

32 pages
+ 2 small
book

CRIME VICTIM'S COMPENSATION BOARD
TESTIMONY BEFORE
HOUSE JUDICIARY COMMITTEE
OVERSIGHT HEARING

Chairman, Rep. Thomas R. Caltagirone
Minority Chairman, Rep. Jeffrey E. Piccola

April 30, 1991

Good morning Representative Caltagirone and members of the Judiciary Committee. My name is Marianne F. McManus and I am Chairman of the Crime Victim's Compensation Board. I am pleased to be here today to talk about this wonderful program that has benefited many victims and their families.

CRIME VICTIM'S COMPENSATION BOARD

Act 139 of July 1976 created a crime victim's compensation program as a response to the financial losses incurred by innocent victims of crime. Individuals injured during the commission of a crime not only suffer physical and psychological pain, but also any out-of-pocket losses that result from medical expenses or loss of income. To qualify for compensation, an individual must have incurred a minimum out-of-pocket loss of \$100.00 or two continuous weeks' earnings, unless the victim is age 60 or older. A claimant may receive up to \$35,000.00 for actual losses, but compensation may not be paid for pain and suffering or for property loss or damage. It is the mission of relieving the uncompensated losses of innocent victims which the Board strives to achieve.

This program has grown significantly since the days when the Board received under 40 claims per week. A dramatic increase occurred after the passage of Act 114 of 1979 which requires that local law enforcement agencies give notice of the availability of compensation. However, the Act currently permits the required notice to be given by detectives instead of the responding officers. Since not all crimes go to the detective division of a police department, there is a distinct possibility that a number of eligible claimants remain unaware of compensation availability. Accordingly, we suggest that Section 17 be amended to require the provision of notice by the responding officer. At our request, this was done in the City of

Harrisburg last summer, and the number of claims has increased significantly.

Other amendments since 1979 have expanded the definition of "loss of earnings" to include stolen cash proceeds of social security, railroad retirement and child or spousal support payments. H.B. 77 further enlarged this eligibility class. Pennsylvania may be the only state which pays for stolen cash of any kind. (New York reimburses \$500.00 for a cash loss) These payments are not eligible for federal reimbursement.

Mission of the CVCB

The Crime Victim's Compensation Board is committed to helping as many innocent victims of crime as possible. To fulfill this commitment, the Board has a responsibility to administer the program in the most efficient way possible. Included in this is the continual monitoring of the compensation fund to ensure that funds remain available to cover as many victims as possible. To further that goal, victims of drunk driving accidents, as passed in H.B. 77, will be included among those to be compensated.

Not all of you may be familiar with the operations of the Board. An individual submits a claim form with supporting documentation. When all the supporting documentation is complete, the claim is accepted for processing and is in an "Open - no verification" status. The claim is referred to the verification unit which asks for information from providers and criminal justice agencies. The claim is now in the "Open - in verification" stage, which can take three weeks or many months, depending upon the cooperation of the entities involved. Hospitals, doctors, employers, local law enforcement agencies and clerks of court, in that order, are most derelict in responding to our requests. While Section 19, added in 1986, subjected a provider to a civil penalty of \$10.00 per day for failure to respond within 30 days, no prosecutor is interested in pursuing this matter. We suggest that more teeth be put in this section. At the very least, providers who fail to respond should forfeit their right to collect from the victim or other responsible person.

Once a legal assistant has collected enough information, the claim is transferred to "Open - Board Member" status while the Member assigned prepares a formal Report and Recommendation to the entire Board and a decision is also written. Prior to submission to the Board, the claim is reviewed by the Office of General Counsel for form and legality. It is then voted upon by the entire Board, and goes into "Open - Awaiting Acceptance" status during which the claimant has 30 days to accept or reject the decision. Acceptances have been submitted much later than 30 days, especially if an

attorney is involved, and we have accepted rejections after the 30 days if the claimant presents good cause for not meeting the deadline.

However, we have had claimants not accept an award for years, which is another story.

If there is an award of compensation and that award is accepted, a request is made of the Treasurer through the Comptroller to issue checks in accordance with the Board's Order. At that time, the claim is considered "Open - in Treasury" where it remains until the checks are mailed. It is then "Closed-Paid."

Supplemental Awards - Claims which can be opened multiple times. In the case of a paraplegic for instance, there are ongoing medical expenses over many years. This claim would continue to be re-opened until the maximum award was made.

From the above description, you can see that there are many aspects beyond our control: provider response; receipt of acceptance; and processing of checks. Provider delays account for 45 days, plus another 45 for a subpoena, if necessary; acceptances, another 30 to 60 days, and Treasury/Comptrollers, an average of 42 days, for a total of 147 days or 29.4 weeks or 7.35 months.

In addition to the actual processing of claims, the Board has several other aspects of victim compensation which have taken enormous amounts of time. For example, contact is made with the appropriate office of probation and parole or Clerk of Courts, whenever an award is made for two reasons: first, so that any amounts paid in restitution can be deducted from our award, if appropriate, and second, to notify the county that future restitution payments are to be sent directly to the Commonwealth pursuant to Section 13 of the Act. These restitution payments are put into the General Fund and not into the Crime Victim's Compensation Fund which was created by Section 15(c) of the Act added in 1984.

The Board could be doing more, such as enforcing the Commonwealth's right of subrogation, but this Section 12 does not make it clear that all third party payments are affected, not just payments by the offender, and such enforcement would require time and staff, neither of which is available.

Even something such as preparation for this hearing has a serious effect on operations. I do not have a secretary. Nobody has a secretary. All staff are assigned to the processing of claims. My presentation today was written in longhand and given to a clerk typist who could have been working on approximately 30 claims during the time it took to finalize this statement. The graphs we have for you were graciously prepared by the Pennsylvania Commission on Crime

and Delinquency. We have neither the personnel nor the equipment to draw the same.

The staff of the Board is the same as it was in 1982 when there was a case load of 129 claims per staff member. At the present rate, the Board could receive 4,000 claims in 1990-91, an average of 444 claims per staff member. This increase does not include DUI claims which will totally swamp an already overworked staff. Compare our figures with that of Pennsylvania Human Relations Commission where 174 staff members handle 10,000 complaints - an average of 57 1/2 per person.

The fund needs major rejuvenation. Figure 3 shows the trend of payouts and receipts. As the Board increases efficiency and improves program administration, the amount of payouts increases, and the fund balance decreases. The impact of DUI claims could be as high as \$3,000,000.00, which is virtually equal to the Board's present annual income. Payouts for 1990 exceeded revenues by \$941,022.51 (calendar year payouts \$2,854,556.26 versus revenues from imposed costs of \$1,913,533.75). The situation can only worsen.

Notwithstanding staffing and funding problems, the Board has accomplished a great deal since I arrived:

1. The Board has promulgated new Rules and Regulations which more fairly guide the Board in calculating actual losses.

2. The Board has expanded public speaking and awareness campaigns on behalf of the Commonwealth and the Crime Victim's Compensation Board.
3. Goals and Objectives, both short and long term, have been defined by the Board to improve proficiency and accountability.
4. The first training seminar for Staff and Board was conducted over a three-day period.
5. A Claims Service Representative position was created and filled. This representative handles the inquiries from the 1-800 toll free phone number, and this ensures consistency in communications with claimants.
6. A major revision of forms and correspondence was implemented to expedite the processing of claims.
7. Two statewide training seminars were conducted for victim service professionals, police officers and others who assist victims in filing claims.

8. A full time attorney joined the CVCB staff.
9. The first and second issues of a quarterly newsletter were published. This is a new effort to expand outreach and update colleagues on program information.
10. Legislation was introduced to expand the compensable coverage of the program and to bring Pennsylvania into compliance with Federal qualifying guidelines.
11. A bilingual staff member was added to the Board.
12. The CVCB Board Chairman was elected as an officer of the National Association of Crime Victim Compensation Boards.
13. A new Claim Form/Application was issued. This form provides more explicit instructions for the claimant, thus requiring less follow-up for the verifiers.
14. The Board published a new Brochure describing eligibility requirements and program benefits. 50,000 of these Brochures were distributed this fiscal year.

15. The initiation of utilization of Homeowner's Insurance to alleviate the cash loss of social security, railroad retirement or child spousal support. At a significant savings to the Commonwealth as yet to be determined.

In 1989-90, we had seven hearings, one appeal to Commonwealth Court, and two appeals to the Supreme Court of Board Decisions.

So far in 1990-91, there has been one hearing out of 2,127 claims adjudicated through April.

Most importantly, the number of claims adjudicated every month has risen from 90 to over 200. Once the third Board position is filled and the new member comfortable with the process, we hope to be able to adjudicate over 250 claims per month, thus eliminating some of the mythical "backlog."

"Budget"

The Board's fiscal year 1991-92 budget request included:
(1) Cost to carry 14 existing positions, additional hearing costs, and adequate operational and equipment costs to recover from the prior years 36% reduction in operating costs. Total \$745,000.00

In addition, we submitted a Program Revision Request to maintain the existing program by providing sufficient personnel, automated technology, and other resources and to allow the Board to expand outreach. Included in all this is printing costs, an increase in personnel and training to eliminate the backlog and handle the influx of new claims.

The Governor's fiscal year 1991-92 budget recommends:

General fund Appropriations	\$617,000.00
Augmentation Restricted Revenue	87,000.00
	\$704,000.00

This is a 14% increase over the Fiscal Year 1990-91 general fund. The fiscal year 1990-91 operational costs of \$47,000.00 were depleted as indicated in the Sunset Audit. This situation was relieved by permission of usage of \$15,000.00 from Restricted Revenue to partially satisfy the shortfall. This makes perfect sense since everything in the office is essentially for victims.

I have distributed packets which contain information about the Board and what we need in the way of information for the individual claims. This I'm sure, will be of some help if a claim is to be facilitated.

In summary, I am pleased to report that the performance of the Board since the last Sunset Hearing has substantially improved, but it cannot function at optimum efficiency until it is adequately staffed and funded. I would also point out that the Board has already implemented or begun the implementation of many suggestions in the Sunset Audit.

I thank you for your attention and I will try to answer any questions you may have.

SOCIAL SECURITY CHECKLIST

1. Completed claim form.
2. Signed statement of Social Security as primary source of income.
3. Signed statement of lack of insurance coverage, such as a homeowner's or renter's policy.
4. If insurance coverage exists, a copy of the claim request accompanied by an itemized statement of reimbursements or a rejection of the claim.
5. Statement from the Department of Social Security of monthly benefit amount.
6. If you are married, we need to know your spouse's source of income. If it is other than Social Security or Railroad Retirement we'll need a copy of that monthly benefit statement.
7. A copy of your bank statement showing the withdrawal made on that date.
8. Police report, if possible.

ELIGIBILITY REQUIREMENTS

1. Social Security, Railroad Retirement, Child or Spousal Support is your primary source of income. (More than 50%)
2. A claim must be filed not later than one year after the occurrence of the crime upon which the claim is based, however for good cause shown the Board may extend the time for filing for a period not exceeding two years from the date of the incident.
3. The crime must be reported to the police or proper authorities within seventy-two hours after the occurrence of the crime unless the Board, for good cause shown, finds the delay to have been justified.

DEATH CLAIM - CHECK LIST

1. Completed claim form.
2. Both statements signed on back of claim form.
3. A crime occurred as per the Act.
4. The crime was reported to the proper authorities within 72 hours of the crime.
5. The claim was timely filed.
6. Death certificate indicating homicide.
7. Copies of all funeral bills: funeral home, cemetery plot, grave opening, marker, florists, etc.
8. Copies of all life insurance benefit statements if it is at issue.
9. Name, address and policy number for all life insurance.
10. If filing for loss of support, we need the name and address of employer; copies of the prior and present years W2 and IRS Tax Returns.
11. Social security information if children and/or wife are receiving it as a result of the crime incident.

NOTES: In most cases, the Board will make protracted payments, i.e., the yearly loss as determined by the claimant's actual support received from the victim. The Board calculates such loss from net annual earnings (gross annual minus taxes x 80%)

The remaining work life expectancy is calculated according to the publication, Penna. Damages, Personal Injury Verdicts, Troutman. The maximum amount the Board may award is \$20,000 in death claims. This amount may not be awarded until a loss actually occurs. The usual reason for this happening is due to social security reimbursement. The loss does not normally occur until the youngest child is 16 and the mother's social security reimbursement ends.

DEATH CLAIM

ELIGIBILITY REQUIREMENTS

1. Claimant must incur a minimum out of pocket loss of \$100 or more resulting from the death of the victim, (these are expenses not covered by insurance or assistance) unless eligible to also seek loss of support.
2. A person who assumes the obligation or who pays the funeral or burial expenses incurred as a result of the crime. The person must be related to the victim within the third degree of consanguinity of affinity. (Parent, Sister, Brother, Grandparent, Grandchild, Aunt, Uncle, Niece or Nephew)

PERSONAL INJURY CLAIM

1. Claim form is completed in its entirety.
2. Statements are signed.
3. A crime occurred as per the Act.
4. There is an out-of-pocket loss as per the Act.
5. The crime was reported to the proper authorities within 72 hours of the crime.
6. The claim was timely filed.
7. All bills directly related to the incident, not covered 100% by any other source, i.e. insurance, medicaid, etc. are attached.
8. If insurance is at issue, all insurance benefit statements are enclosed for the bills submitted. Also, the name address and policy number for this insurance company.
9. If filing for loss of earnings, do we have the name and address of employer; name and address for the doctor who will certify disability; and are there copies of the prior and present years W2's and Tax returns attached.

PERSONAL INJURY

ELIGIBILITY REQUIREMENTS

Victims under age 60 must have incurred a minimum out-of-pocket loss of \$100 for medical and other expenses resulting from injury (these are expenses not covered by insurance or assistance) or have lost at least two continuous weeks of earnings or support.

The Program does not compensate for loss or damage to personal property or for pain and suffering.

CHECK LIST FOR LOSS OF EARNINGS

- A. Yearly earnings.
- B. Weekly earnings.
- C. Average number of hours/weeks worked.
- D. Taxes: Federal, State, Local and Social Security.
- E. Period of disability - certified by Doctor.
- F. Reimbursements received
 - Source: Sick pay
 - Vacation
 - Worker's Compensation
 - Public Assistance
- G. IRS Returns - year preceding and year of the crime.
- H. W2 form - (weeks worked) - how many.
- I. Pay stub for pay period before crime.
- J. Employer's complete name, address, telephone number and a complete employer's questionnaire.

THE CLAIM FORM SUBMITTED IS INCOMPLETE - PLEASE:

Complete question(s): _____

Sign statements on back of claim form (If victim is a minor or mentally incompetent, a parent or guardian must sign as the claimant; if a death claim, both parents must sign).

Complete the new form enclosed.

SEND US THE FOLLOWING INFORMATION INDICATED BY A CHECK MARK (Attach additional sheets if needed)

Copies of all medical bills incurred as a direct result of the incident that were not paid in full by insurance or assistance, i.e., hospital, doctors, ambulance, medicine, nursing care, etc.

Submit all bills to your insurance for payment. For any bills not covered or paid in full, we need the insurance benefit statements indicating rejection or partial payment (Blue Shield, Blue Cross, Medicare, Major Medical, Medical Assistance).

Copies of all funeral bills incurred as a direct result of the incident, i.e., funeral home, cemetery, marker, florist, etc.

Copies of all life insurance benefit statements.

Name, address and policy number for all insurance, i.e., medical, life, disability, etc.

Explanation of why claim was not filed within one year from the date of the incident.

Complete name and address for victim/claimant's employer; dates off work (From-To).

Complete name and address for the doctor who will certify the time off work as a result of this incident.

Copies of IRS Tax Return(s) and PA State Income Tax Return(s) for year(s) 19____ and 19____. Include all W2's. If self-employed, we'll need a copy of your complete Business Tax Return for 19____ and 19____ (Make sure you include Schedule C).

Copy of Death Certificate. Copy of Court Order for Support.

Copy of any Veterans Benefits. Copy of Guardianship Papers.

Copy of Unemployment Compensation Award. Copy of Worker's Compensation Award.

Copy of Disability and/or Loss of Income Statement.

Copy of your Social Security monthly benefit statement and a statement from you indicating Social Security is your main source of income.

Copy of Social Security and/or Pension monthly benefit statements indicating amounts received by you and the victim before the incident and the amount you are now receiving.

Copy of the monthly Social Security benefit statement for you and/or the children and any lump sum death benefit award.

Did you have any kind of insurance, such as home owners, which may compensate you for your loss? If yes, we'll need a copy of their payment or rejection of payment statement.

Since you are married, we need to know your spouse's source of income. If it is other than Social Security or Railroad Retirement we'll need a copy of that monthly benefit statement.

A copy of your bank statement showing the withdrawal you made on that date.

NOTE: Victims under age 60 must have incurred a minimum out-of-pocket loss of \$100.00 for medical and other expenses resulting from injury (these are expenses not covered by insurance or assistance) or have lost at least two continuous weeks of earnings or support. If you do not meet these requirements, there would be no loss. The Program does not compensate for loss or damage to personal property or for pain and suffering.

PENNSYLVANIA
CRIME VICTIMS' COMPENSATION BOARD

ANNUAL REPORT 1989-90



Dedication

This report is dedicated to all the children who have suffered abuse and harm. They are the most vulnerable of victims, and their healing process deserves the concern and attention of us all.

**To: THE HONORABLE ROBERT P. CASEY,
GOVERNOR**

AND

**To: THE HONORABLE MEMBERS OF
THE LEGISLATURE OF THE
COMMONWEALTH OF PENNSYLVANIA**

We have the honor to submit to you the Thirteenth Annual Report of the Crime Victims' Compensation Board for the fiscal year 1989-1990.

During the year, \$2,566,486.00 was paid in compensation. This brings the total awarded to victims since the inception of the program to more than \$23 million. In the same year 3,034 new claims were received and 1,944 were accepted for filing. In addition, the Board adjudicated 2,209 claims, a 20% increase over the previous year.

All too often, victims are forgotten as the focus on drugs, offenders and the increase in crime related offenses are highlighted. This program seeks to remedy that situation by eliminating the financial hardships that victims suffer by compensating them for their out of pocket losses or loss of earnings.

In meeting future challenges, we remain committed to serving victims compassionately and efficiently.

Respectfully submitted,



Marianne McManus, Chairman

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O. FRANK DEGARCIA
BOARD MEMBER

PATRICIA A. CRAWFORD
BOARD MEMBER

MARIANNE F. MCMANUS
BOARD CHAIRMAN

CRIME VICTIMS' COMPENSATION BOARD

Commonwealth of Pennsylvania

333 Market Street
Harrisburg #2, Lobby Level
Harrisburg, PA 17101

1-800-233-2339

Members of the Board

Marianne F. McManus was confirmed by the Senate on February 19, 1988. She was appointed Chairman of the Crime Victims' Compensation Board on February 26, 1988. Ms. McManus is a Registered Nurse with an extensive background in the medical/surgical and psychiatric fields of nursing.

She has served on various boards and committees, which have included the Public Utility Commission Consumer Advisory Council, the Victim Services Advisory Committee of the Pennsylvania Commission on Crime and Delinquency, the Holy Spirit Hospital Mental Health Advisory Board and the West Shore Library Board of Trustees. She has been a community volunteer for many organizations such as Heart Fund, Cystic Fibrosis, Leukemia and others.

Patricia A. Crawford is a former member of the House of Representatives, serving from 1968 - 1976. Her main areas of concern involved drug and alcohol abuse and other health concerns, the environment and licensed professionals. In 1979, she was appointed by Governor Thornburgh to be Deputy Secretary of the Department of State. In 1984 she was appointed to the Crime Victims' Compensation Board.

O. Frank DeGarcia was appointed to the board in October, 1988. He also serves as President of the Harrisburg City Council and part-time faculty member at the Harrisburg Area Community College. Mr. DeGarcia has been a consultant to the Harrisburg Police Department and assisted the U.S. Senate Judiciary Committee with Cuban issues. His work has received national attention through the "NBC Monitor", the "Readers Digest", and the "Justice Professional". He is currently serving with the PA Air National Guard with the rank of TSGT.

Mr. DeGarcia has been associated with many community and professional organizations including Harrisburg River Rescue, Dauphin County Crime Stoppers, Crime Victim/Witness Program of Dauphin County and the Mount Pleasant Hispanic Center.

He received a Masters of Science Degree in Administration of Justice from Shippensburg University, his Bachelors Degree from Elizabethtown College and an Associate Degree in Police Science from Harrisburg Area Community College. Mr. DeGarcia served with the U.S. Army from 1967 to 1969 and has attended the U.S. Army War College, National Security Seminar.

Staff of the Crime Victims' Compensation Board

CHIEF COUNSEL

Judith B. Schimmel



ADMINISTRATIVE OFFICER

June Snyder



ADMINISTRATIVE ASSISTANT

Eileen Steinecke



VERIFIERS

Bonnie Bechtel — Legal Assistant
Lucy Cavrich — Legal Assistant
Shirley Forgie — Legal Assistant

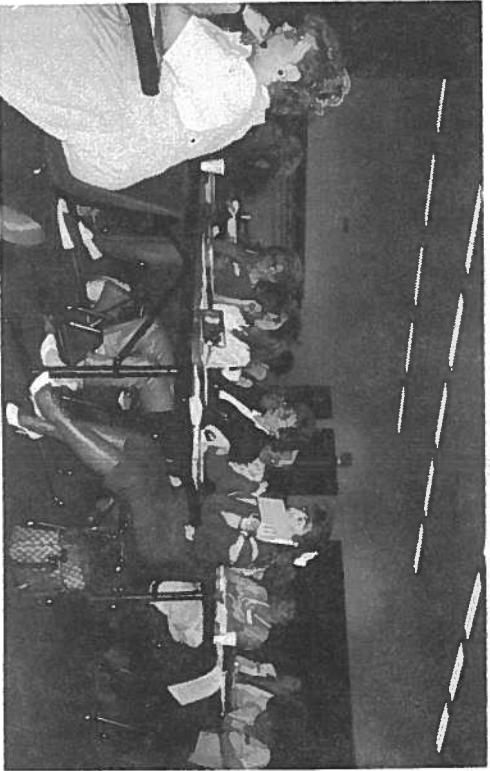


CLERICAL SUPPORT STAFF

Michele Karl
Idalia Vega-Lopez
Cynthia Weldon
Dottie Wertz
Michele Williams



STANDING Bonnie Bechtel, Michele Karl, Cindi Weldon, Idalia Vega-lopez
SEATED Shirley Forgle, Michele Williams, Dottie Wertz



Participants at a CVCB Training Seminar in Harrisburg



Eileen Steinecke

June Snyder



Judy Schimmel

Crime Victims' Compensation Board History

Act 139 of July 1976 created the Crime Victims' Compensation Program as a response to the financial losses incurred by crime victims. Individuals who are injured during the commission of a crime not only have to bear physical and psychological pain, but also any financial hardships that result. This program can alleviate the financial hardships that result from unpaid medical expenses or loss of income.

For individuals to receive compensation, they must have incurred a minimum out-of-pocket loss of \$100 or have lost at least two continuous weeks' earnings or support, unless the victim is age 60 or older at the time of the crime. In cases where the crime victim incurs serious financial loss, the individual or dependents may receive up to \$35,000.00. Compensation may not be paid for pain and suffering or for property loss or damage.

The program has expanded significantly since its inception in 1976. Initially, the Board received approximately 40 claims per month. Today, more than 200 claims are received each month. One reason for this dramatic increase in claims submitted is Act 114 which was signed into law in December, 1979. This Act requires that police officers notify victims of the availability of compensation. Act 114 also eliminated the \$100.00 minimum allowable claim requirement for victims age 60 or older.

Act 96 of 1984 further expanded compensation to cover the stolen cash proceeds of social security if it is the victim's primary source of income. The Board may now award compensation when the claimant and offender are related so long as they do not reside together and the offender will not benefit from the award. In addition, any family member who is within the third degree of consanguinity or affinity to the victim and who assumes the liability of funeral expenses for a homicide victim may be compensated. The maximum award of compensation was increased from \$25,000.00 to \$35,000.00.

Act 155 of 1986 expanded the definition of "injury" to include mental damages but limited compensation to expenses incurred for psychological or psychiatric services which became necessary as a direct result of the crime.

In addition, the Board may compensate for the stolen cash proceeds of a railroad retirement or child or spousal support payment where said payment is the victim's primary source of income.

Significant Achievements

- Two statewide training seminars were conducted for victim service professionals, police officers and others who assist victims in filing claims.
- A full time attorney joined the CVCB staff.
- The first issue of a quarterly newsletter was published. This is a new effort to expand outreach and update colleagues on program information.
- Legislation was introduced to expand the compensable coverage of the program and to bring Pennsylvania into compliance with Federal qualifying guidelines.
- A bilingual staff member was added to the Crime Victims' Compensation Board.
- The CVCB Board Chairman was elected as an officer of the National Association of Crime Victim Compensation Boards. Additionally, another Board Member was also elected as a member of the Board of Directors.
- A new Claim Form/Application was issued. This form provides more explicit instruction for the claimant, thus requiring less follow up for the verifiers.
- The Board published a new Brochure describing eligibility requirements and program benefits. 50,000 of these Brochures were distributed this fiscal year.

Audit

Commonwealth of Pennsylvania
Office of the Auditor General
Harrisburg 17120

We have examined the documentation in support of Crime Victim's Payment Awards made by the Crime Victim's Compensation Board for the years ended June 30, 1986, 1985, 1984, 1983 and for the period October 1, 1981 through June 30, 1982. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

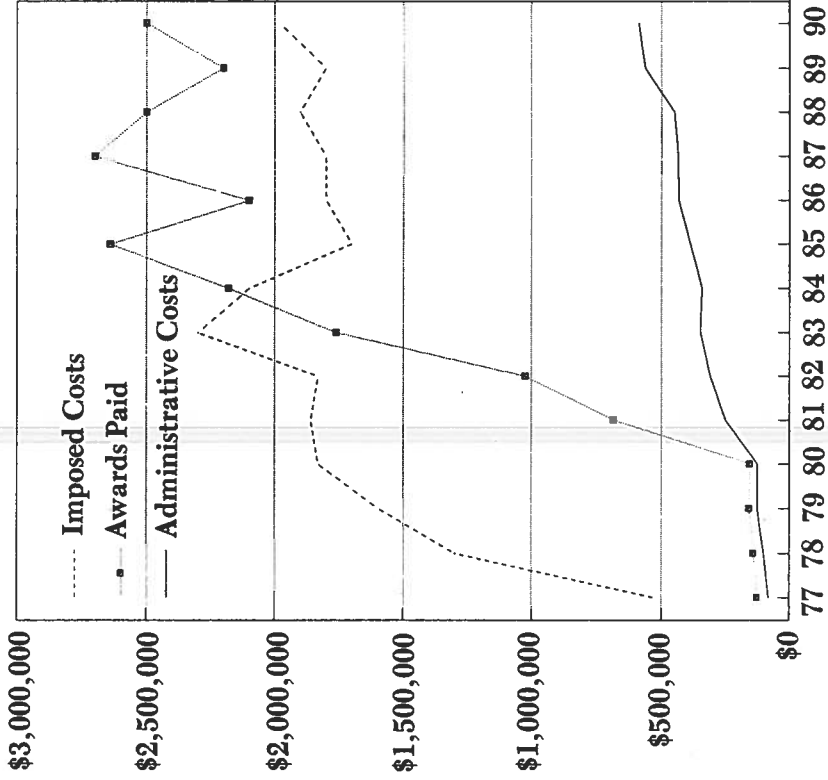
In our opinion, the awards referred to above present fairly the Crime Victim's Payment Expenditures of the Crime Victim's Compensation Board for the years ended June 30, 1986, 1985, 1984, 1983, and for the period October 1, 1981 through June 30, 1982.

Don Bailey
Auditor General
July 17, 1987

Compensation Recommendation

Based upon the study of paid awards and the collection of fines for the Compensation fund, the Board, at this time, does not recommend the increase of limits on compensation.

Imposed Costs, Awards Paid, and Administrative Costs for Fiscal Years Ending June 30, 1977 thru June 30, 1990

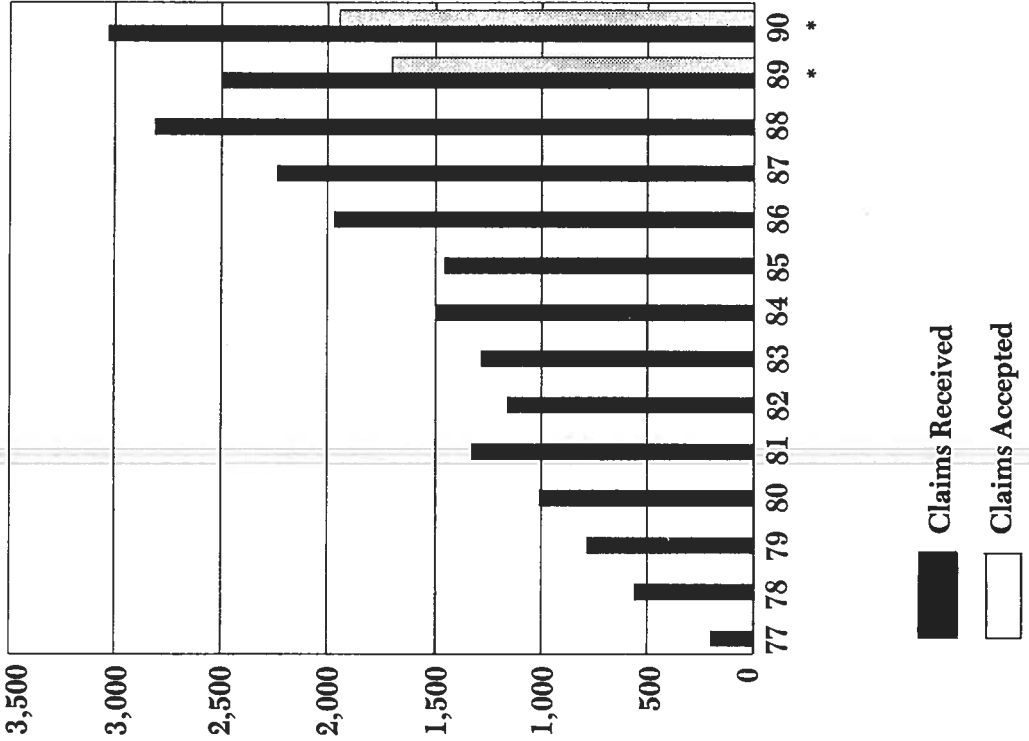


Claims Statistics

July 1, 1989 — June 30, 1990

Total Dollars Paid	\$2,566,486
Claims Received	3,034
Claims Accepted	1,944
Claims Paid	1,453
Claims Denied	650

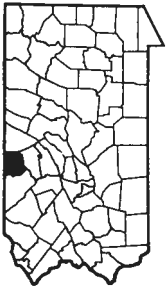
Claims Filed for Fiscal Years Ending June 30, 1977 thru June 30, 1990



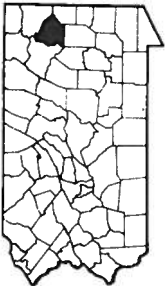
Claims Received
 Claims Accepted

* Change in Acceptance Procedure: Claims are accepted for filing only when all basic criteria for eligibility are met.

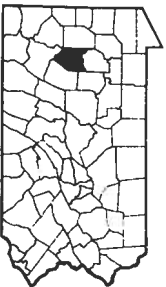
Breakdown of Claims Paid by County



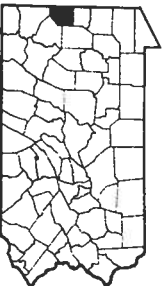
ADAMS
CLAIMS PAID 2
PAYMENTS MADE \$2,517



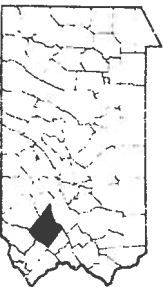
ALLEGHENY
CLAIMS PAID 157
PAYMENTS MADE \$276,712



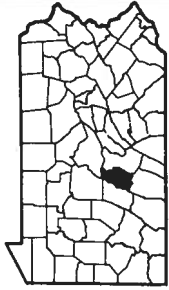
ARMSTRONG
CLAIMS PAID 3
PAYMENTS MADE \$11,795



BEAVER
CLAIMS PAID 11
PAYMENTS MADE \$26,540

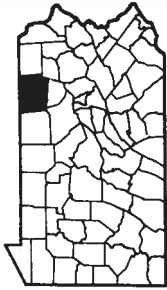


BERKS
CLAIMS PAID 38
PAYMENTS MADE \$59,731



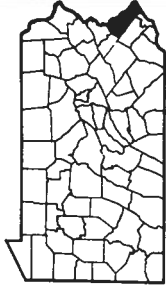
BLAIR

CLAIMS PAID3
PAYMENTS MADE\$17,444



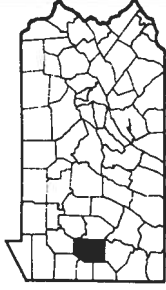
BRADFORD

CLAIMS PAID6
PAYMENTS MADE\$3,317



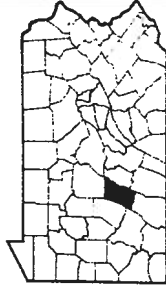
BUCKS

CLAIMS PAID14
PAYMENTS MADE\$87,480



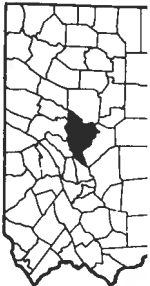
BUTLER

CLAIMS PAID10
PAYMENTS MADE\$29,860



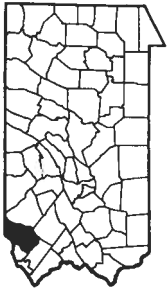
CAMBRIA

CLAIMS PAID3
PAYMENTS MADE\$2,210



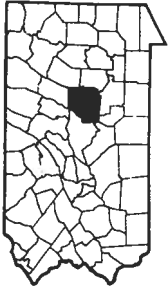
GENETTE

CLAIMS PAID⁵
PAYMENTS MADE \$46,979



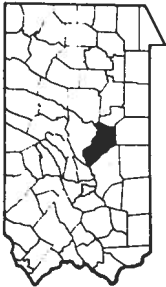
CHESTER

CLAIMS PAID²²
PAYMENTS MADE \$60,643



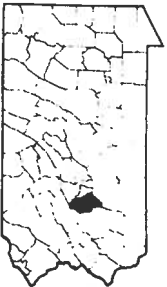
CLEARFIELD

CLAIMS PAID⁴
PAYMENTS MADE \$10,972



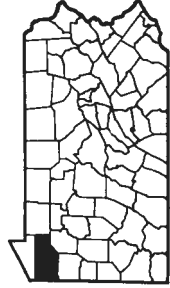
CLINTON

CLAIMS PAID²
PAYMENTS MADE \$2,587



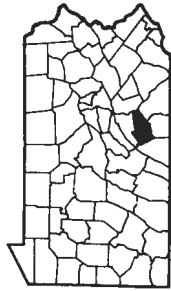
COLUMBIA

CLAIMS PAID²
PAYMENTS MADE \$1,345



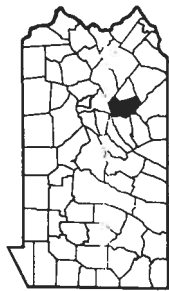
CRAWFORD

CLAIMS PAID1
PAYMENTS MADE\$3,125



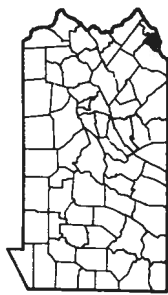
CUMBERLAND

CLAIMS PAID5
PAYMENTS MADE\$2,433



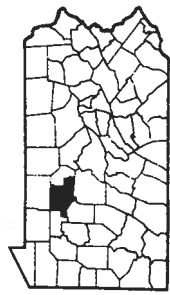
DAUPHIN

CLAIMS PAID39
PAYMENTS MADE\$61,730



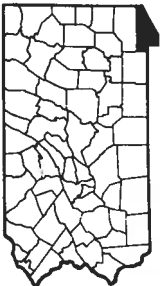
DELAWARE

CLAIMS PAID148
PAYMENTS MADE\$223,609



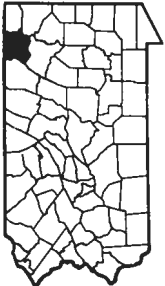
ELK

CLAIMS PAID4
PAYMENTS MADE\$7,840



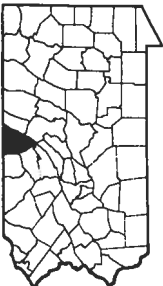
ERIE

CLAIMS PAID31
PAYMENTS MADE \$41,832



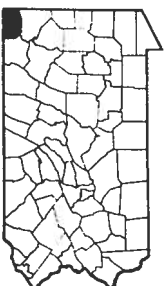
FAYETTE

CLAIMS PAID12
PAYMENTS MADE \$21,245



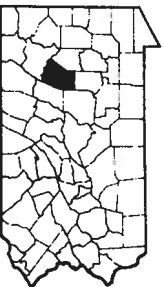
FRANKLIN

CLAIMS PAID 1
PAYMENTS MADE \$318



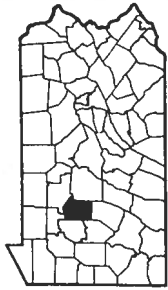
GREENE

CLAIMS PAID1
PAYMENTS MADE \$5,227



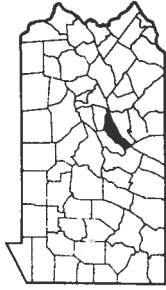
INDIANA

CLAIMS PAID6
PAYMENTS MADE \$26,329



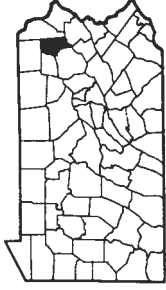
JEFFERSON

CLAIMS PAID1
PAYMENTS MADE \$6,855



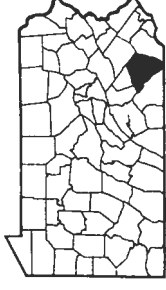
JUNIATA

CLAIMS PAID1
PAYMENTS MADE \$1,564



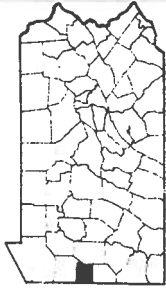
LACKAWANNA

CLAIMS PAID9
PAYMENTS MADE \$25,568



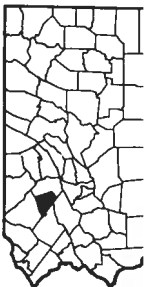
LANCASTER

CLAIMS PAID43
PAYMENTS MADE \$81,199



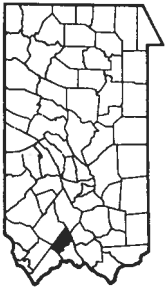
LAWRENCE

CLAIMS PAID7
PAYMENTS MADE \$3,871



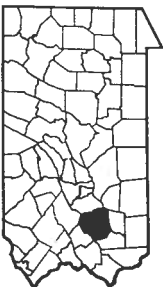
LEHIGH

CLAIMS PAID6
PAYMENTS MADE \$6,729



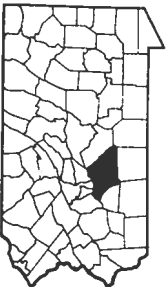
LUZERNE

CLAIMS PAID17
PAYMENTS MADE \$38,816



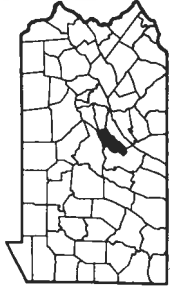
LYCOMING

CLAIMS PAID13
PAYMENTS MADE \$45,226



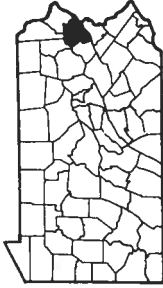
MERCER

CLAIMS PAID11
PAYMENTS MADE \$16,450



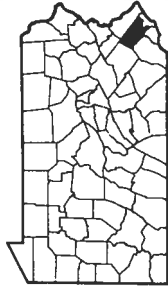
MIFFLIN

CLAIMS PAID1
PAYMENTS MADE\$471



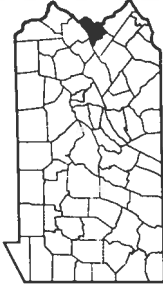
MONROE

CLAIMS PAID4
PAYMENTS MADE\$3,798



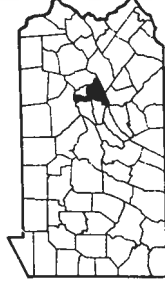
MONTGOMERY

CLAIMS PAID45
PAYMENTS MADE\$121,303



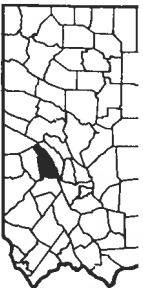
NORTHAMPTON

CLAIMS PAID7
PAYMENTS MADE\$2,780



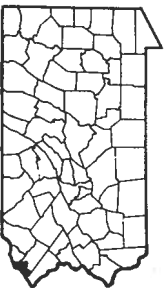
NORTHUMBERLAND

CLAIMS PAID6
PAYMENTS MADE\$16,068



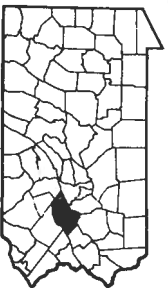
CLAIMS PAID 4
 PAYMENTS MADE \$2,699

PHILADELPHIA



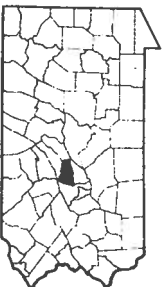
CLAIMS PAID 606
 PAYMENTS MADE \$835,850

SCHUYLKILL



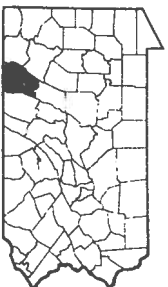
CLAIMS PAID 8
 PAYMENTS MADE \$33,709

SNYDER

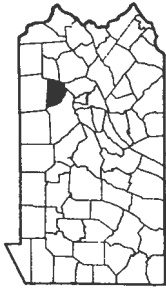


CLAIMS PAID 1
 PAYMENTS MADE \$7,569

SOMERSET

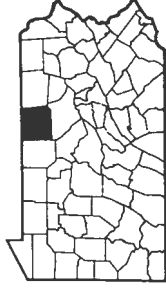


CLAIMS PAID 6
 PAYMENTS MADE \$3,697



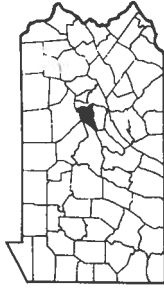
SULLIVAN

CLAIMS PAID3
PAYMENTS MADE\$2,121



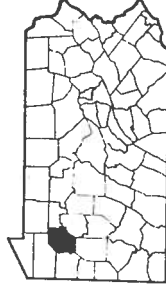
TIOGA

CLAIMS PAID1
PAYMENTS MADE\$1,379



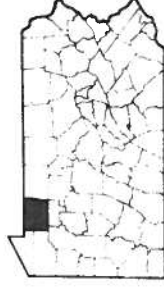
UNION

CLAIMS PAID1
PAYMENTS MADE\$1,047



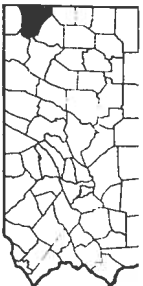
VENANGO

CLAIMS PAID2
PAYMENTS MADE\$1,393



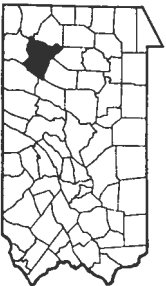
WARREN

CLAIMS PAID5
PAYMENTS MADE\$2,617



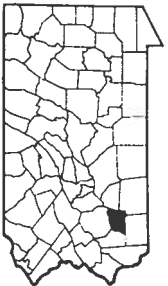
WASHINGTON

CLAIMS PAID 15
 PAYMENTS MADE \$35,961



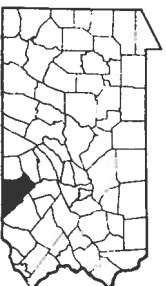
WESTMORELAND

CLAIMS PAID 14
 PAYMENTS MADE \$24,060



WYOMING

CLAIMS PAID 1
 PAYMENTS MADE \$420



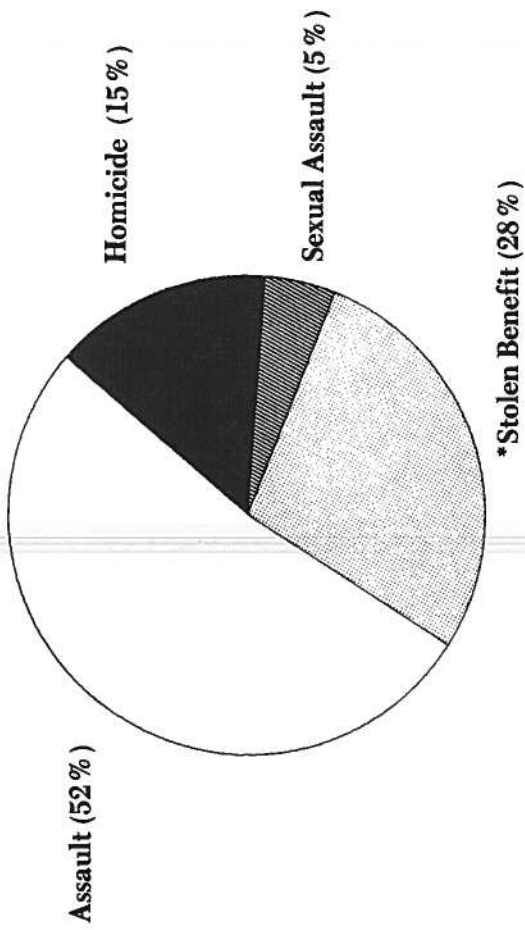
YORK

CLAIMS PAID 17
 PAYMENTS MADE \$64,584

OUT OF STATE

CLAIMS PAID 56
 PAYMENTS MADE \$127,230

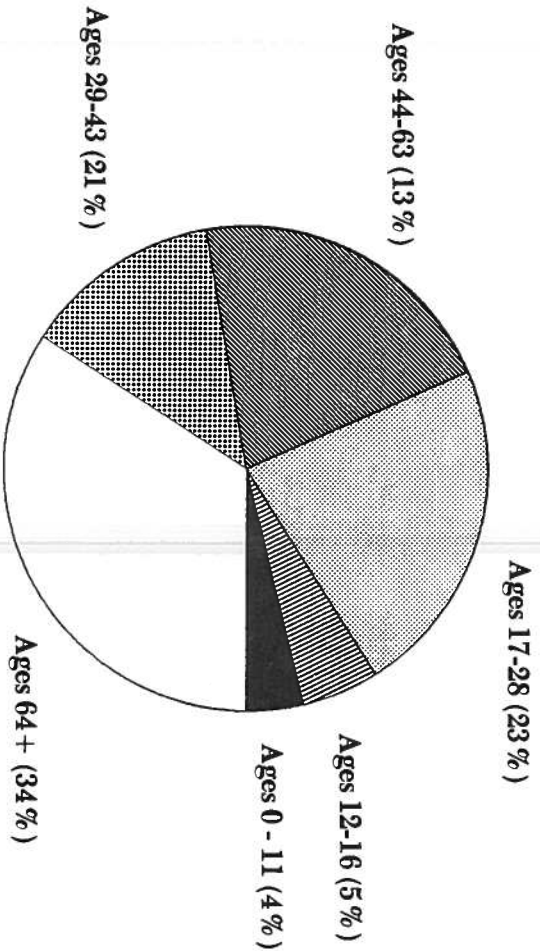
Compensation Awards Paid to Crime Victims Number and Percent By Type of Crime



CRIME	# of Crimes
Homicide	215
Sexual Assault	70
Assault	759
Stolen Benefit	409

* Stolen Benefit — If primary source of income is Social Security, Railroad Retirement, or Child/Spousal Support, compensation may be paid for stolen benefit proceeds.

Claims Paid to Crime Victims Number and Percent By Victim's Age



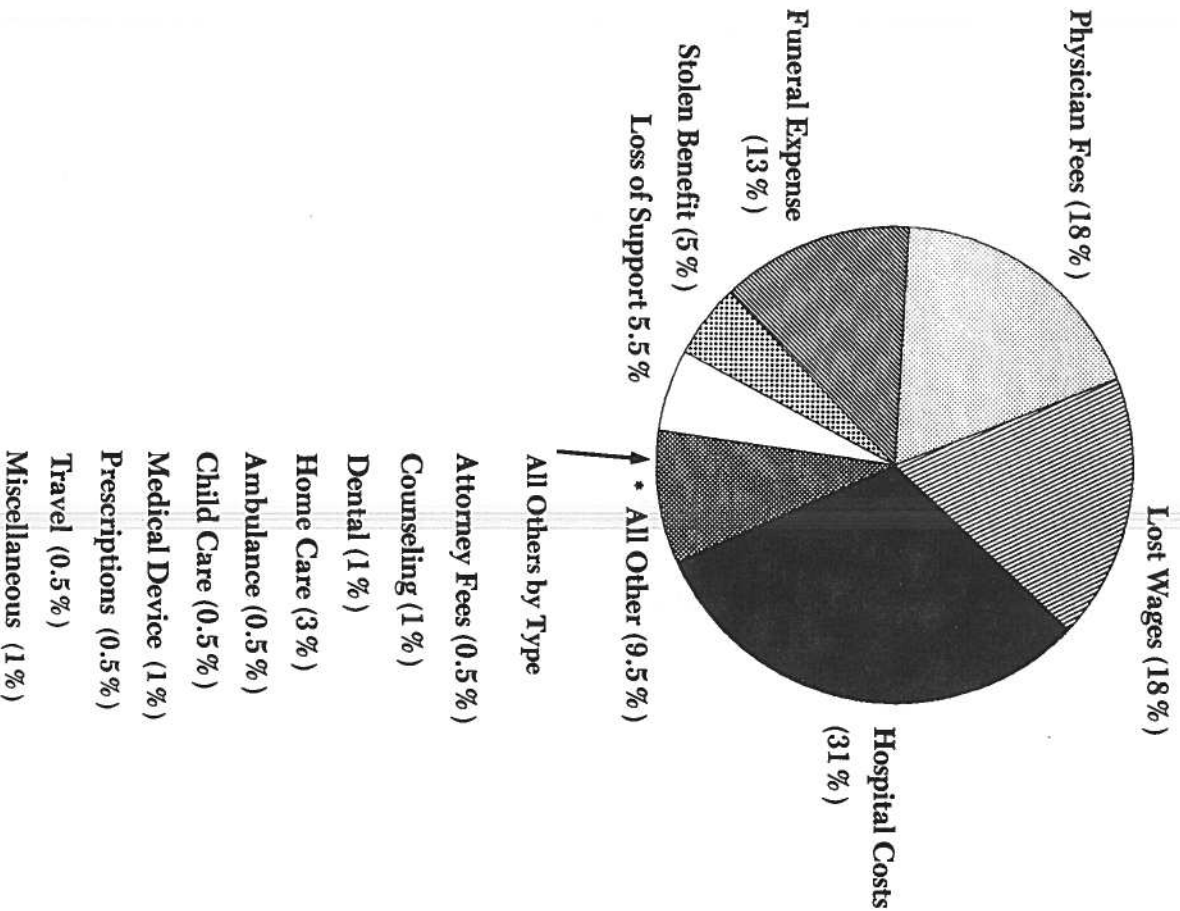
AGE	# of Claims
0 - 11	57
12 - 16	75
17 - 28	328
29 - 43	306
44 - 63	192
64 +	495

Claims Paid Distribution of Compensation Award

Reimburse Expense	\$ Amount
Physician Services	\$465,313
Hospital	795,040
Dental	25,593
Prescriptions	7,696
Mental Health Counseling	23,158
Lost Wages	471,084
Medical Devices	35,803
Funeral Expenses	331,470
Loss of Support	142,980
Child Care	10,885
Attorney Fees	7,077
Stolen Benefit	140,029
Home Care Services	68,026
Ambulance	9,073
Travel	10,778
*Miscellaneous	22,480

*Miscellaneous (e.g. Home renovations for permanent disability, assisted living - noninstitutional)

Crime Victims' Compensation Percent By Type of Award



Reasons for Denial/Closing without Payment

FAILURE TO COOPERATE WITH COMPENSATION BOARD	121
APPLICATION WITHDRAWN	86
UNABLE TO LOCATE/CONTACT VICTIM	175
FAILURE TO COOPERATE WITH LAW ENFORCEMENT	29
CRIME NOT COMPENSABLE UNDER STATUTE	21
NO POLICE REPORT FILED	1
CONTRIBUTORY MISCONDUCT	22
REIMBURSED BY COLLATERAL SOURCE, (e.g., insurance)	20
FAILURE TO FILE CLAIM ON TIME	2
NO MINIMUM LOSS	31
OTHER (e.g., ineligible claimant, duplicate claim, crime out of state)	26
REPORTED TO POLICE AFTER TIME LIMIT	1
DRUG USE	100
NO CRIME OCCURRED UNDER LAWS OF STATE	15
TOTAL	650

Court Cases and Hearings

Legal Activity reflects Programmatic Action

Appeals to Commonwealth Court	1
Appeal to Supreme Court	2
Hearings	7

Attorney General Collections

When compensation is awarded to a victim and it is later determined that all, or a portion, of that award is refundable to the Commonwealth, CVCB attempts to collect those funds. This can occur when a victim is later compensated by restitution or civil litigation and in the case of overpayment.

If CVCB is not successful in recovering a debt, the case is then turned over to the Attorney General for collection.

Balance as of June 30, 1988	\$67,815.23
Collected by Attorney General	1,165.00
Outstanding Balance	\$66,650.23

* 1988 Balance reflects an adjustment from previous year.

Example of Claims

87-1982 D In July 1987, a 53 year old Greene County man was shot and killed in a family dispute by a relative. A claim for funeral expenses and loss of support for a minor child was filed. \$22,079.50 was awarded, and protracted payments for loss of support are evaluated annually.

89-0026 B In December, a claim was filed on behalf of a Delaware County teenager. The victim had been sexually assaulted by a parent over a 5 year span. While the insurance of the other parent and step parent covered most of the medical expenses, there was still an outstanding \$55,600 bill for psychiatric treatment. Since the maximum allowable award is \$35,000, CVCB Legal Counsel successfully negotiated with the hospital to accept the \$35,000 as payment in full for this victim.

89-0570 D In January 1989, a 29 year old Mercer County man was shot and killed in front of his home by a known offender. His murder was witnessed by his wife and one of their three children. The offender also committed suicide at the scene. The Board awarded \$22,500 for funeral expenses and loss of support. The claimant declined the award, indicating her ability to support the family and her concern for other victims with a greater need.

87-1733 T An 80 year old Philadelphia woman was robbed and assaulted while on her way to religious services with her husband in January 1988. The victim suffered serious injury to her shoulder and requires continuous home care services. This claim has been reopened 7 times for supplemental expenses totalling \$15,866.

86-1484 D In March 1986, a 68 year old man from Westmoreland County was attacked and beaten outside his home. He never recovered from his injuries and died 9 months later. Due to a prolonged hospital stay, the initial coroner's report did not reflect the victim's death as homicide. The inquiries of the CVCB investigator led to the reopening of the pathological findings. To date, \$24,178.67 has been awarded for medical bills, funeral expenses and loss of support. This claim has been reopened three times for supplemental awards.

89-0377 B A 28 year old self-employed farmer from Allegheny County was assaulted by three trespassers on his farm. He sustained lacerations and fractures of the head and eye. His medical bill's were covered by insurance, but he was awarded \$739.16 for lost earnings.

89-1656 B — In January 1989, a 9 year old child witnessed the murder of one parent by the other in their Philadelphia home. This child suffered severe psychological trauma. To date, \$3,450 has been paid in counseling bills and an additional supplemental is currently in process.

88-0459 B — In May 1988 a 32 year old woman was attacked by a sniper while camping with a companion along the Appalachian Trail in Adams County. This victim sustained multiple gunshot wounds to her head, neck and shoulder. Her companion was killed at the scene. \$17,581.35 has been paid for medical expenses.

87-1049B — 87-1116B — 87-1118B — In November 1987, these claims were filed on behalf of three minor children who had been sexually assaulted by their grandfather over an 8 year period. CVCB has paid \$6,428 in ongoing counseling fees.

76-0123 B — In March 1977 a Philadelphia man was assaulted by a group of youths. While on the way to the hospital, the victim suffered a heart attack. This claim has been reopened thirteen times for supplemental awards for medical expenses totalling \$15,264.

89-1259 B — In August 1988, a 64 year old woman was assaulted by a man who was in the process of robbing her home in Butler County. The victim was sexually assaulted, stabbed in the heart and severely beaten. She was not discovered until she didn't show up for work the following day. The victim suffered a prolonged coma and has a severe disability. \$26,673 has been compensated for medical expenses.

88-0169 D — A 19 year old Wyomissing County woman was shot and killed in her home, in February 1988. The offender was a former boyfriend who had numerous harassment charges filed against him by the victim. He kicked down her door, shot her and then killed himself. The Board awarded the claimant, the victim's mother, \$2,395 for funeral expenses. This award was never released since the claimant did not respond to the award.

89-1458 D — In August 1989, a 23 year old man was shot and killed on a street corner in Philadelphia. A claim was filed by the victim's father. Since the victim had physically started the fight, the Board assessed contribution and awarded \$1,340 for funeral expenses.

88-0650 D — In September 1988, a Philadelphia woman filed a claim for the funeral expenses of her 28 year old son. The victim was stabbed to death during an argument with a co-worker. The Board assessed contribution for provocation. Of the \$1,575 out-of-pocket expenses claimed, the Board awarded \$787.50.

89-0874 B — In May 1989, a 20 year old Lancaster County youth suffered contusions of the face and jaw as the result of an assault by three known offenders. The victim was charged with underage drinking and the reports indicated his actions included unnecessary verbal confrontation with the offenders. Due to the conduct of the victim, the Board assessed contribution. An award for \$623.25 for medical expenses and lost wages was made.

89-1581 S — through **89-1590 S** — In November 1989, 10 separate claims were filed by the victims of a theft in Delaware County. These victims were all visually impaired and/or dependent upon Social Security or SSI as their primary source of income. Pursuant to the prevailing Act, the Board awarded the cash equivalent of the Social Security entitlements in the amount of \$3,054.20 to the 10 victims.

89-0489 T — In October 1988, an 88 year old Pittsburgh woman was knocked to the ground and had her purse stolen. The victim filed a claim 5 months later. She was compensated \$809 for dental work, broken glasses and the stolen cash from her monthly Social Security check proceeds.

90-0054 S — In December 1989, a 70 year old woman's home in Philadelphia was burglarized while she slept. She was compensated for \$100 cash stolen from her monthly Social Security check proceeds.

89-0522 T — In January 1989, a 70 year old woman had her purse snatched near her home in Philadelphia. She was compensated \$177.40 for stolen cash and eye glasses.

Appreciation Letters From Victims

Chester, PA
June 29, 1990

“I wish to take this opportunity to personally thank you for your assistance and handling my claim in a timely manner.”

Pittsburgh, PA
June 11, 1990

“Thank you very much for the monies I received from the Board. They will help a great deal toward paying some accumulated medical bills. Although it is true that there is not enough money to make being assaulted worth it, it is also true that relief from worrying about expense is a great help toward recovery.”

Philadelphia, PA
March 25, 1990

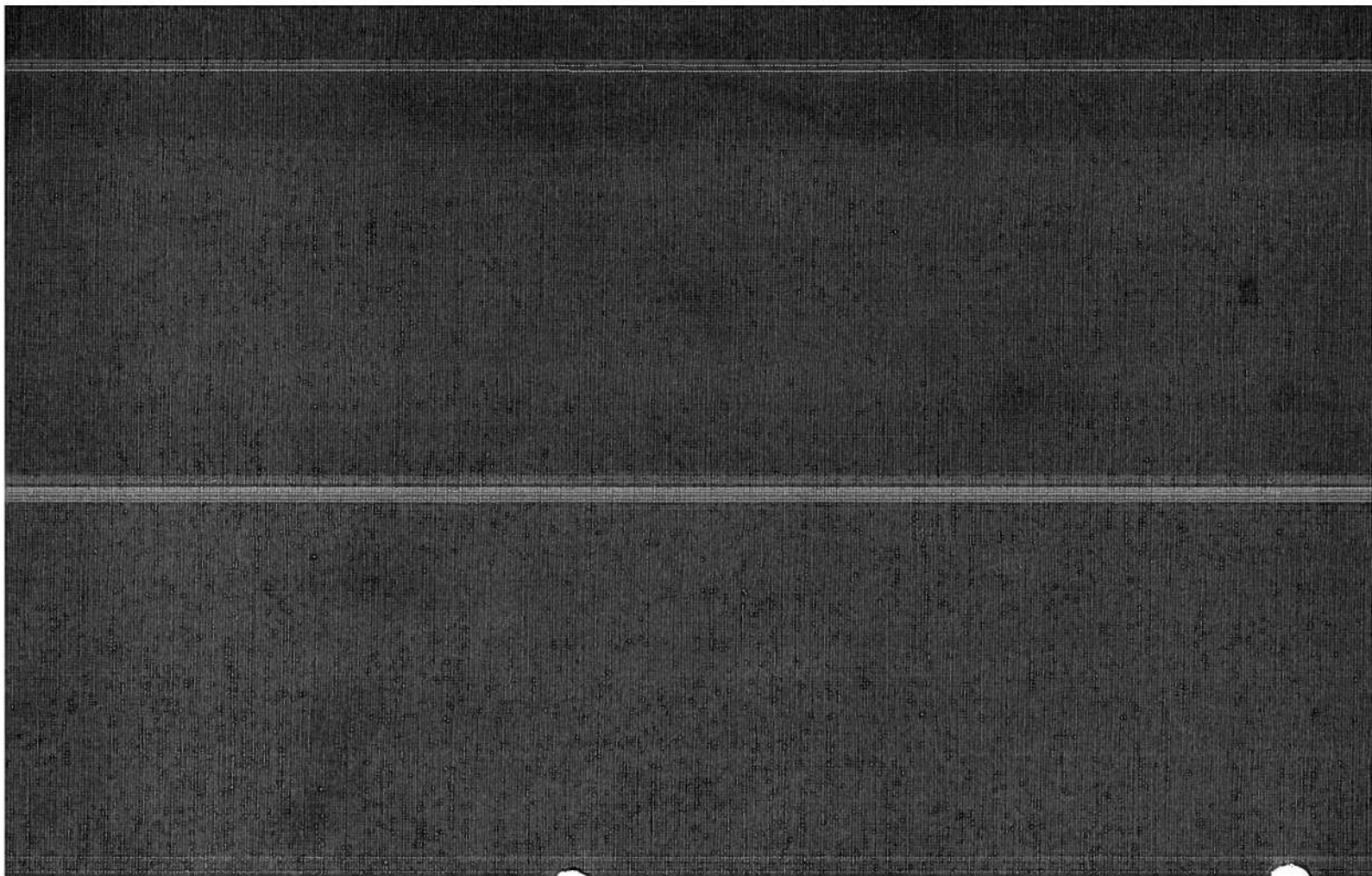
“Tuesday was a very happy day for me. I want to thank you for sending me that check, it was a pleasant surprise.”

Cherry Tree, PA
January 20, 1990

“I wish to thank those involved with regard to this claim. It was difficult and time consuming and I appreciate the effort put forth on my behalf. Your staff explained the process to me and I am grateful to all the kind and gentle voices on that end of the telephone. After exhausting all our savings and liquidating everything we could, we found it hard to go on. Thank you all and God Bless you all.”

“I am grateful to all persons involved in assisting me. The reimbursement of my check told me someone out there cares. So I just wanted to say thank you.”





COMPENSATION WILL NOT PAY FOR:

- Pain and suffering
- Stolen or damaged property (except loss of glasses, canes, prosthetic devices, etc.).

MINIMUM LOSS REQUIREMENTS:

If under age 60 —

- A minimum of \$100 total qualifying out-of-pocket expenses OR
- A loss of at least 2 or more continuous weeks of earnings or support.

If over age 60 —

- No minimum out-of-pocket loss required.

MAXIMUM AWARDS:

\$20,000 For Loss of Support in case of death.

\$15,000 For Loss of Earnings.

\$ 2,000 For Funeral and Internment.

\$35,000 Total Award.

An Emergency Award up to \$1,000.

HOW TO FILE A CLAIM:

Please **READ INSTRUCTIONS ON COVER SHEET OF CLAIM FORM** carefully. An incomplete form will be returned.

To obtain a Claim Form, write or phone our office and one will be mailed to you.

CRIME VICTIMS' COMPENSATION BOARD

333 Market Street
Harrisburg, PA 17101
Toll Free
1-800-233-2339

Filing an application does **NOT** mean a claim will be paid.

EMERGENCY AWARDS

In special circumstances an emergency award may be considered. Contact the Board for this special form.

PENNSYLVANIA
CRIME VICTIMS' COMPENSATION
BOARD

Toll Free — 1-800-233-2339

HELP FOR CRIME VICTIMS





My Fellow Pennsylvanians:

“Victims of crime and their loved ones often face severe financial, physical and psychological loss in the crime’s aftermath. Too frequently, they also believe they are neglected or abused by the same judicial system that protects the rights of the accused.

The Pennsylvania Crime Victims’ Compensation Board was created to help compensate the financial losses of crime victims or their dependents. No amount of money can fully compensate an innocent person who has been victimized, but the Commonwealth seeks to eliminate the financial burden whenever it can.”

Governor Robert P. Casey
Proclaiming Victims’ Rights Week

YOU MAY BE ELIGIBLE FOR COMPENSATION ...

If you or a family member are the innocent victim of a crime in Pennsylvania, or are hurt trying to prevent a crime or trying to apprehend a suspected criminal, you may be eligible for compensation.

TO BE ELIGIBLE, THE FOLLOWING MUST APPLY:

1. The crime was reported to the authorities within 72 hours, unless good cause is shown.
2. The victim is willing to cooperate with law enforcement agencies and the courts.
3. The claim is filed within one (1) year from the date of the crime or the death of a victim, with good cause, the filing time may be extended to two (2) years from such date.

In cases of child abuse, filing may be extended to five (5) years, provided the victim was under 18 years of age at time of occurrence and if the offender is a parent, a paramour of a parent, or any individual residing in the household, if good cause is shown.

4. The victim is not residing in the same household as offender at the close of criminal proceedings and the offender will not benefit from the award.
5. The victim did not provoke the incident and was not engaged in illegal activity.
6. The minimum loss requirements are met.

PAYMENTS ARE MADE FOR:

■ **MEDICAL EXPENSES**

Uninsured medical or other expenses related to the injury (includes transportation, home health care, medication and medical equipment).

■ **COUNSELING**

In cases of murder, payment is extended to surviving spouse, children, parents, or siblings who, at the time of the crime incident, lived in the same house with the deceased victim. In other crimes, compensation for counseling covers only the victim.

■ **LOSS OF EARNINGS OR SUPPORT**

If deprived of earnings or support due to a crime incident, you may be paid for such loss provided all requirements are met.

■ **CASH LOSS OF BENEFITS**

If Social Security, Railroad Retirement or child/spousal support is the main source of income and the loss occurs through robbery or fraud the cash equivalent of one month’s check may be paid.

■ **FUNERAL EXPENSES**

If you paid or are liable to pay the funeral bill for a deceased victim and are the parent, child, sibling, aunt, uncle or grandparent of the victim, you may be compensated for your loss. You must file within one year after death.



CRIME VICTIMS' COMPENSATION BOARD
COMMONWEALTH OF PENNSYLVANIA
Harristown Building #2, Lobby Level
333 Market Street
Harrisburg, PA 17101
Toll Free 1-800-233-2339

PLEASE READ THE FOLLOWING INFORMATION AND INSTRUCTIONS BEFORE FILING YOUR CLAIM

COMPENSATION MAY BE AWARDED FOR:

1. Qualifying out-of-pocket losses of \$100 or more (no minimum for claimants age 60 or over) or loss of earnings or support for two or more continuous weeks.
2. Losses for funeral and burial of a victim.
3. Loss of the cash equivalent of a Social Security, Railroad Retirement payment or court ordered support payment.

QUALIFYING FOR COMPENSATION

Compensation may be awarded for crimes that occur in Pennsylvania where innocent victims cooperate fully with all law enforcement agencies and where the crime was reported to the proper authorities within 72 hours. A claim should be filed within one year from the date of the incident on which it is based. For good cause the Board may extend the time to file not to exceed two years from the occurrence. After a claim is filed the Board will contact claimants if further information is required. You will receive an award for those bills not already paid by another source. This means the Board will deduct sick pay, disability pay, welfare payments and medical insurance payments already paid to you. For further information call 1-800-233-2339. Where additional losses are incurred after the filing of a claim, the documents should be submitted to the Board for a Supplement Award of Compensation.

COMPENSATION LIMITATIONS

Compensation may not be awarded for pain and suffering, for property loss or damage or for motor vehicle accidents unless the vehicle was intentionally used to inflict the injury. Total compensation may not exceed \$35,000.00. Compensation maximum for loss of support is \$20,000.00, for loss of earnings \$15,000.00, and for funeral and interment \$2,000.00.

GENERAL INSTRUCTIONS

1. Please **print clearly** with ink or **type** the claim form. Fill in **all** spaces provided. If a question is not applicable, insert the symbol N/A. Claims will be returned if you do not follow this instruction.
2. Sign **both** the Declaration and Authorization where indicated on Page 4 of the Claim Form.
3. Send copies of bills, receipts, insurance benefit statements received to date.
4. Mail the **original** Claim Form to C.V.C.B.

FAILURE TO COOPERATE WITH THE BOARD AND ITS AGENTS OR FAILURE TO KEEP THE BOARD INFORMED OF A CHANGE OF ADDRESS WILL RESULT IN THE ENTRY OF AN AUTOMATIC ORDER OF DENIAL.

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 COMMONWEALTH OF PENNSYLVANIA
 Harrisstown Building #2, Lobby Level
 333 Market Street
 Harrisburg, PA 17101
 Toll Free 1-800-233-2339

CLAIM FORM

____ / ____ / ____
 (DATE)

Death Claim Injury Claim
 Social Security Claim

Claim No. _____
Board Member FOR OFFICIAL USE

PLEASE READ THE INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS FORM (Answer all questions. Failure to do so and failure to submit documents requested below will be grounds for return or rejection of this claim.)

1. VICTIM:

Name	Address: Street		City	
County	State	Zip Code	Telephone Number: Home	
Age	Birth Date	Social Security No.	Sex	Marital Status
Employer Name		Address	Telephone No.	

IF THIS IS A DEATH CLAIM OR THE VICTIM IS A MINOR, OR MENTALLY INCOMPETENT, PLEASE FILL OUT QUESTIONS TWO (2) THROUGH FOUR (4). FOR DEATH CLAIM INCLUDE DEATH CERTIFICATE.

2. CLAIMANT:

Name	Address: Street		City	
County	State	Zip Code	Telephone Number: Home	
Age	Birth Date	Social Security No.	Sex	Relationship to Victim
Employer Name		Address	Telephone No.	

3. FILING STATUS OF CLAIMANT (Check One):

- A Crime Victim
- An Intervenor
- Parent of Minor Victim
- A Spouse, Parent or Child of a Deceased Victim (Circle One)
- Attorney in Fact (Attach copy of Power of Attorney)
- Person who paid the Funeral Bill of a Deceased Victim
- Guardian of Victim (Attach Guardianship Papers)

4. IF THIS IS A DEATH CLAIM, PLEASE PROVIDE THE NAMES, DATES OF BIRTH AND RELATIONSHIP OF DEPENDENTS TO THE VICTIMS:

5. CRIME INFORMATION:

When ____ / ____ / ____
 Mo. Day Year

Where _____
 Street City County

Reported to Police ____ / ____ / ____
 Mo. Day Year

Police Department Name Address

Filed with District Justice ____ / ____ / ____
 Mo. Day Year

District Justice Name Address

Name of Person who committed the crime (if known) _____

IF YOU CLAIM COMPENSATION FOR LOSS OF EARNINGS OR LOSS OF SUPPORT, ANSWER QUESTIONS SIX (6) THROUGH EIGHT (8). Send us W2s and tax returns for the year of the crime and one year before the crime. For self employed victims, send us schedule C for those years too.

6. DISABILITY PERIOD:

From-To

Name and Address of Doctor who will Certify the Disability

7. DID THE VICTIM'S WAGE CONTINUE WHILE OFF WORK Yes No (If Yes, answer the following)

Source (Check)	Amount Per Week	From (date to date)
<input type="checkbox"/> Worker's Compensation	\$ _____	_____ to _____
<input type="checkbox"/> Unemployment Compensation	_____	_____ to _____
<input type="checkbox"/> Private or Health Plan	_____	_____ to _____
<input type="checkbox"/> Vacation Pay	_____	_____ to _____
<input type="checkbox"/> Sick Leave	_____	_____ to _____
<input type="checkbox"/> Employers Group Plan	_____	_____ to _____
<input type="checkbox"/> Disability Pay	_____	_____ to _____
<input type="checkbox"/> Union or Fraternal Plan	_____	_____ to _____
<input type="checkbox"/> Other, Specify	_____	_____ to _____

8. DOES THE VICTIM OR CLAIMANT RECEIVE, OR EXPECT TO RECEIVE ANY OF THE FOLLOWING:

Source	Amt./Mon.	Source	Amt./Mon.	Source	Amt./Mon.
Social Security	\$ _____	Soc. Sec. Disability	\$ _____	Pension	\$ _____
Public Assistance	_____	Welfare	_____	Restitution (awarded to date)	_____
Veterans Adm.	_____	Annuity	_____	Other, Specify	_____

9. NAME, ADDRESS AND DATES OF SERVICE FOR YOUR FIRST HOSPITALIZATION AND/OR DOCTOR SERVICE

_____ Name Address Service From-To

10. WERE THE VICTIM'S/CLAIMANT'S BILLS COVERED OR WILL THEY BE PAID BY ANY OF THE FOLLOWING SOURCES:

Source	Yes	No	Company Name & Policy Agreement Number
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	_____
Private Accident/Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employers/Union Group Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pensions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	_____
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life Insurance Plan (Homicide Victim)	<input type="checkbox"/>	Yes	_____
			Company Name & Policy Number
			Beneficiary Name
	<input type="checkbox"/>	No Life Insurance Coverage on Victim	

11. FOR SOCIAL SECURITY, RAILROAD RETIREMENT OR COURT ORDERED SUPPORT PAYMENTS:

- A. Is this benefit your primary* source of income? (*More than 50%) Yes No
- B. Do you have homeowner's or renter's insurance? Yes No
- C. Does it cover your loss? Yes No
- D. If yes, attach statement showing coverage.
If no, send a rejection by the insurance company or a copy of the policy showing your deductible.
- E. Remember to include a copy of your Social Security, Railroad Retirement or Court Ordered Support monthly benefit statement.

12. PARTICULARS OF MEDICAL AND FUNERAL BILLS.

Name and Address	Amount of Bill To Date	Amount Paid By Insurance	Amount Paid By Victim/Claimant	Balance
Hospitals				
Doctors				
COUNSELING				
DENTIST				
OPTICIAN				
AMBULANCE				
FUNERAL				
OTHERS				

(If additional space is needed, attach list to claim form)

ATTACH ALL BILLS RELATING TO CRIME INJURY, COPIES OF ANY INSURANCE PAYMENT OR REJECTION STATEMENTS RELATING TO THESE BILLS AND RECEIPTS REFLECTING PORTIONS OF THESE BILLS YOU MAY HAVE PAID.

13. BRIEFLY DESCRIBE THE CRIME AND INJURY

14. TOTAL AMOUNT OF MONEY REQUESTED: \$ _____

15. HAVE YOU FILED OR INTEND TO FILE A CIVIL COURT SUIT AS A RESULT OF THIS CRIME?

- Yes No Don't Know

CONDITIONS FOR FEDERAL FUNDING ELIGIBILITY REQUIRE YOU TO COMPLETE THE FOLLOWING:

1. Race or National Origin:

___ White (not of Hispanic Origin) ___ Black (not of Hispanic Origin)
___ Hispanic ___ Asian or Pacific Islander ___ American Indian or Alaskan Native

2. Handicap — Nature of Handicap: _____

CORRESPONDENCE REQUEST

NAME AND ADDRESS OF PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED

IF AN ATTORNEY, DO YOU REPRESENT THE CLAIMANT? ___ Yes ___ No

DECLARATION

I UNDERSTAND THAT ANY RECOVERY OF MY LOSSES THROUGH LEGAL ACTION (RESTITUTION OR CIVIL ACTION) SHALL ENTITLE THE COMMONWEALTH OF PENNSYLVANIA TO REIMBURSEMENT TO THE EXTENT OF ANY COMPENSATION AWARDED ME. I DECLARE, UNDER PENALTY OF PERJURY, THAT I HAVE READ ALL THE QUESTIONS IN THE CLAIM FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY ANSWERS ARE TRUE, CORRECT AND COMPLETE.

DATE _____ CLAIMANT'S SIGNATURE _____

If you are filing this claim by Power of Attorney, sign below as indicated.

Sign Victim's Name

Sign Your Name
Attorney in Fact

AUTHORIZATION

I HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO ATTENDED OR EXAMINED (Name of Victim) _____ ANY FUNERAL DIRECTOR OR OTHER PERSON WHO RENDERED SERVICES, ANY EMPLOYER OF THE VICTIM: ANY POLICE OR OTHER LOCAL GOVERNMENTAL AGENCY INCLUDING STATE AND FEDERAL REVENUE SERVICES: ANY INSURANCE COMPANY: OR ORGANIZATION HAVING KNOWLEDGE, TO FURNISH TO THE PENNSYLVANIA CRIME VICTIMS' COMPENSATION BOARD, ANY AND ALL INFORMATION WITH RESPECT TO THE INCIDENT LEADING TO THE VICTIM'S PERSONAL INJURY OR DEATH, AND THE CLAIM MADE HERewith FOR COMPENSATION. I UNDERSTAND THE INFORMATION WILL BE USED TO DETERMINE THE VALIDITY OF SAID CLAIM. A PHOTO COPY OF THIS AUTHORIZATION IS AS EFFECTIVE AS THE ORIGINAL.

DATE _____ CLAIMANT'S SIGNATURE _____

If you are filing this claim by Power of Attorney, sign below as indicated.

Sign Victim's Name

Sign Your Name
Attorney in Fact