



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 (Failure to provide this information may delay processing of the application)

Does the victim or claimant have: Health Insurance Medicaid Auto Insurance Social Security Other
Name of Health Insurance Provider Name of Auto Insurance Provider
Policy Number Policy Number
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
- Medical Doctor
- Non-profit service agency
- Police Agency Victim Advocate
- Hospital
- Other \_\_\_\_\_
- Prosecuting Agency
- Dentist
- Prosecuting Agency Victim Advocate
- Mental Health Counselor

**Section 7. BENEFITS (Check as many as apply)**

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

**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.

**Private and Controlled Records**

The OFFICE OF CRIME VICTIM REPARATIONS may ask you to provide information that is 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 shared with law enforcement agencies, prosecuting agencies, medical providers, and mental health providers. The OFFICE OF CRIME VICTIM REPARATIONS may also share information regarding payments made on your behalf with a court to facilitate an order of restitution. You may refuse to provide private or controlled information; however, refusal to provide such information may result in the denial of your application or the denial of specific benefits if your application is approved.

**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.**