

# VICTIM / WITNESS ASSISTANCE GUIDE

RIGHTS AND SERVICES AVAILABLE TO  
VICTIMS OF CRIMES IN PENNSYLVANIA



LOWER BURRELL POLICE DEPARTMENT  
2800 BETHEL STREET  
LOWER BURRELL, PENNSYLVANIA 15068  
(724) 339-4287

## NOTES

## **INTRODUCTION**

This Victim/Witness Assistance Guide was designed to ensure that victims/witnesses are informed of their rights and social services available to them. The Lower Burrell Police recognize the importance of treating victims/witnesses with fairness, compassion, and dignity. This guide will enable victims to become more knowledgeable to the laws relating to domestic violence. It also makes reference to the crimes relating to intimidation and retaliation, and the availability of assistance/services, if required, as it pertains to victims/witnesses.

## **CRIME VICTIM'S RESPONSIBILITY**

In order for you to receive information and/or notice on matters concerning your case, you are responsible for the following:

- To provide a valid address and telephone number to the requesting agency and to provide timely notice of any changes in the status of such information.
- To provide any other required information to all agencies responsible for providing information and notice to the victim.
- To submit restitution forms that are truthful and honest and include copies of bills, receipts, and estimates.
- To maintain a neat appearance, proper dress, and appropriate demeanor in court.
- To ALWAYS tell the truth.

The information you provide is confidential and may not be disclosed to any person other than a representative of a law enforcement agency, prosecutor's office, or corrections agency without your prior written consent. The victim's responsibility falls to the parent or legal guardian for the child victims and to a surviving family member in the case of a homicide.

## **ENCLOSED FORMS**

Attached at the end of this Victim/Witness Assistance Guide, you will find four (4) forms that can be used to assist you as the victim of a crime. These forms may or may not apply to your specific situation, and are as follows:

### **ACKNOWLEDGEMENT OF RECEIPT AND CONSENT TO RELEASE INFORMATION**

- Used strictly by the Lower Burrell Police as documentation that you were given this guide detailing your basic rights as a victim of a crime. This remains on file at the police station.

### **STALKING AND INCIDENT LOG**

- Used by the crime victim to document the date, time, location, and police involvement of possible reoccurring incidents in the future related to domestic violence and sexual assault. This form could be helpful to police in the prosecution of an offender.

### **VICTIMS COMPENSATION ASSISTANCE PROGRAM SHORT FORM**

- Used by the crime victim to obtain compensation for expenses that accrue during the legal process after reporting a crime. This form enables you to file a claim where you may be awarded compensation for medical expenses, counseling expenses, loss of earnings, etc.

### **IDENTITY THEFT AFFIDAVIT**

- Used by the IRS to process incidents of identity theft.

## **CRIME VICTIM'S COMPENSATION**

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.

TO BE ELIGIBLE, THE FOLLOWING CONDITIONS APPLY:

- The crime must be reported to the authorities within 72 hours of its occurrence, unless good cause is shown.
- The victim must be willing to cooperate with law enforcement agencies and the courts.
- The claim must be filed within one year from the date of the crime or the death of a victim. The filing time may be extended to two years from such date, provided that good cause is shown.
- In cases of child abuse, filing may be extended to five years after the crime was committed, provided the victim was under 18 years of age at the time of occurrence and if the offender is a parent, a paramour of a parent, or any individual residing in the household, or someone charged with the welfare of the child, e.g., babysitter.
- The victim did not provoke the incident and was not engaged in illegal activity.
- The minimum loss requirements are met.

## **COMPENSATION MIGHT PAY FOR:**

### **CASH LOSS OF BENEFITS**

If Social Security, pension/retirement, disability, veteran's retirement, or court-ordered child/spousal support is the main source of income and the loss occurs through robbery or fraud, you may be compensated for your loss.

### **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.

### **FUNERAL EXPENSES**

If you paid or are liable to pay the funeral bill for a deceased victim you may be compensated for your loss, within certain limits.

### **LOSS OF EARNING OR SUPPORT**

If deprived of earnings as a result of injuries received in a crime incident, you may be paid for such loss provided all requirements are met. If deprived of support due to the death of a victim as a result of a crime incident, you may be eligible for compensation.

### **MEDICAL EXPENSES**

Uninsured medical or other non-reimbursable expenses related to the injury (include some transportation costs, home health care, medication, and eyeglasses, canes, prosthetics devices necessary as a result of a crime.)

## **COMPENSATION WILL NOT PAY FOR:**

- Pain and suffering
- Stolen or damaged property

## **MINIMUM LOSS REQUIREMENTS**

- If under age 60 – A minimum of \$100.00 total qualifying out-of-pocket expenses.

**OR**

- If over age 60 – No minimum out-of-pocket required.

## **MAXIMUM AWARDS**

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

\$15,000 – Loss of Earnings.

\$2,000 – Funeral and Interment (some additional funeral expenses may be considered.)

\$35,000 – Total award allowed.

An emergency award up to \$1,000.

For information concerning special emergency circumstances, please contact the Pennsylvania Commission on Crime and Delinquency at 1-800-233-2339.

To obtain additional claim forms, write or telephone the Pennsylvania Commission on Crime and Delinquency, Bureau of Victim's Services, Victim Compensation Division.

**FILING A CLAIM FORM DOES NOT MEAN  
A CLAIM WILL BE PAID.**

## **VICTIM/WITNESS ASSISTANCE PROGRAMS**

Victim/Witnesses Assistance Programs exist in nearly every county in Pennsylvania. These programs are generally under the direction of the District Attorney's Office. Available services could include assistance with:

- Criminal Justice support & advocacy
- Accompaniment to court proceedings, interviews, & preliminary hearings
- Explanation of the judicial system
- Crisis intervention
- Case information and notification
- Referrals to community agencies
- Preparation for court testimony
- Separate victim/witness waiting room
- Assistance with written and oral victim impact statements
- Assistance with property return
- Assistance with restitution recovery
- Employer/Creditor intervention
- Assistance with harassment/intimidation
- Court tours for victims & witness
- Assistance in filing claims with PCCD's Victims Compensation Program
- Assistance with transportation and child care
- County Release Notification Program
- State sentences: enrollment in the Victim Notification Program
- On-call system for court appearances
- Police training regarding Victims' Rights
- On Scene Crisis Response

For more information about the services available through your local Victim/Witness Assistance Program, please call the Westmoreland County office at (724) 830-3271.

Pursuant to Title 18, Crimes Code, Section 11.212, the notification and accompanying Victims Compensation Program Claim Form provides for the following:

“If you have sustained an injury as a direct result of a crime, including drunk driving, or are legally dependent for support upon a person who has sustained physical injury or death as a direct result of a crime or, in the event of a death caused by a crime you have legally assumed or voluntarily paid the medical burial expenses incurred as a direct result thereof, or if you have sustained a loss of primary source of income, you may qualify for indemnification by the Commonwealth of Pennsylvania for the out-of-pocket wages, other out-of-pocket losses and medical or burial expenses which you have incurred as a result of the crime. Claims must be filed with the Bureau of Victim’s Services for the Commonwealth of Pennsylvania.”

For further information regarding this program, please contact:

**PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY  
BUREAU OF VICTIM’S SERVICES  
VICTIM’S COMPENSATION DIVISION  
Harrisburg, Pennsylvania 17101  
Toll Free in PA 1-800-233-2339**

**-OR-**

**The local victim/witness agencies provided in this guide.**

**IMPORTANT: The statute provides that, absent certain extenuating circumstances, a claimant has one year from the date of the crime to file a claim with the Bureau of Victim’s Services.”**

## PENNSYLVANIA'S VICTIM BILL OF RIGHTS

As a victim of crime in Pennsylvania you have the following rights:

- To receive basic information concerning the services available to assist you
- To be notified of certain significant actions and proceedings within the criminal and juvenile justice systems pertaining to your case, including the arrest, release, and escape of the defendant from police custody, detention center, and correctional facility.
- To be accompanied at all criminal and all juvenile proceedings by a family member, a victim advocate, or another person providing assistance or support.
- In cases involving a personal injury crime or burglary, to submit prior comment to the prosecutor's office or juvenile probation office, as appropriate to your case, on potential reduction or dropping of any charge or changing a plea in a criminal or delinquency proceeding.
- To offer prior comment on the sentencing of a defendant or the disposition of a delinquent child to include the submission of a written and oral victim impact statement for the judge's consideration.
- To be restored, to the extent possible, to the pre-crime economic status through the provision of restitution, compensation through the crime victim's compensation program, and the expeditious return of property which was seized as evidence when it is no longer needed by the prosecutor.
- In personal injury crimes where the offender is sentenced to a state prison, to provide prior comment on and to receive state post sentencing release decisions, to provide prior comment on and to received notice on a recommendation that the offender attend a motivational boot camp, and to be immediately notified if the offender escapes and subsequent apprehension.

## **PENNSYLVANIA'S VICTIM BILL OF RIGHTS (CONTINUED)**

- In personal injury crimes where the offender is sentenced to a local correctional facility, to receive notice of the date of the release of the offender, and to be immediately notified if the offender escapes and subsequent apprehension.
- To receive immediate notice of the release of the offender on bail from a local corrections facility when the offender is subject to a protection from abuse order and violates that order, or commits a personal injury crime against a victim protected by the order.
- To receive notice when an offender is committed to a mental health facility from a state prison and notice of the discharge, transfer, or escape of the offender from the mental health facility.
- To have assistance in the preparation of, submission of, and follow up on financial assistance claims to the Crime Victim's Compensation Program.

## **DOMESTIC VIOLENCE**

Domestic violence is generally a pattern of behavior, not just a one-time occurrence. The abuser acts in such a way as to gain control over a family member or intimate partner. The abuse does not always start off severe, but rather builds up in severity over time. The most common types of abuse are:

- **Physical Abuse:** the abuser pushes, kicks, hits, bites, scratches, or slaps you.
- **Sexual Abuse:** the abuser forces you to have sex, grabs or gropes you, engages in sexual conduct with you without your consent.
- **Emotional Abuse:** the abuser calls you names, insults, threatens, yells or screams at you, stalks you, blames the abuse on you.
- **Economical Abuse:** the abuser destroys your property, ruins your credit, takes and controls your money

## **INFORMATION REGARDING ADDRESS CONFIDENTIALITY PROGRAM**

- The Address Confidentiality Program (ACP) helps victims of domestic violence, sexual assault or stalking keep their new home address safe from their perpetrator after they have left an abusive or dangerous situation. The ACP can be an important part of your overall safety plan after you leave by providing an alternative address to use in certain situations where your address could become a “public record” and found by the perpetrator.
- Applications are obtained from the Hope Center or Blackburn Center
- Mail completed applications to:  
Address Confidentiality Program  
PO Box 2465  
Harrisburg, PA 17104

## **RIGHTS OF DOMESTIC VIOLENCE VICTIMS**

If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61) which could include the following:

- An order restraining the abuser from further acts of abuse.
- An order directing the abuser to leave your house.
- An order preventing the abuser from entering your residence, school, business, or place of employment.
- An order awarding you of the other parent temporary custody of or temporary visitation with your child or children.
- An order directing the abuser to pay support to you and the minor children if the abuser has legal obligation to do so.

## **SEXUAL ASSAULT**

Sexual assault is any form of contact or activity between two people that is sexual in nature where one of the persons involved does not consent to such behavior. Victims of sexual assault can be male or female. As in domestic violence, sexual assaults are motivated by a desire to control another person. Sexual assaults may be classified in several categories. These are the most common types of sexual assault:

- Rape
- Statutory Sexual Assault
- Indecent Assault
- Incest

Note - sexual assault victims will not incur out-of-pocket expenses for forensic medical exams (42 USC § 3796gg)

## **PFA (PROTECTION FROM ABUSE) ORDERS**

A Protection from Abuse (PFA) is a restraining order. In order to petition the Court for a PFA, you must be, or have been, in a relationship with or a family member of the person against whom you want to file. Under the Protection From Abuse Act, abuse is defined as physical abuse, a threat which places you in immediate fear of physical injury, or a pattern of conduct which places you in immediate fear of physical injury. The Protection Order can do the following:

- Prohibit abusive conduct
- Remove the abuser from your residence
- Other provisions which the Judge deems appropriate

## **EMERGENCY AND TEMPORARY PFA'S**

An Emergency Order can be issued by a District Judge after 3:00 p.m. on a business day or when the Court of Common Pleas is closed. An Emergency order is in effect until the end of the next business day of the Court of Common Pleas.

1. You must report to the Court of Common Pleas to have a temporary order issued.
2. A Temporary Order stays in effect until the hearing for the permanent PFA is held. You can report directly to the Court of Common Pleas during business hours to file for a temporary order.

To file for an order you must:

- Complete a petition for a Temporary PFA at the Court Administrator's Office,
- Present the petition to the PFA judge,
- File the PFA petition and Temporary Order in the Prothonotary's Office,
- Take copies of the PFA order to your local Police department and to the County Sheriff department (located in the basement of the Courthouse) for service.

You will be scheduled for a permanent PFA hearing the week following the issuance of the temporary order.

## **WHERE TO APPLY FOR A PFA (WESTMORELAND COUNTY)**

**EMERGENCY PFA's** – Call 9-1-1 or your local police department to set up video conferencing with the on-call District Magistrate between 4:00 pm and 8:30 am, Monday through Friday, and on weekends between 4:00 pm Friday and 8:30 am Monday. This is also available all day on holidays. The Emergency PFA is good until the end of the next business day at 4:00 pm.

**TEMPORARY PFA's** – Applications accepted Monday through Friday, 8:30 am to 12:00 pm and 1:00 pm to 3:00 pm at:

**Westmoreland County Court House  
2 North Main Street  
Room 401  
Greensburg, PA 15601**

Temporary hearings are heard on that day. If a Temporary PFA is granted, a hearing for a Permanent PFA (protection up to 3 years) will be scheduled at that time. The hearing will be in approximately 2 weeks.

**Lower Burrell Magisterial Information**  
Magisterial District Judge Cheryl Yakopec  
46 Town Center Drive  
Leechburg, PA 15656  
(724) 236-0274  
Monday - Friday  
8:30 am - 12:00 pm  
12:30 pm - 4:00 pm

## PA SAVIN

Pennsylvania Victim's Notification Service

1-866-9PA-SAVIN

(1-866-972-7284)

[www.pacrimevictims.com](http://www.pacrimevictims.com)

PA SAVIN provides access to information and makes notifications about the custody status of offenders in county jails, state prisons, or on state parole. This service is free and confidential for crime victims, their families, and others assisting the victims by providing their support.

PA SAVIN is an automated system that by registering, a crime victim can be notified by either phone or email of the custody status of an offender if it should change.

- If registering by phone, you will be asked to create a four digit personal identification number (PIN) to confirm the call was received. After listening to the message from PA SAVIN, by entering your PIN, it verifies that you received the information and they will not call again.

You will be notified if the offender:

- Is released
- Is transferred to another location
- Escapes
- Dies
- **Advisement** – a person who was arrested may be released on bond or some other form of release and the victim should not rely upon an arrest as a guarantee of safety.

## IDENTITY THEFT

Here are some tips if you are a victim of identity theft:

- File a complaint with the Federal Trade Commission at [identitytheft.gov](http://identitytheft.gov) or by calling 1-877-438-4338.
- File a report with the local police.
- Report the incident to the Pennsylvania Attorney General's Bureau of Consumer Protection by calling 1-800-441-2555.
- File an Identity Theft Affidavit (Form 14039) with the Internal Revenue Service.
- Contact the fraud departments of the three major credit bureaus:
  - Equifax: [www.equifax.com](http://www.equifax.com), 1-800-525-6285
  - Experian: [www.experian.com](http://www.experian.com), 1-888-397-3742
  - TransUnion: [www.transunion.com](http://www.transunion.com), 1-800-680-7289
- If you believe you may be a victim of identity theft or discover a fraudulent PA personal income tax return was filed using your identity, please contact the Fraud Investigation Unit at 717-772-9297 or [RA-RVPITFRAUD@pa.gov](mailto:RA-RVPITFRAUD@pa.gov) for assistance.
- Close any accounts that have been tampered with or opened fraudulently

## **INFORMATION REGARDING VISA APPLICATIONS (U&T VISAS)**

- “U” Visas are available to provide temporary immigration benefits to aliens who are victims of qualifying criminal activity, and to their qualifying family members, as appropriate
- “T” Visas are available to provide temporary immigration benefits to aliens who are victims of severe forms of trafficking in persons, and to their immediate family members, as appropriate.
- Both U & T Visa application forms are available from the U.S. Citizenship and Immigration Services website
  
- Completed forms are to be mailed to:

Vermont Service Center  
75 Lower Weldon St.  
St. Albans, VT 05479-0001

## **CONTACT INFORMATION**

### **VICTIM/WITNESS ASSISTANCE**

Westmoreland County Victim/Witness Services  
2 North Main Street, Suite 206  
Greensburg, PA 15601  
Phone: 724-830-3272  
Fax: 724-830-3065  
Email: [VW@co.westmoreland.pa.us](mailto:VW@co.westmoreland.pa.us)

### **DOMESTIC VIOLENCE and SEXUAL ASSAULT**

Alle-Kiski Area Hope Center  
Located in the Alle-Kiski Area  
24 hour hotline: 724-339-4673  
1-888-299-4673 (toll free)

Blackburn Center Against Domestic Violence  
Located in Greensburg  
24 hour hotline: 724-836-1122  
1-888-832-2272 (toll free)

Pennsylvania Coalition Against Domestic Violence  
(PCADV)  
Phone: 1-800-932-4632

Pennsylvania Coalition Against Rape  
(PCAR)  
Phone: 1-800-692-7445  
1-800-772-7227 (Local Resources)

## CONTACT INFORMATION (CONTINUED)

### MADD-DUI

Mothers Against Drunk Driving

Phone: 610-825-4902

Fax: 610-825-4903

Email: [pa.state@madd.org](mailto:pa.state@madd.org)

### CHILD ABUSE

Children's Bureau

Phone: 724-830-3300

Childline Child Abuse Hotline

Phone: 1-800-932-0313

### ELDER ABUSE

PA Elder Abuse Hotline

Phone: 1-800-490-8505

For a complete list of victim service programs available in Pennsylvania, please visit: [www.pacrimevictims.com](http://www.pacrimevictims.com). For additional information or assistance please contact:

### CRIME VICTIM LIASION OFFICER

*Pt/m. Wyatt Helmbreck, #50*

City of Lower Burrell Police Department

2800 Bethel Street

Lower Burrell, PA 15068

[whelmbreck@lbpolice.org](mailto:whelmbreck@lbpolice.org)

(724) 339-4287 ex. 259

Incident # \_\_\_\_\_



**Mailing Address:**

P.O. Box 1167  
Harrisburg, PA 17108-1167

**Street Address:**

3101 North Front Street  
Harrisburg, PA 17110

**Phone and Fax Numbers:**

(800) 233-2339  
(717) 783-5153  
(717) 787-4306 (FAX)

**Website: [www.pacrimevictims.com](http://www.pacrimevictims.com)**

**You may either complete and mail this form to the address listed above  
or file online at <https://www.dave.state.pa.us/daveprod>.**

## **Victims Compensation Assistance Program Short Form**

*Please read the following before completing this form.*

**You may be eligible for compensation if:**

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days OR a Protection From Abuse order was filed within 3 days of the crime.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim.
- The claim is filed within 2 years after the discovery of the crime (there are exceptions when the victim is a child).
- You have paid or owe at least \$100 of any combination of the expenses listed below. If you are age 60 or over, there is no minimum loss requirement.

**You may be awarded compensation for:**

- Medical Expenses
- Counseling Expenses
- Loss of Earnings
- Loss of Support
- Relocation Expenses
- Funeral Expenses
- Crime-Scene Cleanup
- Transportation Expenses
- Childcare
- Home Healthcare Expenses
- Stolen Cash (If your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability or Court-Ordered Child/Spousal Support.)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

**The Program does not cover:**

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

# Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

**IMPORTANT NOTE:** You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

## General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate address and a safe phone number where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement** and the **Authorization to Obtain Information** sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

**Please Note: It is important that you inform the Program if you change your address or phone number. To process your claim, we must be able to contact you.**

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

***We will make every effort to process your claim as quickly and efficiently as possible.***

Date claim mailed \_\_\_\_\_ (keep this page for your information.)

# Victims Compensation Assistance Program Short Form

(For Official Use Only) Claim # \_\_\_\_\_

Please complete this entire section of the form. To process your claim, we must be able to contact you.

## Victim Information

Male  Female

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Safe Daytime Phone \_\_\_\_\_ Other Safe Phone \_\_\_\_\_

## Claimant Information

If victim is the claimant, write "SAME." If someone other than victim is filing, complete the entire section.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Safe Daytime Phone \_\_\_\_\_ Other Safe Phone \_\_\_\_\_  
 Male  Female Relationship to Victim \_\_\_\_\_

## Crime Information

Date of Crime \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Police \_\_\_\_/\_\_\_\_/\_\_\_\_ or Date PFA filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Was this a crime of domestic violence?  yes  no Did the crime involve a motor vehicle?  yes  no  
Did the crime occur at work?  yes  no  
Location of crime (street name and number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Police Department \_\_\_\_\_ Police Incident # \_\_\_\_\_  
Person(s) who committed the crime \_\_\_\_\_  
Briefly describe crime and injuries: \_\_\_\_\_  
\_\_\_\_\_

Please complete the section(s) for the benefit(s) you are applying for and provide as much of the requested information that you can at this time. The Program may request additional information once the claim is received.

### Benefit: Medical/Counseling Expenses

Did you incur medical expenses?  yes  no  
Did you incur counseling expenses?  yes  no  
*Provide itemized medical or counseling bills.*  
Do you have insurance to cover your medical/counseling expenses?  yes  no  
If **yes**, provide insurance benefit statements showing payment or rejection of payment for these bills.

### Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses?  yes  no  
Did you receive any monies due to the death? (Veteran's benefits, life insurance, Social Security)  yes  no  
Were you or others financially dependent on the deceased victim?  yes  no  
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

### Benefit: Loss of Earnings

Did you miss work and lose pay?  yes  no  
Dates you missed work \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer's name, address, and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Doctor's name, address, and phone number who can verify you missed work because of the crime:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Benefit: Stolen Cash

Did you have money stolen from you?  yes  no  
Amount of money stolen \$ \_\_\_\_\_  
One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.  
 Social Security Benefit  Retirement/Pension(s)  
 Disability  Court-Ordered Child/Spousal Support  
Provide a copy of your monthly benefit statement for the month and year of the crime.  
Do you have homeowner's/renter's insurance?  yes  no  
If **yes**, provide a copy of your insurance declaration page.  
Are you required to file IRS tax returns?  yes  no  
If **yes**, provide a copy of your most recent tax returns.

## Victims Compensation Assistance Program Short Form

### Acknowledgement and Reimbursement Agreement

*The Acknowledgement and Reimbursement Agreement must be signed before the claim verification process will begin.*

My signature below signifies I understand each of the following statements or points of law:

The decision to approve my claim is that of the Program's. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may file for reimbursement for additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program or maintain a valid address with the Program. If I were to make a false claim, it would be a criminal offense punishable as a misdemeanor under Section 11.1303 of the Crime Victims Act. If I were to make a false statement in this claim form with the intent to mislead the Program, it would be a criminal offense punishable as a misdemeanor under 18 Pa. C.S. 4904.

I understand that the Crime Victims Compensation Fund is the payer of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender, any other person or source, which compensates me for the injury I suffered, including any award for pain and suffering. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund to the Program all sums of money paid by the Program.

X \_\_\_\_\_

Claimant's Signature

Date

### Authorization to Obtain Information

*This Authorization to Obtain Information must be signed before the claim verification process will begin.*

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 USC § 1320d et seq.) any hospital, physician, health care provider or other person who attended or examined (print name of victim) \_\_\_\_\_; any funeral director or other person who rendered related services; any employer of the victim or claimant; any police or governmental agency, including state or federal taxing authorities; any insurance company; or any organization having relevant knowledge, to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original.

X \_\_\_\_\_

Claimant's Signature

Date

### Representation by Others

Are you represented in this matter by an attorney:

In filing this compensation claim?  yes  no      In a civil lawsuit?  yes  no      In an insurance action?  yes  no

### Referral

Who referred you to the compensation program?  Hospital  Prosecutor  Poster/Brochure  
 Police  Victim Service Program  Other (Identify) \_\_\_\_\_

### Victim Service Program Information

For assistance in filing your claim, please call the agency listed here.

If no agency is listed, please call (800) 233-2339 for assistance.

### Victim Statistical Information

The following information is used for statistical purposes only. This section is strictly voluntary.

Race:

White  Black  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islander  Other

Country of Birth \_\_\_\_\_

Do you have a disability?

Yes  No      If yes, nature of disability:  Physical  Mental  Developmental Disability

### Mailing Address:

P.O. Box 1167, Harrisburg, PA 17108-1167

### Street Address:

3101 North Front Street, Harrisburg, PA 17110

Phone and Fax Numbers: (800) 233-2339 (717) 783-5153 (717) 787-4306 (FAX)





**ACKNOWLEDGEMENT OF RECEIPT  
AND CONSENT TO RELEASE INFORMATION**

I acknowledge that I have received a copy of the Victim/Witness Assistance Guide concerning information on the basic services available for victims of crime. This packet also includes a copy of the Victims Compensation Application Claim Form which enables me to apply for crime victims compensation.

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Victim's Name (Print)

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Street Address

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City

State

Zip Code

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Telephone Number

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Victim's Signature

I have been informed and received a copy of my rights under Act 10 of 1986. I am able to understand the English/Spanish language.

I refuse any medical aid.

I request transport to the nearest medical facility.

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Officer's Signature

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Date

Time

Witness