

RESOURCES

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

VICTIM COMPENSATION

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

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: _____
Parent or guardian if victim is a minor.

Prepared by _____ on behalf of _____

I. VICTIM INFORMATION

Victim's name: _____ Gender: _____
First Middle Initial Last

Mailing address: _____ Home phone: (____) _____

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

Email address: _____

Date of birth: ____/____/____ Age at time of incident: _____ SSN: XXX - XX - _____
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: _____ Gender: _____
First Middle Initial Last

Mailing address: _____ Home phone: (____) _____

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

Email address: _____

Date of birth: ____/____/____ Relationship to victim: _____ SSN: XXX - XX - _____
Month Day Year

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

Has the victim, or applicant on behalf of the victim, filed for crime victim compensation before? ___ Yes ___ No

If yes, please list the month and year when filed. ____/____

III. CRIME INFORMATION *Type of crime:*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Child Pornography | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Other Vehicular Crimes | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Child Physical Abuse/Neglect | <input type="checkbox"/> Homicide | <input type="checkbox"/> Robbery | <input type="checkbox"/> 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.*
Month Day Year Month Day Year

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.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical services* | <input type="checkbox"/> Lost wages (<i>for victim only</i>) | <input type="checkbox"/> Counseling for victim* |
| <input type="checkbox"/> Medical supplies/pharmacy* | <input type="checkbox"/> Loss of financial support
(<i>for dependents of homicide victims</i>) | <input type="checkbox"/> Counseling for family members of
homicide victim* |
| <input type="checkbox"/> Dental services* | <input type="checkbox"/> Funeral/burial* † | <input type="checkbox"/> Counseling for children who witness
violence against a family member* |
| <input type="checkbox"/> Replacement homemaker services* | <input type="checkbox"/> Crime scene cleanup* | <input type="checkbox"/> Security Measures* |
| <input type="checkbox"/> Ancillary funeral/burial expenses* | <input type="checkbox"/> Forensic Sexual Assault Exam associated
expenses* | <input type="checkbox"/> Counseling for non-offending
parents of a child victim* |
| <input type="checkbox"/> Replacement bedding/clothing* | | |

*Attach copies of bills and/or receipts.

† 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:

Name(s) of dependent(s)	Date of birth	SSN	Relationship to victim
_____	____/____/____	XXX - XX - _____	_____
_____	____/____/____	XXX - XX - _____	_____
_____	____/____/____	XXX - XX - _____	_____

VII. OTHER SOURCES OF FINANCIAL ASSISTANCE *Check all potential sources of full or partial payment of expenses.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Hospital-based "free care" | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Life/accident insurance | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Automobile insurance | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Public benefits (welfare, Medicare, Medicaid, SSDI) |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | | |

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> White Non-Latino/Caucasian | <input type="checkbox"/> 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