

Dear Applicant:

Attached is an Application for Compensation from the Crime Victims Compensation Program. If you need help filling out the Application, please contact your victim/witness coordinator or call the telephone number at the bottom of this page.

YOU MUST COMPLETE ALL FOUR (4) PAGES OF THE APPLICATION. FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION.

In order to be considered eligible for benefits the following criteria must be met:

1. The crime must have occurred on or after July 1, 1986.
2. The crime must have **occurred in the State of Idaho or to an Idaho Resident in another state** whose application has been denied by that state's victim compensation program (the Idaho Application must be accompanied by a denial from the state's victim compensation program in which the crime occurred). If the crime is an act of terrorism (as defined by Federal law) it must have been committed outside the United States against an Idaho Resident after July 1, 1997.
3. If, at the time of the crime, the victim was 18 years of age or older and the crime was not reported within 72 hours of its occurrence, you **must** attach an explanation regarding the delay in reporting the crime.
4. If, at the time of the crime, the victim was 18 years of age or older and the Application for Compensation was not filed within one year of the date of the crime, you **must** attach an explanation regarding the delay in filing the Application.

When filling out the Application the following instructions apply:

1. **COMPLETE ONE APPLICATION FOR EACH VICTIM.**
2. **IN SECTION 4 BE SPECIFIC** regarding date of crime, location of crime, law enforcement agency where crime was reported (example: McCall Police Department, Valley County Sheriff Office, Idaho State Police), and a description of the crime. **(Responses such as "see police report, call police department or I don't know" are not acceptable)**
3. **IN SECTION 6 BE SPECIFIC** regarding other benefits available to assist with payment for your injuries. If you have insurance you must provide the name, address, telephone number and policy number. If you have Medicaid you must provide the Medicaid number.
4. **IN SECTION 7 BE SPECIFIC** regarding the names and addresses of treatment providers. (Correct example: John Jones MD, 4125 Smith St., Idaho Falls, ID 83401)
5. **SIGN SECTIONS 8, 9 AND 10 ON PAGE 4.** If you do not sign all three sections the Application must be returned to you.

SEND COMPLETED APPLICATION TO:

**CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 83720
BOISE ID 83720-0041**

If you have any questions call (208) 334-6080 (Boise area) or 1-800-950-2110 (outside Boise)
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