



State of Utah
UTAH OFFICE FOR VICTIMS OF CRIME

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 # _____

APPLICATION FOR THE CRIME VICTIM REPARATIONS PROGRAM

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: () _____ Email: _____

Section 2. APPLICANT INFORMATION (Complete this section if the victim is a minor, incapacitated, or deceased)

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

Street Address: _____

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

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

Applicant Relationship to Victim: Spouse Parent Sibling Child Other _____

Section 3. CRIME INFORMATION

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

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

Brief Description of Crime: _____

Type of weapon used: _____

Section 4. OFFENDER INFORMATION (Person(s) who committed the crime)

Offender Name	Offender Date of Birth	Offender Social Security #
_____	_____	_____

Has the offender been charged in District Court?: Yes No Has the offender been charged in Justice Court?: Yes No

Court Case # _____ Court Case # _____

Section 5. INSURANCE (Failure to provide this information may delay processing of the application)

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

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

Policy Number _____ Policy Number _____

Section 6. CIVIL SUIT INFORMATION (You must notify the UOVC within 30 days of filing or settling any action or claim for your damages)

Have you hired an attorney for a civil suit?: Yes No

Attorney's Name: _____ Phone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

Section 7. REFERRED BY

- | | | |
|---|--|--|
| <input type="checkbox"/> Police Agency | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Non-profit service agency |
| <input type="checkbox"/> Police Agency Victim Advocate | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prosecuting Agency | <input type="checkbox"/> Dentist | |
| <input type="checkbox"/> Prosecuting Agency Victim Advocate | <input type="checkbox"/> Mental Health Counselor | |

Section 8. BENEFITS (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Relocation and related expenses |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Replacement services loss (example: child care, convalescent care, meal preparation, house cleaning/laundry) |
| <input type="checkbox"/> Loss of earnings due to the crime | <input type="checkbox"/> Eye glasses, hearing aids or other medically necessary devices |
| <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Replacement of door locks or windows |
| <input type="checkbox"/> Loss of support to dependents (Homicide Claims Only) | |
| <input type="checkbox"/> Funeral and burial expenses | |

Section 9.

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 claim or lawsuit, from any insurance or from any other governmental or private agency shall entitle the Utah Office for Victims of Crime to reimbursement of any compensation awarded to me and I hereby assign all rights for recovery to the Utah Office for Victims of Crime including the right to initiate and enforce a claim for restitution in any criminal court having jurisdiction within the State of Utah. I further agree to notify the Office in writing within thirty (30) days of the date that I initiate any legal proceedings or negotiations to recover my losses.

Applicant/Victim Authorization for Release of Information

I hereby authorize the release of any information deemed necessary by the Utah Office for Victims of Crime for a determination of the eligibility of this claim for benefits including information or documents that are classified as private or controlled under the Government Records Access and Management Act. Such information will be used to evaluate the eligibility of your application and your eligibility for specific benefits and may be provided to law enforcement agencies, prosecuting agencies, medical providers and mental health providers. The Utah Office for Victims of Crime may also provide information regarding payments made on your behalf, along with supporting documentation, to a court to facilitate an order or judgement of restitution.

Declaration

Pursuant to Utah Code Annotated, Section 63M-7-510(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 Applicant's 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 Utah Office for Victims of Crime at (801)238-2360 allowing three working days notice.**