

SECTION 4. – CRIME INFORMATION (Please fill out this section as completely as possible.)

Type of crime: assault sexual assault robbery with injury domestic violence stalking dui
 homicide child physical abuse/neglect child pornography human trafficking kidnapping
 other vehicular crimes terrorism other (describe) _____

Date of crime | Town/City/County where crime occurred

Date crime was reported to police | Police department to which crime was reported

Name of assisting officer(s) | Phone number

Has an arrest(s) been made? Yes No unknown | _____
Name of offender(s), if known

Has the offender been charged in court Yes No unknown | _____
If yes, court location

Did the victim know the offender? Yes No If yes, in what way? _____

Where is the offender now? _____

Name of: Prosecuting Attorney _____ Victim/Witness Advocate _____

SECTION 5. – MEDICAL/COUNSELING INFORMATION

Are you applying for compensation of unreimbursed medical, dental and/or mental health counseling? Yes No (If yes, please complete below.)

List all providers that gave treatment, include hospital, doctors, dentists, mental health counselors, ambulance, radiology and prescriptions (drugs and eyeglasses). Attach additional sheets if necessary. If available, please enclose copies of bills.

Provider's Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 6. – FUNERAL INFORMATION

Are you applying for compensation for funeral expenses? Yes No (If yes, please complete below.)

Name of Funeral Home Telephone number

Address State Zip

Have any funeral expenses been paid or will any funeral expenses be paid by any of the following sources? Yes No

Burial Insurance Yes No Veteran's Benefits/Insurance Yes No
Life Insurance Yes No Donations Yes No
Public Assistance Yes No Other: _____

Please note: If you have checked yes to any of the above, funeral bills must be submitted to that source before Victims' Compensation can consider reimbursement.

SECTION 7. – EMPLOYMENT INFORMATION

Were you employed at the time of the crime? Yes No If yes, are you applying for lost wages? Yes No

If yes, complete the following section. If you were self-employed at the time of the crime, please submit a copy of your tax return and documentation (W-2 form, 1099 form, etc.) for the year before the crime. If you have missed more than two weeks of work, please provide a doctor's statement verifying length of time you were unable to work.

Name of employer Telephone

Address State Zip Hours worked per week

Wage per hour Tips, bonuses per week

Dates absent from work due to _____
From To Total hours absent

SECTION 8. – INSURANCE & OTHER COLLATERAL SOURCE INFORMATION

Have bills been paid or will bills be paid by any of the following sources?

- | | | | |
|--|--|---|--|
| Yourself | <input type="radio"/> Yes <input type="radio"/> No | Veteran’s Administration | <input type="radio"/> Yes <input type="radio"/> No |
| Private Health Insurance | <input type="radio"/> Yes <input type="radio"/> No | Life Insurance | <input type="radio"/> Yes <input type="radio"/> No |
| Medicare/Medicaid | <input type="radio"/> Yes <input type="radio"/> No | Worker’s Compensation | <input type="radio"/> Yes <input type="radio"/> No |
| Social Security Program | <input type="radio"/> Yes <input type="radio"/> No | Unemployment Compensation | <input type="radio"/> Yes <input type="radio"/> No |
| Sick, Vacation or
Other Employer Benefits | <input type="radio"/> Yes <input type="radio"/> No | Public or General Assistance
(Including Welfare) | <input type="radio"/> Yes <input type="radio"/> No |

SECTION 9. – RESTITUTION AND CIVIL ACTION

Did the crime involve motor vehicles Yes No (If yes, please provide your automobile insurance policy declarations page.)

Did the court order the defendant to make restitution? Yes No

Have you filed or do you intend to file a civil action? Yes No (If yes, please complete below.)

Name of attorney	Name of firm/Telephone number		
Address	City	State	Zip

SECTION 10. – STATISTICAL INFORMATION

How did you find out about the crime victims’ compensation program?

- community advocate Infoline/211 County Attorney’s Office/advocate medical provider police
- hospital family member/friend mental health provider webpage brochure

Submission of information regarding race/ethnic background or disabilities is voluntary.

- Black/African American American Indian/Alaska Native Asian Pacific Islander
- White Non-Latino/Caucasian Hispanic or Latino other _____

Were you disabled prior to the crime? Yes No

Please return completed form to:

New Hampshire Victims' Compensation Program
Department of Justice
33 Capitol Street
Concord, N.H. 03301-6397

Questions?

Call 1-800-300-4500 (Toll free compensation line – NH only)
or 603-271-1284

Email: victimcomp@doj.nh.gov

Fax: 603-223-6291

Victims of crime may also receive help from other programs, such as:

- Domestic Violence – NH Statewide Domestic Violence Hotline – 1-866-644-3474;
www.nhcadv.org
- Sexual Assault – NH Statewide Sexual Assault Hotline – 1-800-277-5570; www.nhcadv.org
- New Hampshire 211; www.211.nh – For everyday needs and difficult times. A connection to thousands of resources available in New Hampshire

