Application Instructions

VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

Please read all instructions thoroughly before completing the application.

Crime Information/ Reporting Information

THE CRIME:

- Committed in Virginia, or a country where Virginia residents are not eligible for compensation.
- Promptly reported to proper authorities.
  - For crimes committed on or after July 1, 2025, the following factors will be considered:
    - Police records,
    - The victim's physical, mental, emotional and family situation (Claimants must include a written explanation of these factors with their application,) and
    - The existence of a permanent protective order issued by a court where the victim and offender of the crime are the relevant parties.
  - For crimes occurring between July 1, 1998 and June 30, 2025, the following factors will be considered:
    - Police records must show that the victim reported the crime to proper authorities within 120 hours (5 days), unless there is a good cause for the delay. Victims should include a written explanation of the delayed reporting in their application.

Victim/ Applicant

THE VICTIM:

- Did not contribute to, provoke, instigate or partake in the act leading to their injuries,
- Was not involved in any illegal activity at the time of the crime, and
- For crimes occurring up until June 30, 2025, victims must cooperate with law-enforcement agencies and the courts, or
- For crimes occurring on or after July 1, 2025, cooperation with law-enforcement, while still encouraged, is not required for program eligibility.

WHO CAN APPLY?

- Victims who suffered physical injury as a result of a criminal act or
- Victims who suffered emotional injury as the result of a violent felony described in Va. Code § 17.1-805(C) or
- Anyone who paid or is responsible for paying the victim's funeral bill or
- A surviving spouse, parent, grandparent, sibling, grandchild or child of a victim who died as a direct result of a criminal act.

Offender

Please add any known information about the offender and whether any restitution has been ordered by a court. For some claims, information about the court decision is necessary to complete the claim.

Dependents

If a deceased victim had dependents for whom they were legally responsible, the dependents may be eligible for loss of support benefits and/or survivor grief counseling. For loss of support benefits for a minor victim, please provide a copy of the statement from Social Security showing the benefits approved. You may submit the claim now and provide Social Security documentation once you receive it.

Physical/ Emotional Injuries

Victims who are physically injured or emotionally injured as a result of violent crimes listed in Virginia Code § 17.1-805 (C) may be eligible. Eligible claimants must submit proof of physical and/or emotional injuries. Proof includes health records detailing a physical and/or emotional injury.

Expenses Not Considered

EXPENSES NOT CONSIDERED:

- Pain and suffering or property loss,
- Injuries resulting from vehicular accidents except in certain circumstances,
- Attorney fees,
- Missed doctor's appointments.

Considered Expenses

EXPENSES CONSIDERED: (*Caps are based on the policy effective at the time of the crime.)*

Physical or Emotional Injury Claims:

- **Medical Expenses**
  - *Payment or reimbursement for crime-related expenses with a hospital, physician, mental health provider, dentist or other medical provider.*
- **Mileage - Minor Victims Only**
  - *Reimbursement for mileage to/from medical treatment, criminal investigations and court proceedings. (Minor victims only.)*
- **Moving Expenses**
  - *Reimbursement for the cost of professional movers, rental moving equipment, temporary storage, rent and/or loss of security deposit. (Dated/signed contracts required.) (≤$2,000) (Written justification is required for this expense.)*
- **Prostheses**
  - *Reimbursement for the replacement of eyeglasses, hearing aids, dentures, false limbs or other medically necessary aids.*
- **Home Security**
  - *Reimbursement of the purchase and installation of home security measures. This expense is based on an immediate need for safety; therefore, the system should be installed within thirty (30) days after the crime. (≤$1,000)*
- **Loss of Wages**
  - *Replacement of lost wages for the victim, who could not work because of the crime-related injury, as verified by a medical provider. (Paid at two-thirds of the victim's average weekly wage.)*
- **Temporary Lodging**
  - *Limited situations only, when the physical safety of the victim would be risked by staying in the dwelling where the crime occurred. Receipts must be in the victim's name. Temporary lodging must begin immediately following the crime and must not exceed 30 days. More information is available when the applicant is deemed eligible.*
- **Domestic Loss of Support**
  - *Compensation for the victims to cover the loss of financial support resulting from the offender's removal from the home, in cases where the offender has a legal duty to provide support. One-time payment not to exceed thirteen (13) weeks.*
- **Prescriptions**
  - *Prescriptions for treatment of injuries/conditions caused by the crime may be reimbursed. The applicant must provide copies of receipts for prescriptions. Prescription receipts should include the name of the medication, the name of the prescribing doctor, the date filled and the amount charged (i.e., "bag tags").*

Homicide Claims:

- **Grief Counseling**
  - *Grief counseling for a surviving spouse, parent, grandparent, sibling, grandchild or child of a victim of a crime who died as a direct result of the crime. (≤$5,000)*
- **Homicide Loss of Support**
  - *Financial support for the care of deceased victims' legal dependents.*
- **Crime Scene Clean-Up**
  - *Coverage for the cleaning of items contaminated by biological materials during the commission of a crime, excluding personal property. Written justification is needed for this expense. (≤$1,000.)*
- **Funeral or Burial Expenses**
  - *Payment/reimbursement for the victim's burial, cremation and/or headstone and/or plot. (Stipulations apply.) (≤$10,000)*

Insurance & Collateral Resources

Please add all known information about insurance. Insurance, restitution, civil lawsuit proceeds and other collateral resources will reduce the amount of reimbursements.

- Medicaid/Medicare information, if applicable;
  - If not covered by insurance and the victim sought treatment in a hospital, you must apply for Charity Care through the hospital and send VVF a copy of that decision.
- Auto insurance, if applicable;
- Life/Burial insurance information, if applicable.

Returning the Application

For help with the application, please contact your local Victim/Witness Program, which can electronically file your application, or contact the Fund at info@virginiavictimsfund.org or 800-552-4007. All fields must be completed.

Submit application to P.O. Box 26927, Richmond, VA 23261 or (fax) 804-823-6905.

Applicants should attach all receipts, records and documents supporting requested expenses and continue doing so for ongoing expenses. Healthcare providers are prohibited by Virginia Code § 19.2-368.5:2 from debt collection activities against claimants. Once deemed eligible, claimants should provide copies of the Fund's eligibility letter to healthcare providers.

Application

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Victim Information

SECTION A - VICTIM INFORMATION

Victim's First Name | Victim's Middle Name | Victim's Last Name

Victim's Social Security No. | ☐ Check if no SS# | Gender: ☐ Male ☐ Female ☐ Other

Marital Status ☐ Divorced ☐ Married ☐ Separated ☐ Unknown ☐ Unmarried ☐ Widowed

Ethnicity
This information is for statistical purposes only and collected for a financial federal grant.

☐ African American/Black
☐ American Indian/Alaska Native
☐ Asian
☐ Hispanic/ Latino
☐ Multiple Races
☐ Native Hawaiian/Other Pacific Islander
☐ Other
☐ Unknown
☐ White/Caucasian

Street Address | Apt. No.

City, State, Zip | Phone No. | Date of Birth | Date of Death (if homicide)

Did the victim have a pre-existing condition (physical or emotional) prior to the crime? ☐ Yes ☐ No

How is the victim related to the offender?

☐ Acquaintance
☐ Child
☐ Grandparent
☐ Other
☐ Parent
☐ Sibling
☐ Significant Other
☐ Spouse
☐ Unrelated

Who referred you to VVF?

☐ Commonwealth Atty
☐ Friend
☐ Funeral Home
☐ Internet
☐ Media
☐ Medical Provider
☐ Other
☐ Other Gov't Agency
☐ Police Dept.
☐ SAFE Coordinator
☐ Victim/Witness

Applicant

SECTION B - APPLICANT INFORMATION

Please provide all requested information about the person submitting the application, if different from the victim.

Applicant's First Name | Applicant's Middle Name | Applicant's Last Name

Applicant's Social Security No. | ☐ Check if no SS#

How is the applicant related to the victim?

☐ Acquaintance
☐ Child
☐ Grandparent
☐ Other
☐ Parent
☐ Sibling
☐ Significant Other
☐ Spouse
☐ Unrelated

Street Address | Apt. No.

City, State, Zip | Phone No. | Date of Birth

Offender

SECTION C - OFFENDER INFORMATION

Offender's First Name | Offender's Middle Name | Offender's Last Name

Social Security No. | ☐ Check if no SS# | Date of Birth

Has a court ordered restitution to the victim? ☐ Yes ☐ No | Amount, if known

Crime

SECTION D - CRIME INFORMATION

Street Address Where Crime Occurred		Date of Crime
City Where Crime Occurred	State Where Crime Occurred	Zip Where Crime Occurred

Type of Crime:

- ☐ Abduction
- ☐ Arson - Fatal
- ☐ Arson - Non-Fatal
- ☐ Assault
- ☐ Assault - Child Abuse
- ☐ Breaking & Entering
- ☐ DUI - Assault*
- ☐ DUI - Homicide*
- ☐ Felony Hit & Run - Assault*
- ☐ Felony Hit & Run - Homicide*
- ☐ Homicide
- ☐ Human Trafficking: Sex/Labor
- ☐ Other
- ☐ Robbery
- ☐ Robbery - Carjacking
- ☐ Sexual Crime - Adult
- ☐ Sexual Crime - Child
- ☐ Stalking
- ☐ Terrorism - Assault
- ☐ Terrorism - Homicide

**Conviction orders are needed for these crimes to be eligible.*

Type of Victimization:

- ☐ Bullying
- ☐ Domestic/Family Violence
- ☐ Elder Abuse
- ☐ Hate Crime
- ☐ Mass Violence

Reporting

SECTION F - REPORTING INFORMATION *Attach a separate sheet if more space is necessary.*

Was the crime reported to proper authorities within 120 hours? ☐ Yes ☐ No

If not, describe the victim's mental, physical, emotional and family situation that impacted reporting.

Date crime was reported	Investigating law enforcement agency	Police Report Number, if known

Is there a permanent protective order for the victim and offender? ☐ Yes ☐ No *(Attach if yes.)*

Injuries

SECTION E - PHYSICAL AND/OR EMOTIONAL INJURIES

If your application is deemed eligible, you must provide proof of a physical injury or proof of emotional injury when the crime is an eligible violent felony. Not all additional expenses are eligible for reimbursement; see instructions and website for additional information.

☐ Physical Injury	Physician's Name	Physician's Addresss
☐ Emotional Injury	Physician's Name	Physician's Addresss

Dependents

SECTION G- DEPENDENTS *Please attach additional dependents and requested information separately.*

Dependent 1	Relationship to Dependent 1	Date of Birth	Social Security No.
Dependent 2	Relationship to Dependent 2	Date of Birth	Social Security No.

Expenses

SECTION H - EXPENSES

Not all expense categories are available; see instructions and website for additional information. Check all that apply.

- ☐ Medical Expenses
- ☐ Grief Counseling
- ☐ Funeral or Burial Expenses
- ☐ Mileage
- ☐ Moving Expenses
- ☐ Crime Scene Clean-Up
- ☐ Prostheses
- ☐ Homicide Loss of Support
- ☐ Home Security
- ☐ Loss of Wages
- ☐ Temporary Lodging
- ☐ Domestic Loss of Support
- ☐ Prescriptions

Providers

SECTION I - MEDICAL PROVIDERS

Please list the name and address of medical providers who gave crime-related treatment. Attach a list of additional providers and attach copies of detailed, itemized billing statements. Sending providers' statements will speed up claims processing times.

Name of Provider 1	Address of Provider 1
Name of Provider 2	Address of Provider 2
Name of Provider 3	Address of Provider 3
Name of Provider 4	Address of Provider 4

Insurance and Collateral Resources

SECTION J - INSURANCE AND COLLATERAL RESOURCES

Are the victim's crime-related expenses covered by health insurance, Medicaid, Medicare or any other collateral resource? ☐ Yes ☐ No

If the victim's crime-related injuries are not covered by insurance, Medicaid or another collateral resource, did they apply for charity care? ☐ Yes ☐ No

If the victim does not have health insurance and sought treatment from a hospital, you must contact your health provider's finance department and apply for charity care assistance. VVF will not make a decision on reimbursing health expenses without a copy of the charity care decision.

Was an automobile involved in the crime? ☐ Yes ☐ No
More information may be needed if the application is accepted.

If you are applying for reimbursement of funeral-related expenses, was the victim covered under any life and/or burial insurance? ☐ Yes ☐ No

Please note that if the funeral bill has been paid or is paid at any time during the VVF claim process, detailed receipts or copies of canceled checks are required to consider reimbursement to anyone other than the funeral home.

Is there (or will there be) a civil suit filed against the offender? ☐ Yes ☐ No

Please list other collateral resources available. (ex: homeowner's and other insurance, disability benefits, sick leave, federal disability, etc.)

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Applicant Responsiblities & Authorizations

Applications are not accepted unless this form is signed by the applicant.

Eligibility
I hereby acknowledge that the Virginia Victims Fund (hereinafter "VVF") will only award compensation if all eligibility requirements are met. Eligibility includes eligible crimes, eligible victims, eligible claimants, eligible expenses, etc.

Documentation
I understand that while VVF will try to obtain documents on my behalf, it is my responsibility to provide all necessary documentation to the Fund within 180 days from the date the application is deemed eligible and failure to do so may result in a denial of my claim.

Awards
- I acknowledge that I am financially responsible for debts incurred because of the underlying crime.
- I understand that VVF is a reimbursement-based program and awards are based on available funding.
- I understand that VVF is a payor of last resort, and I agree to pursue all available collateral resources before seeking an award from VVF.
- I understand that in some cases, VVF may issue an award for my benefit directly to the professional entity to which I owe money because of the crime.
- I understand that any benefits awarded will be reduced by any monies I receive from another source as a result of this crime, including insurance, restitution, and civil suit settlements.

Subrogation
I affirm that I have not received any compensation as a result of this crime. I acknowledge that if I recover any money by legal judgment, settlement, or restitution resulting from this crime, I will be responsible for repaying some or all amounts awarded to me, or on my behalf, by VVF. As such, I hereby agree that in consideration of an award by VVF, I assign, transfer and subrogate all claims, interests and rights of action that I may have against other parties or authorities up to the amount awarded by VVF.

Authorization to Release Records

I authorize any hospital, physician, counselor, funeral director, or other person who attended or examined the victim and any municipal authority, employer or union, insurer, social service bureau, Social Security office, or any other person, firm, agency or organization to furnish to VVF (a division of the Workers' Compensation Commission), or its representatives, any information requested, including tax data and prior police records, required to complete the claim for benefits. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is for the collection of information related only to this claim.

I authorize VVF to disclose all information associated with my claim to the Victim Witness Assistance Program in the locality where the underlying crime occurred, except those documents legally protected from dissemination. Pursuant to Virginia law (including Va. Code §§ 8.01-4.3 and 18.2-434), I declare, verify and attest under penalty of perjury that the foregoing is true and correct, and that I have read and understand my responsibilities and program requirements and limitations.

Applicant's Printed Name	Applicant's Signature	Date

Please note that the Criminal Injuries Compensation Fund (Virginia Victims Fund) is a division of the Virginia Workers' Compensation Commission, which is exempt from HIPAA, and for HIPAA purposes, the Fund is a "payer" to which disclosures may be made without prior authorization.