



THE COMMONWEALTH OF MASSACHUSETTS
 OFFICE OF THE ATTORNEY GENERAL
 VICTIM COMPENSATION & ASSISTANCE DIVISION
 ONE ASHBURTON PLACE
 BOSTON, MASSACHUSETTS 02108

For AGO use only
 VC#:

MAURA HEALEY
 ATTORNEY GENERAL

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**Massachusetts Crime Victims Compensation Application:
 Boston Marathon Bombing 4/15/2013**

The Victim of Violent Crime Compensation Assistance fund is available to help pay crime related expenses incurred as a result of a violent crime occurring in Massachusetts. Please note that you do not have to be a resident of Massachusetts to apply to our program nor do you need to be seeking assistance only for services in Massachusetts. Please see the back of this application for further details.

Please complete this application and mail it to the address above, or send by fax to the Victim Compensation & Assistance Division of the Office of Attorney General Maura Healey at (617) 742-6262. For additional information see reverse side of this application or call the Victim Compensation & Assistance Division at (617) 727-2200, ext. 2160.

I. VICTIM INFORMATION

Victim's name: _____ Date of birth: ____/____/____ Gender: _____
First Middle Initial Last Month/Day/Year

Mailing address: _____ Home phone: (____) _____

City/State: _____ Zip: _____ Cell phone: (____) _____

Email address: _____

Date of incident: ____/____/____ Location at the time of the incident: _____
Month/Day/Year

II. APPLICANT INFORMATION *If victim is applicant, write "same." If under 18, application must be completed by parent/guardian.*

Applicant's name: _____ Date of birth: ____/____/____ Gender: _____
First Middle Initial Last Month/Day/Year

Mailing address: _____ Home phone: (____) _____

City/State: _____ Zip: _____ Cell phone: (____) _____

Email address: _____

Relationship to victim: _____

If filing on behalf of minor dependent(s) of homicide victim, relationship to minor dependent(s): _____

III. OPTIONAL INFORMATION

If you have been assisted by a victim services or community advocate, please provide their contact information:

 Otherwise, who referred you to Victim Compensation? _____

IV. CERTIFICATION

I give permission to any hospital, medical facility, doctor, person or agency, including state and federal agencies, to give information to the Victim Compensation and Assistance Division. I understand that the information will be used to determine my claim for victim compensation benefits. I do not authorize the use or release of this information to any person or entity for any other purpose whatsoever. A photocopy of this signed release is as valid as the original. This authorization shall expire upon final determination of all requirements under M.G.L. c. 258C and 940 CMR 14.00. If an award is made, I authorize the Division to make payments directly to the provider of services if I fail to respond within 3 months of the date on the Notice of Award.

I certify, under the pains and penalties of perjury, that all information and supporting documentation contained in this application is true and accurate to the best of my knowledge and belief.

Applicant signature: _____ Date: _____

Parent or guardian if victim is a minor.

Compensation for Victims of Violent Crimes

Important Information

The Attorney General's Victim Compensation and Assistance Division is authorized to oversee the Commonwealth's Victim Compensation Fund and administer the provisions of Massachusetts General Law chapter 258C. The fund is available to assist you by paying for your uninsured crime related expenses or those eligible expenses not covered by your insurance. Victim Compensation staff are also available to provide you with additional information regarding referrals to other services and resources, including law enforcement agencies that are available to assist you.

What are the requirements?

- The crime must take place in Massachusetts
- The claim for compensation must be filed with the Division within three (3) years of the date of the crime

Who is eligible to apply?

- Any victim of a violent crime that occurs in Massachusetts
- The parent or guardian of a minor victim of a violent crime that occurs in Massachusetts
- Dependents and family members of homicide victims

What costs are covered?

- Physician and hospital expenses related to the incident
- Medical supplies, prescriptions, dental care, counseling, security measures, replacement bedding and clothing, lost wages, replacement homemaker services may also be available
- Funeral/burial expenses, ancillary burial expenses and grief counseling

How do I apply?

- Thoroughly complete and sign the one-page application found on the reverse side and submit it to the Division.
- Attach copies of bills or receipts, if they are available to you
- You may return this form by mail or fax
- Victim Compensation staff will contact you to confirm the status of your claim and offer you assistance.

Victim Compensation and Assistance Division
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