



**NEW JERSEY
VICTIMS OF CRIME COMPENSATION OFFICE**

Claim Application and Instructions

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NJ VICTIMS OF CRIME COMPENSATION OFFICE

Claim Information and Application Instructions

New Jersey Victims of Crime Compensation Office (VCCO) compensates victims of crime for losses and expenses resulting from certain criminal acts. For your convenience, below are the most frequently asked questions. However, we urge you to visit our website for more information at www.njvictims.org. You can also contact your Victim/Witness Coordinator which is located in each County Prosecutor's Office. A link to those offices is on the VCCO website.

What crimes are covered?

The crimes covered include but are not limited to, aggravated assault, homicide, sexual assault, kidnapping and all domestic violence incidents.

How much help can I get from the New Jersey Victims of Crime Compensation Office (VCCO)?

The VCCO can award up to \$25,000* for all expenses; however, each category of expenses may have caps as noted below:

- Emergency relocation costs \$2,500
- Loss of earnings or support
- Funeral expenses \$5,000
- Nursing Care
- Hospital, physician and physical therapy
- Care of child or dependent \$6,500
- Mental Health counseling \$12,500
- Attorney fees for assistance in filing a claim and representing you in the appeal process.

How do I qualify for assistance?

If you are a victim or claimant (person filing for a victim or dependents of the victim) you must show that:

- Crime is eligible under the statute.
- You are a resident of the State of New Jersey or the crime occurred in this State.
- You have compensable financial losses as a result of the criminal act.
- The crime was reported to law enforcement within 9 months, and you submitted this application within 3 years from the date of the crime. Consideration will be taken if "good cause" exists for delayed filing.
- You cooperated with police and prosecutor's office. However, eligibility is not dependent upon conviction or prosecution of the offender.
- Insurance and other payment sources such as restitution paid by the offender will not cover the bills submitted.
- You did not contribute to your injuries, provoke the incident, and were not responsible for or participated in the crime that caused your injuries.
- You do not have any outstanding VCCO assessments imposed for convictions.

What common losses are not covered?

- Property damage or loss, except crime scene clean up.
- Pain and suffering.

NJ VCCO Claim Application Instructions

- Please read the instructions prior to starting the application. Include copies of as much related information (i.e. copies of itemized receipts, bills, insurance statements) as you have. The more information we have now, the sooner your application can be processed. However, you can always forward additional information at a later time.
- Within 10 days of receipt of your application, the Agency will send you a confirmation letter. Please be aware that if you are submitting your application through another Agency, there will be a delay in the VCCO receiving it.
- In addition to calling to obtain status, you can also email us at **njvictims@njvictims.org**.
- If you moved or if your phone number changes, please let us know.
- Due to the high volume of the claims we receive and according to the law, the turn around time for processing a claim is 6 months of receipt of all documentation. However, the Agency expedites emergency relocations and funeral claims. Nevertheless, the majority of our claims are processed within a shorter time span than the six months.
- The key to processing the claim expeditiously is receipt of all documentation from you, the hospitals, doctors, law enforcement, employers, governmental agencies, etc.

Where can I get help with this application?

Contact your County Office of Victim/Witness Advocacy or the VCCO at:

Phone: (877) 658-2221

Phone: (973) 648-2107

Fax: (973) 648-3937

www.NJVictims.org

njvictims@njvictims.org

Mail all applications to Newark office at:

VCCO

50 Park Place, 5th floor

Newark, NJ 07102

SECTION 1:

Victim Information (Required Section)

Print the name of the person injured at the crime scene. This should be the same person listed as the "Victim" on the law enforcement report. Complete the rest of this section with information about the victim.

SECTION 2:

Claimant Information (Required Section)

Print the name of the person applying for compensation if different than the victim. This person may also be the adult assuming responsibility for the crime related bills or the financially responsible person (e.g. parent, guardian, spouse) of a minor, incapacitated or incompetent person injured as a result of the crime.

SECTION 3:

Additional Information

Print the name of a person that the VCCO may contact if we are unable to reach you.

SECTION 4:

Crime Information (Required Section)

Print details about the crime here. Attach a copy of the incident report. If you don't have one, the VCCO will request one from the police and/or prosecutor. The law enforcement incident report on the crime is necessary to determine your eligibility and process the claim.

SECTION 5:
Services Requested (Required Section)

Please review the possible benefits available and select which services are being requested. Supporting documentation will be requested for each benefit that is selected.

SECTION 6:
Insurance Information (Required Section)

If you have insurance that may cover some of your crime-related bills, list your insurance information here.

SECTION 7:
Medical/Counseling Providers

List the names of doctors, hospitals and others who have provided services. If you already have itemized bills, please send copies with your application.

SECTION 8:
Employment Information

List your job information if you have not been able to work because of crime-related injuries or to take care of someone with crime related injuries.

SECTION 9:
Dependent Information

In an incident of homicide, list the victim's dependents who depended upon the victim for support.

SECTION 10:
Attorney Information

Complete this section if you hired a lawyer to represent you in this claim, assist you in court, settle an insurance claim or file a lawsuit related to this crime.

SECTION 11:
Referral Source Information

Print the name of the victim advocate or other professional who assisted you with this application.

SECTION 12:
Legal Responsibility and Signature
(Required Section)

This application is a legal document that must be read and signed by the adult Claimant.

SECTION 13:
Authorization to Obtain Records
(Required Section)

This Authorization to Obtain Records is necessary to obtain information from your doctors, hospital, employer, police and prosecutor, so that the VCCO can process your claim.

SECTION 14:
Assignment of Interest (Required Section)

This is a legal agreement that must be signed in order for the VCCO to pay compensation to you.

SECTION 15:
Authorization for Release of Information Under the Health Insurance Portability and Accountability Act (Required Section)

This authorization is necessary to obtain information from your health care providers under a new federal law. It must be completed, signed and dated in order for the VCCO to process your claim.

SECTION 16:
Section to Provide Additional Details
(If Needed)



New Jersey Office of the Attorney General
Victims of Crime Compensation Office

877-658-2221 • www.NJVictims.org • njvictims@njvictims.org

SECTION 3: ADDITIONAL CONTACT

A person that the Victim/Claimant is comfortable with the VCCO reaching out to if the Victim/Claimant is not available.

Name _____

Relationship Parent Sibling Friend Attorney Therapist Other _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

SECTION 4: CRIME INCIDENT INFORMATION

If available, attach a copy of the following: police report, incident report, TRO, FRO, etc.

Date of Crime ____ / ____ / ____ Date Reported ____ / ____ / ____

Name as it Appears on Incident Report _____

Name of Law Enforcement Agency _____

Location/Address of Crime _____

City _____ County _____ State _____ Zip Code _____

Police Complaint Number _____ Prosecutor's File Number _____

Type of Crime Assault Homicide Sexual Assault Vehicular Offense

Arson Domestic Violence Other _____

Brief Description of Incident and Your Injuries: _____

Name(s) of Offender(s), if known: _____

Relationship to Offender(s), if any: _____

Was the victim living in the same household with the offender at the time of the crime? Yes No

Has restitution been ordered? Yes No

Did you file a police report within 9 months? Yes No*

Did you file a claim with VCCO within 3 years? Yes No*

** If you answer "No" to either of the above two questions, you must provide the Agency with legitimate reasons showing "good cause" for your failure to file timely reports. (See Section 16A or B for space to provide reasons)*

SECTION 5: SERVICES REQUESTED

Please select which service(s) are being requested. Depending on the services selected, additional information may be required.

- Medical:** Medical expenses directly related to a crime related injury and not totally covered by insurance or charity care.
- Counseling:** Mental health counseling expenses related to the incident and not covered by insurance. The maximum allowance for counseling expenses is as follows: Homicide Survivor \$12,500, Injured victim \$12,500, Secondary victim(s) \$7,000, Group Counseling \$50 a session per victim.
- Dental:** Dental expenses directly related to a crime related injury and not totally covered by insurance.
- Prescription:** Prescription expenses directly related to a crime related injury and not totally covered by insurance.
- Relocation:** The maximum allowance for relocation assistance is \$2,500. The VCCO may consider relocation expenses where there is a need to protect the health and safety of the victim and /or his or her family. The Office may consider expenses such as the security deposit payable directly to the landlord, temporary shelter, moving services, monthly rental and mortgage cost differential, first month's rent, one month's rent if relocation occurred within one year of filing the application and/or personal expense items deemed reasonable and necessary.
- Funeral:** The maximum allowance for funeral expenses is \$5,000. The office may consider expenses such as the funeral costs, flowers, repast expenses, cemetery costs and grave markers/headstones.
- Transportation to Funeral:** \$200 per person with a maximum reimbursement of \$1,000. This may include air fare or railroad expenses.
- Loss of earnings (victim):** Loss of earnings to a victim that were incurred directly due to the crime related injury while in a no pay status. The VCCO cannot consider reimbursement if the victim was paid through accrued vacation or sick time. Maximum loss of earnings considered is \$600 per week with a maximum of 104 weeks.
- Loss of earnings (claimant):** When the claimant was employed at the time of the incident, but missed time from work for having to care for the victim as a result of his/her injuries. The VCCO cannot consider reimbursement if the claimant was paid through accrued vacation or sick time. Maximum loss of earnings considered is \$600 per week with a maximum of \$7,000.
- Loss of support (homicide claim):** Loss of support may be considered when the victim was supporting the claimant/household at the time of his/her death. Maximum loss of support to be considered is \$600 per week not to exceed 48 months.
- Loss of support (from the offender):** When the offender was supporting the household prior to the incident, and is incarcerated or is a fugitive. Maximum loss of support considered is \$600 per week not to exceed 48 months.
- Stolen cash reimbursement:** (Senior citizen or permanently disabled persons only) VCCO may reimburse cash (minimum \$50) stolen directly from the person of an eligible crime victim where the monetary loss was reported to police. Maximum reimbursement is \$200.

SECTION 5: SERVICES REQUESTED *continued*

- Attorney fees** (criminal rights): VCCO can assist with attorney fees incurred by an eligible victim when the representation is related to the criminal matter upon which the claim is based. Attorney fees are payable at \$125 per hour not to exceed \$1,000 maximum allowance.
- Domestic help**: VCCO may reimburse domestic help expenses arising as a direct result of the crime. Domestic help may include housecleaning, laundry, cooking, companionship and other services related to providing day to day living support for the victim. Maximum reimbursement is \$6,500.
- Day care services**: VCCO may reimburse child care or day care expenses for a minor child (14 years old or less) or for an adult where such services would enable a victim, spouse, surviving spouse of a deceased victim or guardian to continue employment. Maximum reimbursement is \$6,500.
- Medical equipment**: VCCO may reimburse reasonable charges for reasonably needed products such as wheelchairs, braces, splints, crutches, walkers and other personal adaptive equipment required to meet the victim's disability needs.
- Medically related transportation**: VCCO may reimburse transportation costs for the victim's visits to treating physicians and other health care facilities. Maximum reimbursement is 31 cents per mile not to exceed \$10 per day and \$1,000 total.
- Crime Scene Clean up**: VCCO may compensate the reasonable and necessary costs for the cleaning of a victim's residence and/or personal vehicle where the injurious crime occurred or where the direct costs have become the direct victim or claimant's financial responsibility. Compensation includes the actual clean up costs, reasonable replacement value of bedding, clothing, carpeting, doors, windows, locks or furniture which has been rendered damaged or useless as a result of the crime or the collection of evidence. Maximum allowance for crime scene clean up shall not exceed \$4,000 in the aggregate.
- Bereavement**: Loss of earnings may be paid to members of the victim's family for funeral attendance and bereavement for a period of no more than two weeks. Maximum loss of earnings to be considered is \$600 per week with a maximum allowance of \$7,000 for all secondary victim expenses.
- Court Attendance**: Loss of earnings may be paid to victims and secondary victims for court attendance. Maximum loss of earnings to be considered is \$600 per week with a maximum allowance of \$7,000 for all secondary victim expenses.

Supplemental Compensation for Catastrophically Injured: The VCCO may make one or more supplemental awards solely for the purpose of providing rehabilitative assistance and services to direct victims who have been catastrophically injured. A catastrophically injured crime victim is defined as a person who has been determined by the Office to have sustained a severe long-term or life-long personal injury as a result of a crime specified as compensable as outlined in our statute. N.J.S.A.52:4b-11. Compensation for loss of earnings, loss of support, property damage and pain and suffering is excluded from catastrophic injury compensation.

- Please check if you believe you may meet these criteria and wish to apply for CAT assistance.

SECTION 6: HEALTH INSURANCE/BENEFITS INFORMATION

Please identify any Health and/or Automobile Insurance coverage. The insurance information provided may be used to notify a provider of medical services that there is another source of payment before the VCCO can consider compensation in accordance with N.J.A.C. 13:75- 1.19.

MEDICAL INSURANCE Yes No

Carrier _____

Policy No. _____

SECONDARY MEDICAL INSURANCE Yes No

Carrier _____

Policy No. _____

DENTAL INSURANCE Yes No

Carrier _____

Policy No. _____

AUTOMOBILE INSURANCE Yes No

Carrier _____

Policy No. _____

If neither the victim or offender has automobile insurance and the incident involved a motor vehicle.
(If no, then claimant may have to apply to NJPLIGA)

NJPLIGA Yes No

WORKER'S COMPENSATION Yes No

HOME OWNER'S/RENTER'S INSURANCE Yes No

Carrier _____

Policy No. _____

Charity Care Yes No Date of charity care application ____ / ____ / ____

If you checked no, VCCO is the payer of the last resort, the victim's/claimant's primary insurance or charity care will come first. Please apply for charity care at the hospital where the victim was treated.

SECTION 7: MEDICAL/COUNSELING PROVIDERS

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

SECTION 8: LOST WAGES/SUPPORT INFORMATION

Complete if you have lost time from work because of your injuries or to take care of an injured victim.

(If more than one employer, please attach additional sheets)

Victim loss of Earnings Claimant Loss of Earnings

Employee Name _____

Company Phone (_____) _____ - _____ Company Fax (_____) _____ - _____

Company/Business Name _____

Company/Business Address _____

City _____ County _____ State _____ Zip Code _____

Dates absent from work due to crime related injuries: _____ / _____ / _____ to _____ / _____ / _____

Did the incident occur while on the job? Yes No

If injured on the job, does your employer have Worker's Compensation? Yes No

Have you applied for State/ Private Disability or Family Leave for reimbursement for lost wages? Yes No

If YES, supply all notices received from State/Private Disability or Family Leave.

Is your household losing income/paychecks due to the crime? Yes No

Are you missing work to care for the victim? Yes No

If available, please supply your pay stubs from the week before the crime, the week you returned to work and a letter from your doctor stating your period of disability.

If you are self-employed, you must supply copies of your income tax returns and business tax returns for the last 2 years before the crime.

Loss of support may be awarded for dependents of homicide victims. Please supply copies of the victim's income tax returns for the last three years.

SECTION 9: DEPENDENT INFORMATION

Tell us about the victim's dependents or others who depended on the victim for support. *(If none, skip to section 10)*

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

SECTION 10: ATTORNEY INFORMATION

A. Type of representation: VCCO Application Civil Suit Criminal Rights

Name of Attorney _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____

B. Type of representation: VCCO Application Civil Suit Criminal Rights

Name of Attorney _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____

C. I intend to file a lawsuit at a later date Yes No

SECTION 11: REFERRAL INFORMATION

Who referred you to the VCCO? Police Friend/Relative Prosecutor Victim Witness Coordinator

Hospital Funeral Home Domestic Violence/Rape Crisis Center Brochure/Poster Internet

Medical professional Other _____

SECTION 12: LEGAL AUTHORIZATION AND SIGNATURE

*This is a legal document which must be signed by an adult.**

Program Qualification:

I understand that I am responsible for all bills and the compensation program is designed to pay certain costs not covered by another source. Submitting this application does not entitle me to benefits.

Reimbursement:

I agree to repay the VCCO if I receive money from another source up to the amount paid on my behalf. This includes any payment I may receive from the offender, any insurance policy or settlements, judgments, or civil law suits.

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed or misrepresented any information that would have a material bearing on my eligibility for benefits or compensation. I understand that if any of the information I have provided is knowingly false, I may be subject to civil and criminal punishment.

X _____ Date _____
Signature of Victim/Claimant

* Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.

SECTION 13: AUTHORIZATION TO OBTAIN RECORDS

I, _____, authorize the NJ Victims of Crime Compensation Office (VCCO) or its agent, representative or bearer to inspect, review and make copies, including photostatic copies, of all medical records and records pertaining to employment, earnings, income or grant from any agency, attendance and any other records pertaining to or related to employment or economic assistance, and police and prosecutors reports necessary to determine qualification for my claim for compensation. Photocopies of this authorization will be considered as valid as the original.

X _____ Date _____
Signature of Victim/Claimant

Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.

SECTION 14: ASSIGNMENT OF INTEREST

I, _____, understand that New Jersey law requires me to reimburse the NJ Victims of Crime Compensation Office (VCCO) for any monies I may receive from other sources. I shall contact the VCCO upon receipt of such additional monies from the offender, civil law suit, restitution, insurance program, or any other governmental or private agency.

I further assign and give to the VCCO the right to be directly reimbursed for two-thirds of the VCCO's award to me from the proceeds of any civil law suit I have started or will start arising out of this incident.

I also assign and give to the VCCO the right to be reimbursed from Probation, the Juvenile Justice Commission, the Department of Corrections for the amount to be paid to me in the way of restitution ordered by the court in any criminal proceedings related to the incident. Reimbursement to the VCCO shall be limited to expenses for which the VCCO has awarded compensation to me.

I certify that I am signing this Assignment of Interest freely and voluntarily. I understand that this Assignment must be signed in order to receive compensation. I further certify that if at any time I initiate a civil lawsuit, I will provide a copy of this Assignment of Interest to my attorney with the instruction that my attorney is bound by its terms. I understand that the VCCO is relying in good faith on this Assignment in order to pay compensation to me.

X _____ Date _____
Signature of Victim/Claimant

Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.

SECTION 15: AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Patient's Name _____ Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____ Phone (_____) _____ - _____

Address _____

City _____ County _____ State _____ Zip Code _____

I authorize the use and disclosure of health information about me as described below

Facility authorized to release my health information: _____

Agency or individual(s) authorized to receive my health information: NJ Victims of Crime Compensation Office

Health information that may be used/disclosed is limited to the following:

- Discharge Summary History & Physical Consultation(s) Lab
 Operative Notes(s) Pathology Report Imaging/X-ray Entire Record
 Other (specify) _____

Health information that may be used/disclosed is limited to the following treatment dates: _____

Health information to be released to the above named agency/individual is to be used/disclosed for the following purpose(s) (include Research or Marketing, if appropriate): To determine the amount of compensation the patient is entitled to receive, including the payment of any outstanding bills for services rendered by the facility to the patient.

Health information identifies you (the patient) by name, and includes other demographic information about you. Health information may include, but is not limited to: medical records, x-ray films, slides, tracings, strips, etc. I hereby discharge the releasing facility its agents and employees from any and all liabilities, responsibilities, damages and claims which might arise from the release of information authorized herein, to include alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.

Protected Health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by this privacy rule. If research-related Health information is used or disclosed for continued research purposes, an expiration date or event does not apply.

This authorization shall be valid for the entire duration of the processing of my compensation claim at the NJVCCO and shall terminate at such time the NJVCCO has rendered a final decision for my compensation benefits. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the Health Insurance Portability Accountability Act prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with Health Insurance Portability and Accountability Act (HIPPA) privacy regulations.

Patient's or Authorized Personal Representative's Signature X	Date	Time <input type="radio"/> A.M. <input type="radio"/> P.M.
Relationship to Patient / Authority to Act on Patient's Behalf	Interpreter, if Utilized	
Witness Signature X	Expiration Date or Event	

