

INSTRUCTIONS FOR COMPLETING THE CRIME VICTIMS COMPENSATION APPLICATION

Office of the Attorney General Lisa Madigan • 100 West Randolph Street • Chicago, Illinois 60601

General Instructions

For assistance at any time, please call toll-free 1-800-228-3368 or 312-814-2581.

An electronic version of the application may be found at www.illinoisattorneygeneral.gov.

APPLICATION MUST BE FILED WITHIN TWO YEARS FROM THE CRIME DATE.

- Please complete all applicable sections and attach any available bills and documents.
- Once the application is filed, you will be provided with additional forms necessary to acquire complete and accurate records of medical and other expenses.
- If the application does not provide sufficient space, please attach additional sheets.
- This application must be signed by the victim or the victim's parent or legal guardian if the victim is a minor or under a legal disability. In the event of the victim's death, the application is to be signed by the survivor or authorized administrator of the victim's estate.
- If your address changes after you file this application, please notify the Attorney General's Office as soon as possible.

Section I. – CLAIMANT AND VICTIM INFORMATION

- The claimant is the individual seeking compensation and may also be the victim. Please provide the claimant's information followed by the victim's information, if not the same person. It is not mandatory to provide a social security number, however, it may be difficult to verify employment or other information without it.
- The statistical information is voluntary, but useful for record-keeping.
- Please indicate how you learned about the Crime Victims Compensation program.

Section II. – CRIME INFORMATION

- Please provide the date of the crime, the date it was reported to law enforcement, the police report number, the location where the crime happened and the law enforcement agency to which the report was made.
- Briefly describe the crime.
- If the offender's identity is known, please provide the name, followed by arrest and charging information, if available.

Section III. – MEDICAL INFORMATION AND BENEFITS

- If medical and/or counseling expenses have been or will be incurred, please briefly describe the injury or condition and list all hospitals, physicians, counselors or other medical providers that have cared for the victim.
- Please indicate whether more expenses are anticipated.
- The two charts that appear in the medical information and benefits section indicate what other sources of payment may be available to pay medical expenses and/or disability or sick benefits directly to the victim. Please fill both out as completely as possible.
- Use the space provided to list any other sources of payment not included in either chart.

Section IV. – FUNERAL AND BURIAL INFORMATION AND DEATH BENEFITS

- Section A. - If funeral and burial expenses are being submitted, please fill this section out completely.
- Section B. - Please use this chart to show any known or anticipated life or accident insurance benefits that might be payable upon the victim's death
- Section C. - If the deceased victim provided financial support to dependants, please fill out this section, including the chart to list each dependant.

Section V. – EMPLOYMENT INFORMATION

- If the victim was employed during the six months prior to the crime and was unable to work for any period of time because of the crime, please use this section to so indicate.
- Use the chart to list all employment during the six months prior to the crime.
- Please answer the questions pertaining to lost time and benefits received by the victim.
- Please provide the date upon which the victim returned to work, if applicable.

Section VI. – TUITION

- If the victim was enrolled as a full-time student in a school, college or university and had paid tuition, but was unable to complete the term due to the crime, please fill out this section.
- Indicate the semesters or terms during which the victim could not attend class and provide the amount of tuition lost.

Section VII. – SUBROGATION RIGHTS

- The Illinois Crime Victims Compensation Act, 740 ILCS 45/17 requires applicants to subrogate their rights to collect damages from the offender or other liable parties to the State of Illinois. This means that if the offender or some other party is ordered by a

court to pay the crime victim restitution or damages, the victim must return to the State the money paid on his or her behalf by Crime Victims Compensation.

- Please indicate whether any law suits are pending and provide the case number and county of the action.
- If the offender has been ordered to pay restitution, please provide that information.

Section VIII. – CERTIFICATION AND RELEASES

- Please read the Certification of Application, in which you certify that the information you have given in the application is true and accurate, under penalties of perjury. Make sure that you have provided the most complete and accurate information possible before you sign.
- The Release of Information authorizes the Attorney General's Office to request medical, financial and other necessary information in order to process your claim. The Attorney General's Office will request only what is strictly necessary to investigate the claim.
- The Acknowledgment of Subrogation indicates that you have read, understand and agree to subrogate your rights to recovery as described in Section VII., above.
- After carefully reading all of the above, please sign and date.
- If an attorney is representing you, please provide the attorney's name, address, telephone number and ARDC number.

NOTE: Please provide the Attorney General's Office with alternative contact information. If the investigators working on your claim are unable to reach you, your claim may not be recommended for payment. It is helpful to have another means of reaching you in order to avoid that result.