State of Utah
OFFICE OF CRIME VICTIM REPARATIONS
350 East 500 South Suite 200
Salt Lake City Utah 84111
(801) 238-2360 or Toll Free 1-800-621-7444
Fax (801) 533-4127

DO NOT WRITE IN THIS SPACE

File #1: _____

File #2: _____

File #3: _____

File #4: _____

File #5: _____

APPLICATION FOR CRIME VICTIM REPARATIONS

Section 1. VICTIM INFORMATION

Victim Name/s | Date of Birth | Sex (M/F) | Social Security # | Disabled (Y/N) | Race

(1) _____

(2) _____

(3) _____

(4) _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: Home: ( ) _____ Work: ( ) _____

Section 2. CLAIMANT INFORMATION (to be completed only if the claimant is not the victim)

Claimant Name | Date of Birth | Sex (M/F) | Social Security # | Disabled (Y/N) | Race

_____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: Home: ( ) _____ Work: ( ) _____

Claimant Relationship to Victim: Spouse ❑ Parent ❑ Sibling ❑ Child ❑ Other _____

Section 3. CRIME INFORMATION

Law Enforcement Agency: _____ Law Enforcement Case Number: _____ Crime Date: _____

Brief Description of Crime: _____

_____

Complete Address of Crime: Street Address: _____ City: _____ State: _____ County: _____

Offender Name: _____ Has the offender been charged in court? Yes ❑ No ❑ Type of weapon used: _____

Section 4. INSURANCE

Does the victim or claimant have: Health Insurance ❑ Medicaid ❑ Auto Insurance ❑ Social Security ❑ Other _____

Name of Health Insurance Provider _____ Name of Auto Insurance Provider _____

Has a civil law suit or insurance action been filed for this claim? Yes ❑ No ❑

Attorney's Name _____ Phone Number: ( ) _____

_____

Section 5. EMPLOYMENT

Were you employed at the time of the crime? Yes ❑ No ❑ Employer's Name _____ Phone: ( ) _____

Employer's Address: Street: _____ City: _____ State: _____ Zip: _____

Section 6. REFERRED BY

- ❑ Police Agency
- ❑ Police Agency Victim Advocate
- ❑ Prosecuting Agency
- ❑ Prosecuting Agency Victim Advocate
- ❑ Medical Doctor
- ❑ Hospital
- ❑ Dentist
- ❑ Mental Health Counselor
- ❑ Non-profit service agency
- ❑ Other _____

Section 7. BENEFITS (Check as many as apply)

- ❑ Medical care
- ❑ Dental care
- ❑ Loss of earnings due to the crime
- ❑ Mental health counseling
- ❑ Loss of support to dependents (Homicide Claims Only)
- ❑ Funeral and burial expenses
- ❑ Relocation and related expenses
- ❑ Rent (Family Violence/Child Abuse Claims Only)
- ❑ Replacement services loss (example: child care, convalescent care, meal preparation, house cleaning/laundry)
- ❑ Eye glasses, hearing aids or other medically necessary devices
- ❑ Replacement of door locks or windows

Section 8.

I M P O R T A N T — P L E A S E R E A D C A R E F U L L Y

Assignment of Recovery

I understand that any recovery of my losses from the offender through court-imposed restitution or civil lawsuit, from any insurance or from any other governmental or private agency shall entitle the OFFICE OF CRIME VICTIM REPARATIONS to reimbursement of any compensation awarded to me and I hereby assign such recovery to the OFFICE OF CRIME VICTIM REPARATIONS. I agree to notify a representative of the OFFICE in the event I recover any of my losses or in the event I initiate any legal proceedings or negotiations to recover my losses

Claimant/Victim Authorization

I hereby authorize the release of any information deemed necessary by the OFFICE OF CRIME VICTIM REPARATIONS for a determination of the eligibility of this claim for benefits. A photocopy of this authorization is as effective and valid as the original.

Declaration

Pursuant to Utah Code Annotated, Section 63-25a-410(2), a person who knowingly submits a fraudulent claim for reparations or who knowingly misrepresents material facts in making a claim, is guilty of an offense punishable by fine or imprisonment. The undersigned swears or affirms that the information contained herein is true to his or her best knowledge.

Date: _____ Victim or Claimant Signature _____

APPLICATIONS SUBMITTED FOR CHILD VICTIMS UNDER THE AGE OF EIGHTEEN MUST BE COMPLETED AND SIGNED BY THE CHILD'S PARENT OR LEGAL GUARDIAN

For Americans with Disabilities Act Accommodations, please contact the Office of Crime Victim Reparations at (801)238-2360 allowing three working days notice.