If you are a crime victim, you have certain rights under Massachusetts Law, and you are eligible for certain services.

For further information about victim rights and victim services, contact the victim witness program in your local District Attorney’s office or one of the statewide agencies listed below.

**District Attorney Victim Witness Programs**

- Berkshire County  (413) 443-5951
- Bristol County  (508) 997-0711
- Cape and Islands  (508) 362-8113
- Essex County  (978) 745-6610
- Franklin County  (413) 774-3186
- Hampden County  (413) 747-1000
- Hampshire County  (413) 586-9225
- Middlesex County  (781) 897-8300
- Norfolk County  (781) 830-4800
- Plymouth County  (508) 584-8120
- Suffolk County  (617) 619-4000
- Worcester County  (508) 755-8601

**Statewide Victim Assistance Programs**

- Massachusetts Office for Victim Assistance  (617) 586-1340 • www.mass.gov/mova
- Massachusetts Department of Corrections  (866) 684-2846 • www.mass.gov/doc
- Department of Criminal Justice Information  (617) 660-4690 • www.mass.gov/cjis
- Massachusetts Department of Youth Services  (617) 960-3290 • www.mass.gov/dys
- Massachusetts Parole Board  (508) 650-4500 • www.mass.gov/parole
- Sex Offender Registry Board  (978) 740-6440 • www.mass.gov/sorb
- United States Attorney’s Office  (617) 748-3100 • www.justice.gov/usao/ma

**Financial Assistance for Victims of Crime in the Commonwealth of Massachusetts**

**Office of Attorney General**

Victim Compensation & Assistance Division

One Ashburton Place
Boston, MA 02108
(617) 727-2200 ext. 2160
(617) 727-4765 TTY
(617) 742-6262 Fax
www.mass.gov/ago/vcomp

Rev. 09/2015
A Message from the Massachusetts Attorney General

Violent crime impacts every aspect of a person’s life. The resulting physical and psychological injuries can affect a person’s ability to work, go to school, and meet their own individual goals and aspirations.

Often victims may require treatment to address the injuries caused by the violent acts of another. The monetary expenses incurred – after losing a loved one, for medical and dental care, for psychological assistance, and by injuries resulting in a disability to work – should not serve to further victimize those who are affected by violent crime.

The Massachusetts Attorney General’s Office is committed to empowering crime victims and providing them with the tools and support they need to begin the healing process. Our Victim Compensation and Assistance Division is one resource that works diligently to make this happen. We are able to provide financial assistance to eligible victims of violent crime for uninsured medical and dental care, mental health counseling, funeral and burial costs, and income lost due to the inability to work. Victims of crimes that occurred on or after July 1, 2013, may, in addition, be eligible to receive financial assistance relating to compensable expenses.

Our division uses funds primarily obtained from perpetrators, and can assist with expenses up to a maximum of $25,000 per crime. My experienced staff will assist you in understanding your rights as a crime victim, determining what expenses may be eligible for compensation, and assessing what other resources are available to assist you.

If you or a loved one has been the victim of violent crime, please take some time to read this brochure and contact our Victim Compensation and Assistance Division staff for further assistance.

Who is Eligible?

- Victims of violent crime occurring in Massachusetts
- Dependents and family members of homicide victims
- Any person responsible for the funeral expenses of a homicide victim

What Are the Requirements?

- The crime must have been reported to police within five days unless there is good cause for delay.
- You must cooperate with law enforcement officials in the investigation and prosecution of the crime unless there is a reasonable excuse not to cooperate.
- You must apply for compensation within three years of the crime. Victims under the age of 18 at the time of the crime may apply until age 21, or later in certain limited circumstances.

Which Expenses Are Covered?

To the extent insurance or other funds do not cover your crime-related expenses, you may be reimbursed for:

- Medical and dental expenses (including equipment, supplies and medications)
- Counseling expenses (for victims, for family members of homicide victims, and for children who witness violence against a family member)
- Funeral/burial costs (limits apply)
- Lost wages (for victims only)
- Loss of financial support (for dependents of homicide victims)
- Homemaker expenses
- Ancillary funeral/burial
- Replacement bedding/clothing
- Crime scene cleanup
- Forensic Sexual Assault Exam
- Security measures
- Counseling for non-offending parents of a child victim

Expenses not covered: property losses, compensation for pain and suffering, and all other losses

How Do I Apply?

- Complete the application and return it to the Victim Compensation and Assistance Division for verification. In general, you will receive a decision four to six months later. It is important to keep proof of payments made (invoices, receipts or statements) for expenses you wish to claim.
- Your claim can be reopened for future expenses so long as you have not reached the statutory cap.
APPLICATION FOR CRIME VICTIM COMPENSATION
Please print legibly and fill out both sides.

For AGO use only:
VC#

ACKNOWLEDGEMENT AND INFORMATION RELEASE

I understand that the Victim Compensation Fund is a fund of last resort. I agree to inform the Division of any funds I receive from any source for losses for which I have requested compensation, and agree to promptly reimburse the Commonwealth for any such funds awarded to me or on my behalf. 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 give permission to any hospital, medical facility, doctor, mental health provider, insurance company, employer, 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. 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.

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: __________________

Prepared by ___________________________ on behalf of ___________________________

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Prepared by ___________________________ on behalf of ___________________________

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Applicant signature: ___________________________ Date: __________________

Prepared by ___________________________ on behalf of ___________________________
III. **CRIME INFORMATION**

*Type of crime:*

- [ ] Arson
- [ ] Assault
- [ ] Burglary
- [ ] Child Physical Abuse/Neglect
- [ ] Child Pornography
- [ ] Child Sexual Abuse
- [ ] DUI/DWI
- [ ] Homicide
- [ ] Human Trafficking
- [ ] Kidnapping
- [ ] Other Vehicular Crimes
- [ ] Robbery
- [ ] Sexual assault
- [ ] Stalking
- [ ] Terrorism
- [ ] Other: ___________

Exact location of crime: ____________________________

City/State: ____________________________

Date of crime: ______ / ______ / ______

Date crime was reported: ______ / ______ / ______

If not reported within 5 days, please explain why in an attached statement.

Name of police department: ____________________________

Investigating officer: ____________________________

Name(s) of person(s) who committed crime (if known): ____________________________

If you have been assisted by a victim advocate in the court/district attorney’s office, provide the name and telephone number of advocate: ____________________________

If no police report is attached, briefly describe the crime and any injuries which resulted on a separate piece of paper.

IV. **VICTIMIZATION INFORMATION**

Indicate whether one (1) or more of the following is related to the selected crime type(s):

- [ ] Bullying
- [ ] Domestic and Family Violence
- [ ] Elder Abuse/Neglect
- [ ] Hate Crime
- [ ] Mass Violence

V. **EXPENSES**

Check types of expenses for which you seek compensation.

- [ ] Medical services*
- [ ] Medical supplies/pharmacy*
- [ ] Dental services*
- [ ] Replacement homemaker services*
- [ ] Ancillary funeral/burial expenses*
- [ ] Replacement bedding/clothing*

*Attach copies of bills and/or receipts.

- [ ] Lost wages (for victim only)
- [ ] Loss of financial support (for dependents of homicide victims)
- [ ] Funeral/burial* †
- [ ] Crime scene cleanup*
- [ ] Forensic Sexual Assault Exam associated expenses*
- [ ] Counseling for victim*
- [ ] Counseling for family members of homicide victim*
- [ ] Counseling for children who witness violence against a family member*
- [ ] Security Measures*
- [ ] Counseling for non-offending parents of a child victim*

† Name of funeral home: ____________________________

Address: ____________________________ Phone: (____)

VI. **LOST INCOME**

Complete if seeking lost wages or loss of support.

Victim's employer: ____________________________ Contact person: ____________________________

Mailing address: ____________________________ Phone: (____)

City/State: ____________________________ Zip: __________

If victim has or will return to work, estimated period of disability: ____________________________

If requesting financial support for dependent(s) of a homicide victim, provide the following information:

<table>
<thead>
<tr>
<th>Name(s) of dependent(s)</th>
<th>Date of birth</th>
<th>SSN</th>
<th>Relationship to victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td></td>
<td>XXX - XX -</td>
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<tr>
<td>______________________</td>
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<td>______________________</td>
<td></td>
<td>XXX - XX -</td>
<td></td>
</tr>
</tbody>
</table>

Rev. 09/2015
VII. OTHER SOURCES OF FINANCIAL ASSISTANCE  Check all potential sources of full or partial payment of expenses.

- Health insurance
- Hospital-based “free care”
- Workers’ compensation
- Life/accident insurance
- Unemployment benefits
- Restitution
- Automobile insurance
- Disability benefits
- Public benefits (welfare, Medicare, Medicaid, SSDI)
- Other (specify): ________________________________

Name of applicable insurance companies: ________________________________

Address: ________________________________ Phone: (___) _____________ Policy No.: _____________

Have you filed or do you intend to file a civil lawsuit?  Yes: _____  No: _____  Not sure: _____

If yes, attorney’s name: ________________________________ Phone: (___) _____________

Address: ________________________________ City/State: __________________ Zip: _____

VIII. OPTIONAL INFORMATION  For statistical purposes only.

Race/ethnicity of victim:

- American Indian/ Alaska Native
- Hispanic/Latino
- Some Other Race
- Asian
- Native Hawaiian and Other Pacific Islander
- Multiple Races
- Black/African-American
- White Non-Latino/Caucasian
- I decline to answer this question

Who referred you to Victim Compensation? ________________________________

Return completed application to:

Office of Attorney General, Victim Compensation & Assistance Division
One Ashburton Place, Boston, MA 02108

Phone: (617) 727-2200 ext. 2160  Fax: (617) 742-6262  TTY: (617) 727-4765
Email: VCCorrespondence@state.ma.us