

Once all of the required information is received, a case summary will be prepared for the Board's consideration at the next scheduled meeting. The Board meets once a month

usually in the third week and will render a decision of approved, denial or they may request additional information. You will then be notified by mail of the Board's decision.

CRIMES COVERED BY 9th JUDICIAL DISTRICT CRIME VICTIM COMPENSATION:

1. Murder
2. Manslaughter
3. Assault, Vehicular Assault
4. Criminally negligent homicide and Vehicular homicide
5. Menacing
6. Kidnapping
7. Sexual Assault
8. Robbery
9. Incest
10. Child Abuse
11. Sexual exploitation of a child
12. Crimes against at-risk persons
13. Any crime, the underlying factual basis of which may be reasonably interpreted as involving domestic violence
14. Harassment by stalking
15. Ethnic intimidation
16. Retaliation against a victim or witness
17. Intimidation of a victim or witness
18. Any attempt, conspiracy, solicitation, or accessory to the above listed crimes
19. Indecent Exposure
20. Human Trafficking in Children or Adults
21. First Degree Burglary
22. Retaliation Against a Judge or Juror
23. Careless Driving Resulting in Death

APPLICATION PROCESS:

1. If you are covered by medical insurance, please provide the name of the insurance provider, address and telephone number, policy number, subscriber number, the amount of the calendar year deductible and a list of the covered services (usually outlined in the Explanation of Benefits). If you are applying for financial assistance with medical bills, please include a copy of the bills with the application. The Crime Victim Compensation program has established a limit on payment of medical costs. If approved the current policies allow for the program to pay 100% of these costs.

2. If you are applying for financial assistance for mental health counseling costs, the administrator will review your application and the law enforcement reports. If the application meets the program criteria, a preauthorization of three sessions will be sent to a Crime Victim Compensation approved therapist of your choice to prepare the treatment plan. The therapist will then send the completed treatment plan form, listing the goals and objectives for treatment to our office along with a bill for current services rendered. If your medical insurance will cover a portion of counseling costs, the bill must be submitted to the insurance company. The Crime Victim Compensation program will pay a maximum of \$150 to \$190 per session depending on the therapist's credentials and/or the insurance deductible plus the percentage of the bill not covered by the insurance, whichever is less. On the application you must list the name and date of birth for all other immediate family members that may be requesting counseling (see counseling section of application).

3. If you are applying for financial assistance with loss of wages, the following must be submitted: A copy of the doctor's release stating the date you are able to return work; statement from your employer providing your hourly wage, number of hours worked weekly, dates of work missed due to the incident, and any type of compensation received (ie: sick leave, vacation, unemployment, etc). The Board pays a maximum of 65% of the gross wage for a limit of eight weeks based on a maximum 40 hours per week (maximum payout \$1,000.00 per week)
4. If you are applying for financial assistance with residential property damage and or repair, the following must be submitted – a copy of the repair bill. Losses compensable as defined by C.R.S. 24-4.1-109 are repair and replacement of property damage, payment of the deductible amount on residential insurance policy and any modification to the victim's residence that is necessary to ensure the victim's safety. Residential is defined as the victim's primary place of residence as determined by the CVC Board members. Second or vacation homes are not included. The maximum limit on property damage is set at \$1,000.00. The Board will consider, on a case by case basis, requests from domestic violence victims for changing locks of the residence when the perpetrator has keys. Only one such request from any victim will be considered.
5. If you are applying for financial assistance with the payment of burial and funeral costs, the following must be submitted – a copy of the burial or funeral bill. The Board has set the level allowed for "a reasonable funeral service and burial" - the maximum limit is set at \$15,000.00.
6. If you are applying for financial assistance with loss of support, we need verification of your spouse's/partner's wages (pay stub, W2 or Tax return) in order to determine the amount of support and verification that he/she assisted in the payment of routine household expenses. If verification cannot be provided, we will use the minimum wage as the support amount. In addition, we will need complete copies of the bills you would like to be paid. The Board will not consider past due notices or late fees or bills that accrued prior to the crime date.

The program may compensate loss of support equal to 65% of the gross wage, with a maximum rate of \$1,000 per week for a limit of eight weeks at 40 hours per week, earned by the defendant to a victim of domestic violence or sexual assault whose perpetrator is the main support of the family and who leaves or is removed from the family. The purpose is to assist victim in surviving without the benefit of the defendant's income.
7. If it is determined a potential conflict of interest exists between a CVC staff member or two or more board members then an alternate application process will be considered.

The following must be in effect in order for the claimant to be eligible: 1. The perpetrator is not living in the household. 2. The restraining order is in effect and if it is violated by the victim, the Board may deem that contributory conduct has occurred and deny the claim. 3. The claimant must submit written verification of the family income and monthly expenses. 4. Should the defendant return home the Board will be unable to provide any loss of support financial assistance to the victim. 5. The Board will review each claim on a case by case basis and decide which expenses may be authorized.

CRIME VICTIM COMPENSATION APPLICATION
9th Judicial District
109 Eighth Street, Suite 308
Glenwood Springs, Colorado 81601
(970) 945-8635

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

SECTION 1 – VICTIM INFORMATION

Victim's Name (First, Middle, Last)

Mailing Address

City/State/Zip

Home Telephone

Work Telephone

Email

Date of Birth

Age When Crime Occurred:

Sex: ☐ Male ☐ Female

State of Residency: _____

The following information is used for statistical purposes in order to comply with federal regulations.

Handicapped:

Race:

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

☐ Yes ☐ Physical

☐ Asian

☐ Victim Advocate

☐ White-Non Latino or Caucasian

☐ Police Officer

☐ Black or African American

☐ District Attorney's Office

☐ No ☐ Mental

☐ Hispanic or Latino

☐ Social Services

☐ American Indian or Alaska Native

☐ Hospital

☐ Native Hawaiian or Pacific Islander

☐ Therapist

☐ Some other Race

☐ Other: _____

☐ Multiple Races

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:

Mailing Address

City/State/Zip

Home Telephone

Work Telephone

Relationship to Victim

INCLUDE COPIES OF ITEMIZED BILLS WITH THIS APPLICATION. PLEASE FORWARD

ADDITIONAL CRIME RELATED BILLS AS YOU RECEIVE THEM.

SECTION 3 - CRIME INFORMATION		(All applicants must complete this section)
Type of Crime:		
☐ Domestic Violence	☐ Vehicular Assault/Homicide	
☐ Assault	☐ Child Physical Abuse	
☐ 1 st Degree Burglary/Robbery	☐ Child Sexual Assault by Family Member	
☐ Sexual Assault – Adult	☐ Child Sexual Assault - Non Family Member	
☐ Murder/Homicide	☐ 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? YES NO	County where the crime occurred Garfield Pitkin Rio Blanco	

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: Submit copies of itemized medical bills, if available:

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 Aide: ☐yes ☐no **Prosthetic Device:** ☐yes ☐no Other: _____

COUNSELING:

Therapist's Name: _____ **Telephone No.** _____

Mailing Address: _____

Other immediate family members/secondary victims seeking counseling related to this crime:

_____	_____
Name and date of birth	Name and date of birth
_____	_____
Name and date of birth	Name and date of birth

___ 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?

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

___ FUNERAL EXPENSES: Submit copies of itemized bills, if available.

___ RESIDENTIAL PROPERTY: Submit copies of itemized bills, if available.
(Reimbursement for exterior residential doors, locks and windows damaged or destroyed during the crime.)

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

Residential insurance deductible amount: \$ _____

___ LOST SUPPORT TO DEPENDENTS (Contact 970-945-8635 for information on this benefit)

SECTION 5 - INSURANCE INFORMATION (applicants seeking compensation for medical bills must complete the following information on insurance and other sources available to pay medical bills.)

SOURCE:	YES	NO	UNK	Name of Insurance Company/Policy No./Phone No.
Private Insurance				
Medicaid				
Group Insurance				
Medicare				
Worker's Comp.				
Automobile Ins.				
Disability Ins.				
Homeowner/Renters Ins.				
Military Coverage				
Other				

SECTION 6 - CIVIL LAWSUIT

Are you planning to sue the person (s) or business/agency responsible for this injury? ☐ yes ☐ no

If yes, what is your Civil Attorney's Name: _____

Mailing Address

City, State, Zip Code

Telephone Number

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.

Repayment of Crime Victim Compensation Award: I understand that 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 the acceptance of a Victim Compensation Award by an applicant shall subrogate the state to the extent of such award to any cause or right of action accruing to the applicant.

Release of Information Authorization: I hereby authorize the release of all information from my employer, physician, hospital, department of human services, medical and/or mental health service provider(s) and/or 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 that the denial is upheld by the Board at the reconsideration'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.

Alternative Application Process: If you feel the Crime Victim Compensation Board in your jurisdiction 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 of your claim.

The information provided to the 9th Judicial Crime Victim Compensation Board may be discoverable in the criminal case if the court conducts an in-camera review and determines that the materials sought are necessary for the resolution of an issue then pending before the court.

If the Board finds that funds distributed were used inappropriately, the Board may request that the monies be returned to the fund and the matter will be referred to the Office of the District Attorney.

I, the applicant to the Crime Victim Compensation Program of the 9th Judicial District, hereby state that the information provided in this application is accurate:

Printed Victim or Claimant Name

Signature of Victim or Claimant Name

Date

Return to: Crime Victim Compensation Fund
109 8th Street, Suite 308
Glenwood Springs, CO 81601

Fax: 970-945-9456

Telephone: 970-945-8635