

Application: _____

Victim Assistance and Law Enforcement Board
c/o City of Glenwood Springs Municipal Court
101 West 8th Street
Glenwood Springs, Colorado 81601

VICTIM COMPENSATION FUND APPLICATION

The applicant must complete every question. If a question is not applicable, please write N/A.

Victim

Telephone Number (home and work)

Parent/Guardian, if a Minor

Relationship to Victim

Mailing Address

City/State/Zip Code

Who informed you of the compensation program? _____

Date Crime Occurred: _____

Law Enforcement Officer Handling Criminal Case: _____

Police Case Number: _____

Suspect(s): _____ Relationship to Victim: _____

Type of Crime: _____

PLEASE INCLUDE COPIES OF ITEMIZED BILLS AND INSURANCE INFORMATION

Forward copies of additional related bills to our office as you receive them.

VICTIM REQUEST FOR COMPENSATION FUNDS

Please CHECK each type of claim for which you are requesting funds and provide the information requested within the block, or mark type of claim as Not Applicable (N/A).

 AUTOMOBILE PROPERTY: Submit copies of itemized repair estimates or invoices and auto insurance information.

Auto Glass: Yes/No Auto Accident: Yes/No

 PERSONAL PROPERTY: Submit copies of invoices of estimates for repair and any insurance documentation.

Cell Phone: Yes/No Financial Items: Yes/No Other: _____

 MEDICAL SERVICES: Submit copies of itemized medical bills. Physical therapy and chiropractic bills require treating physician's written recommendation.

Hospital/Physician: Yes/No Chiropractic: Yes/No Dental: Yes/No
Physical Therapy: Yes/No Home Nursing Care: Yes/No Other: Yes/No

 LOST WAGES: Please forward letters from employer AND physician or therapist which document loss of income and inability to work due to crime.

Did the victim use any of the following types of leave due to injury caused by the crime?

Sick Leave: Yes/No Vacation Leave: Yes/No Personal Leave: Yes/No

 PERSONAL MEDICAL ITEMS: Limited to medically necessary devices damaged or destroyed during the crime.

Eyeglasses: Yes/No Dentures: Yes/No Hearing Aid: Yes/No
Prosthetic Device: Yes/No Other: _____

 RESIDENTIAL PROPERTY: The program may only reimburse victims for exterior residential doors, locks, and windows damaged or destroyed during the crime.

Doors: Yes/No Locks: Yes/No Windows: Yes/No

PLEASE INCLUDE COPIES OF ITEMIZED BILLS AND INSURANCE INFORMATION

Forward copies of additional related bills to our office as you receive them.

VICTIM INSURANCE INFORMATION

Insurance Company: _____ Telephone: _____
Policy Number: _____ Deductible: \$ _____
Insurance Agent: _____

PUBLIC ASSISTANCE

Do you currently receive or plan to apply for assistance from the following public assistance programs?

Medicare Yes/No Workers Compensation Yes/No
Medicaid Yes/No Other(s) _____

Please explain more fully what happened: _____

Tell us the exact dollar amount you are requesting from this committee: \$ _____

PLEASE INCLUDE COPIES OF ITEMIZED BILLS AND INSURANCE INFORMATION
Forward copies of additional related bills to our office as you receive them.

RELEASE OF INFORMATION AND VICTIM'S RIGHTS AND RESPONSIBILITIES:

I, the applicant of the Crime Victim Compensation Program of Glenwood Springs, Colorado, do hereby attest that all information given on this application is truthful and accurate to the best of my knowledge.

I hereby authorize the release of all information from my employer, physician, hospital, medical and/or mental health service provider and/or creditor(s) for the purpose of verifying the claims I have submitted. I understand that untruthful statements will disallow payment of my claims. I further understand that any award is subject to the availability of funds and the discretion of the Board.

I hereby authorize the release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the service provider(s) applicable to my claim.

I further agree that if, at a future date, I receive monies, relative to this same matter, from any collateral source such as the offender, anyone on behalf of the offender or a government program, I will immediately notify the Crime Victim Compensation Office and provide documentation to the office of such receipt. A determination will then be made as to whether reimbursement to the Crime Victim Compensation Fund is required by Section 24-4.1-110, CRS. I agree to promptly make any reimbursement required by said sections.

As an applicant you are advised that if your Crime Victim Compensation claim is denied you have the right to request an appeal hearing before the Victim and Law Enforcement Board. You will be entitled to present evidence and witnesses. At said hearing the burden of proof is upon you as an applicant to show that the claim is reasonable and compensable under the terms of the Colorado Crime Victim Compensation Act.

Victim or Parent/Guardian

Subscribed and affirmed, or sworn to before me by _____,
Applicant, in the County of _____, State of _____, this
_____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public

RETURN APPLICATION AND ALL INFORMATION TO:
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