



# Claim Application and Instructions

Crime Victim Compensation Program  
21st Judicial District - Mesa County, Colorado

If you or a loved one has been victimized by a violent crime, the Crime Victim Compensation (CVC) Program may be able to help. For your convenience, below are the most frequently asked questions about the CVC Program and instructions on completing the application. However, we urge you to visit our website for more information at <https://www.mesacounty.us/departments-and-services/district-attorney/crime-victim-compensation-program>.

## Who can use this application?

Anyone can use this application. Applying will not affect your immigration status or chances of becoming a permanent resident or citizen.

If you need help in a language other than English, contact us and tell us what language you need. *Llámenos o envíenos un correo electrónico para obtener ayuda o para obtener una copia de este formulario en español.*

Phone 📞: 970-244-1730

Email ✉️: [victims.comp@mesacounty.us](mailto:victims.comp@mesacounty.us)

If you are hearing impaired, blind, or speech-disabled, you can access relay services by dialing 711.

## Who can get help from CVC?

You may be eligible for CVC assistance if:

- You or your family are the victim(s) of a crime that happened in Mesa County, Colorado; or
- You or your family live in Mesa County, Colorado, and are hurt because of a crime that happened in a state or country that does not have a CVC program.
- The crime happened on or after July 1, 1982.
- You cooperated with the police and prosecution.
- You or your family were physically or emotionally injured or died as a result of the crime.
- You had damage to the outside locks, windows, or doors of your home as a result of the crime.
- You or your family did not contribute to the injuries, provoke the incident, and were not hurt or killed because they were doing something wrong.

## What crimes are covered?

The crimes covered include but are not limited to, assault, homicide, sexual assault, kidnapping, stalking, careless driving resulting in injury or death, human trafficking, bias motivated crime, and all domestic violence incidents. There does not need to be an arrest made or charges filed to be eligible for CVC assistance.

## How much help can I get?

The 21st Judicial District CVC Program provides up to \$30,000 in reimbursement for expenses related to certain types of crime in Mesa County. Many types of benefits have caps. Examples of expense types and the respective caps for some of them are:

- |   |          |                     |                   |
|---|----------|---------------------|-------------------|
| • Mental Health Therapy                   | \$17,300 | • Residential Locks | \$1,000           |
| • Funeral Expenses                        | \$10,000 | • Vehicle Rekeying  | \$500             |
| • Crime Scene Sanitization                | \$5,000  | • Loss of Earnings  | 12 weeks/3 months |
| • Relocation Costs                        | \$5,000  | • Loss of Support   | 2 months          |
| • Security Devices & Safety Modifications | \$1,500  | • Medical & Dental  | Up to \$30,000    |

# FREQUENTLY ASKED QUESTIONS

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

## What expenses are not covered?

- Repair or replacement of vehicles
- Personal property loss and damage (e.g. cell phones, clothing, electronics, furniture, etc...)
- Theft/Loss of Money
- Pain and Suffering

## What happens after I turn in my application?

We will go over your application to make sure it has all the information needed. We will get a copy of the police report for the crime that happened to you. We may email or call you if they need more information from you or the people that provided you services. Please make sure that you give us a working email or phone number so we can reach you. *Please note: It may take up to 60 working days from the receipt of a completed application and all necessary supporting documentation for an initial eligibility decision to be made.*

## How do I find out what CVC is going to pay for?

The CVC Board holds a meeting to review applications monthly. We will notify you of their decision after the meeting. We will send a letter or email within 10 days after the meeting. The letter or email will have information about what the CVC Board decided and information about the next steps to take.

## What if I have insurance?

The CVC program is the payor of last resort by state and federal law. You may have to send your bills to your car, private or public health insurance, workers compensation, renter or homeowner insurance before CVC can pay the bill. CVC can help you with things not covered by other sources. This may be for out-of-pocket expenses or insurance deductibles.

## If CVC pays, does the person who did the crime still have to pay for my crime related expenses?


If there is a criminal case that goes to court, the Judge will be asked to order the person who did the crime to pay back the CVC program for what was paid for you. This is known as restitution.

## What if my crime related medical bills are in danger of going to a collection agency?

As a crime victim who has applied for Crime Victim Compensation assistance with crime related medical bills, you may be protected from medical collections for a period of time. You must apply to CVC within 180 days of the crime related medical services being provided and provide written notice to each medical service provider or billing agent that a CVC claim has been submitted. Additional information must also be provided in the written notice. Contact us for more information.

## Who can I ask for more information or help with this application?

CVC program staff are available to answer your questions and assist you with completing the application. Assistance can be provided over the phone, through email, or in person. Making an appointment for in person assistance is encouraged.

Phone  970-244-1730

Email  [victims.comp@mesacounty.us](mailto:victims.comp@mesacounty.us)

In Person: 125 N. Spruce St., Suite 201, Grand Junction, CO 81501

**INSTRUCTIONS**  
CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

**SECTION 1 : APPLICANT INFORMATION**

**TELL US WHO WILL RECEIVE SERVICES**

Complete this section with information about the person applying for services.

Enter the deceased victim's information in this section when requesting funeral, burial, and lost support to dependents.

A separate application is required for each person requesting services.

**SECTION 2 : PARENT/GUARDIAN INFORMATION**

**TELL US WHO TO CONTACT**

Leave this section blank if you are over 18 and are requesting services for yourself.

Complete this section if you are applying on behalf of a deceased victim, a minor victim, or an incapacitated adult victim.

The person listed here should be the adult assuming responsibility for the applicant listed in Section 1. The person listed in this section should be the parent, guardian, conservator, or other individual authorized to apply on behalf of the person listed in Section 1.

**SECTION 3: ADDITIONAL PARENT/GUARDIAN INFORMATION**

**ADDITIONAL CONTACT**

Leave this section blank if you are over 18 and are requesting services for yourself.

The person listed here should be a second adult assuming responsibility for the applicant listed in Section 1. The person listed in this section should be a second parent, guardian, conservator, or other individual authorized to apply on behalf of the person listed in Section 1.

**SECTION 4: CRIME INFORMATION**

**TELL US ABOUT THE CRIME**

Provide as much information as you can about the criminal incident. Completing this section to the best of your ability helps us make sure that we have the correct law enforcement report to go with your application.

You do not need to provide a copy of the police report when you submit the application.

For crimes involving motor vehicles enter information about any auto insurance claim(s).

**SECTION 5: SERVICES REQUESTED**

**TELL US HOW WE CAN HELP**

Review the list of services available and select which services you are requesting. Descriptions of each service and eligibility requirements are listed next to each option in the application. Supporting documentation may be requested for each service that is selected. Failure to submit requested information may result in the denial of your claim.

Submit crime related itemized bills and receipts with your application. You may apply even if you have not received any bills yet. Crime related bills can be submitted to the CVC program as you receive them.

**INSTRUCTIONS CONTINUED**  
CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

**SECTION 6: INSURANCE INFORMATION**

**TELL US ABOUT ANY INSURANCE YOU HAVE**

If you have insurance that may cover some of your crime-related bills, list your insurance information here. Crime related bills must be submitted to your car insurance, private or public health insurance, workers compensation, renter or homeowner insurance before CVC can pay the bill.

**SECTION 7: ATTORNEY INFORMATION**

**TELL US IF YOU HIRED AN ATTORNEY**

Tell us if you hired a lawyer to represent you in this claim, to settle an insurance claim or file a lawsuit related to this crime.

Do not list the District Attorney prosecuting the criminal case.

We may contact your attorney for information and documentation about the insurance claim or lawsuit.

**SECTION 8: ACKNOWLEDGEMENTS AND RELEASES**

**YOUR RIGHTS AND RESPONSIBILITIES**

Read and initial each section.

This section contains information about your rights and responsibilities, a release of information for processing and verifying your claim, and repayment and subrogation agreements. Be initialing each section you are agreeing to the statements in this section.

**Your application is not complete unless all statements are initialed.** Submitting an application with missing initials will delay the processing of your claim and may lead to your claim being closed as unable to process.

**SECTION 9: SIGNATURE**

**SIGN THE APPLICATION**

Print or type your name, sign, and date the application.

This application is a legal document that must be read and signed by the adult applicant or the adult listed in Section 2 that is assuming responsibility for the person listed in Section 1.

**Your application is not complete without your signature and the date.** Submitting an application with missing information will delay the processing of your claim and may lead to your claim being closed as unable to process.

**SUBMIT YOUR COMPLETED APPLICATION AND CRIME RELATED BILLS**

By Email  victims.comp@mesacounty.us

By Fax : 970-256-1432

By Mail : Crime Victim Compensation, P.O. Box 20,000, Dept. 5031, Grand Junction, CO 81502

In Person: 125 N. Spruce St., Suite 201, Grand Junction, CO 81501

# APPLICATION

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

PO Box 20,000 Dept. 5031 Grand Junction, CO 81501  
970-244-1730 victims.comp@mesacounty.us 970-256-1432



## SECTION 1: APPLICANT INFORMATION

Enter information about the person applying for assistance. A separate application is required for each person requesting services. If you are filling out this application for someone under 18, incapacitated or deceased put their information in this section.

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number (Last 4 Digits): XXX - XX - \_\_\_\_\_

Gender Identity:  Male  Female  Transgender Male  Transgender Female  Non-Binary/Non-conforming  Not Listed  Prefer not to answer

Race/Ethnicity:  American Indian/Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  White or Caucasian  Other  Prefer not to answer

Mailing Address: \_\_\_\_\_  
*Street Address/PO Box*  
\_\_\_\_\_  
*City State Zip Code*

Email Address: \_\_\_\_\_

Preferred Method of Contact:  Mail  Email

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Safe Message: \_\_\_\_\_ Contact Instructions: \_\_\_\_\_

Are you disabled?  Yes  No Type of Disability:  Mental  Visually Impaired  Hearing Impaired  Other

Who referred you to the victim compensation program?

Dept. of Human Services  District Attorney's Office  Hospital/Doctor  Law Enforcement  
 Victim Advocate  Therapist  Other: \_\_\_\_\_

## SECTION 2: PARENT/GUARDIAN INFORMATION

**Leave this section blank if you are over 18 and are requesting services for yourself.**

Enter information about the person who will be contacted regarding this claim. The person listed below should be the parent, guardian, conservator, or other individual authorized to apply on behalf of the person listed in Section 1.

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Gender Identity:  Male  Female  Transgender Male  Transgender Female  Non-Binary/Non-conforming  Not Listed  Prefer not to answer

Mailing Address: \_\_\_\_\_  
*Street Address/PO Box*  
\_\_\_\_\_  
*City State Zip Code*

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Safe Message: \_\_\_\_\_ Contact Instructions: \_\_\_\_\_

**APPLICATION CONTINUED**  
CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

**SECTION 3: ADDITIONAL PARENT/GUARDIAN INFORMATION (OPTIONAL)**

**Leave this section blank if you are over 18 and are requesting services for yourself.**

The person listed below should be a second parent, guardian, conservator, or other individual authorized to make decisions on behalf of the person listed in Section 1.

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street Address/PO Box*

\_\_\_\_\_  
*City State Zip Code*

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 4: CRIME INFORMATION**

Provide as much information as you are able about the criminal incident.

**You do not need to submit a copy of the police/incident report unless asked to do so by program staff.**

- Type(s) of Crime:
- |   |                                  |  |   |
|---|----------------------------------|--|---|
| <input type="checkbox"/> Arson              | <input type="checkbox"/> Assault | <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Child Pornography            |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Homicide            | <input type="checkbox"/> Human Trafficking- Sex/Labor |
| <input type="checkbox"/> Kidnapping         | <input type="checkbox"/> Robbery | <input type="checkbox"/> Sexual Assault      | <input type="checkbox"/> Stalking                     |
| <input type="checkbox"/> Terrorism          | <input type="checkbox"/> Unknown |  |   |
- Other - Vehicular Crime: \_\_\_\_\_
- Other - Domestic Violence: \_\_\_\_\_
- Other - Non-Domestic Violence: \_\_\_\_\_

Was the crime committed in the United States?  Yes  No

If 'No', in what country was the crime committed? \_\_\_\_\_

Did the crime occur in Colorado?  Yes  No In what county did the crime occur? \_\_\_\_\_

Date of Crime: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Reported: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Agency Crime Reported To: \_\_\_\_\_ Incident/Case Number: \_\_\_\_\_

Law Enforcement Officer Handling Case: \_\_\_\_\_

Who committed the crime? \_\_\_\_\_

Applicants relationship to offender, if any: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Did the crime occur at work?  Yes  No

Did the crime involve a motor vehicle?  Yes  No

Were there any active insurance policies on the vehicles?  Yes  No

If 'Yes', provide the auto insurance information:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**i** If there are multiple insurance policies and/or claims involved submit the information on an additional piece of paper.

# APPLICATION CONTINUED

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

## SECTION 5: CRIME RELATED SERVICES REQUESTED

Select which service(s) are being requested. Depending on the services selected, additional information may be required.

**Medical Expenses**

*Medical expenses directly related to a crime related injury and not totally covered by insurance. Acupuncture, acupressure, chiropractic, massage, kinetics, holistic and culturally specific care is included and require a treatment plan describing the proposed treatment.*

**Dental Expenses**

*Dental expenses directly related to a crime related injury and not totally covered by insurance.*

**Personal Medical Devices**

*Repair or replacement of certain medical devices that were damage or destroyed during the crime and are not totally covered by insurance.*

*Dentures*     *Eyeglasses/Contacts*     *Hearing Aids*     *Prosthetic Device*     *Other:* \_\_\_\_\_

**Medically Necessary Devices**

*Expenses for medically necessary devices directly related to a crime related injury and not totally covered by insurance. Reimbursement may be made for wheelchairs, walkers, oxygen equipment, braces, crutches, and other equipment required to meet the victim's disability needs.*

**Medical Transportation Expenses**

*Reimbursement for transportation costs for visits to physicians and other health care facilities for treatment and appointments related to crime related injuries that are not totally covered by insurance.*

**Mental Health Services**

*Expenses for mental health services related to the incident and not totally covered by insurance. If you have a provider selected, enter their information below.*

*Provider Name:* \_\_\_\_\_

*Provider Phone:* \_\_\_\_\_

*Provider Email Address:* \_\_\_\_\_

**Mental Health Transportation**

*Reimbursement for transportation costs for visits to mental health providers and mental health care facilities for treatment and appointments related to crime related services.*

**Lost Wages**

*Unpaid time missed at work due to physical or emotional injuries directly caused by the crime. Lost wages exceeding fourteen (14) days require documentation from a physician or mental health therapist outlining the inability to work due to physical or emotional injuries that are a direct result of the crime. Reimbursement is limited to three (3) months or twelve (12) weeks except in cases of catastrophic injury or for good cause.*

*Dates Missed:* \_\_\_\_\_

*Employer Name:* \_\_\_\_\_

*Employer Mailing Address:* \_\_\_\_\_

*Employer Contact:* \_\_\_\_\_

*Employer Contact Email:* \_\_\_\_\_

*Employer Contact Phone:* \_\_\_\_\_

**Windows**

*Repair or replacement costs for residential windows that were damaged, destroyed, or otherwise compromised during the crime that are not totally covered by homeowner's or renter's insurance. Emergency board-up services are included. Window screens are not eligible for reimbursement.*

**Doors**

*Repair or replacement costs for exterior residential doors that were damaged, destroyed, or otherwise compromised during the crime that are not totally covered by homeowner's or renter's insurance. Garage doors, reprogramming or replacement of a garage door opener, doors connecting the residence to an attached garage, and emergency board-up services are included.*

# APPLICATION CONTINUED

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

## SECTION 5: CRIME RELATED SERVICES REQUESTED CONTINUED

Residential Locks & Rekeying

Repair or replacement costs for residential locks and other locks necessary to ensure victim's safety that were damaged, destroyed, or otherwise compromised during the crime that are not totally covered by homeowner's or renter's insurance. Rekeying costs may be eligible when the perpetrator is likely to have had access to the victim's keys.

Vehicle Locks & Rekeying

Repair of motor vehicle locks that were damaged, destroyed or otherwise compromised during the crime that are not totally covered by auto insurance. Rekeying costs for motor vehicles may be eligible when the perpetrator is likely to have had access to the victim's keys.

Crime Scene Sanitization

Costs for the professional removal of bodily fluids/matter, tear gas, or other items that leave the residence uninhabitable and not fully covered by homeowner's or renter's insurance.

Security Devices & Modifications

Security devices or safety modifications when the safety of the victim is a concern. Guard pets, mace, pepper spray, and weapons are not eligible for reimbursement.

Relocation Expenses

Reimbursement or payment directly to landlords, property management companies, or other companies for rental application fees, rental deposit, first month's rent, professional moving services, packing materials, new storage rental fees, temporary shelter, one-way travel costs, and lease break fees to secure safe, violence free housing.

Please explain the reason(s) you are requesting relocation assistance as a result of the crime:

---

---

---

Lost Support from Offender

Financial assistance for when the perpetrator was 1) living with and contributing to the support of the household at the time the crime occurred, and 2) is no longer in the home as a result of the crime, and 3) is no longer providing financial support to the household. Proof of the perpetrator's income is required.

Did you and the perpetrator live together at the time of the crime?

Yes  No

Are you and the perpetrator currently living together?

Yes  No

Was the perpetrator providing you financial support at the time of the crime?

Yes  No

Has the perpetrator stopped providing financial support?

Yes  No

What level of support was the perpetrator providing?

Full  Partial  No Support

Funeral/Burial Expenses

Costs for funeral or memorial services, crematory and mortuary services, cemetery costs, permanent headstone or similar type item, and transportation of remains out of the 21<sup>st</sup> Judicial District (Mesa County) for burial.

Funeral/Burial Travel Expenses

Reimbursement for transportation costs to attend funeral/burial services. Eligible expenses include air, train, bus, taxi or rideshare fare, mileage for personally owned vehicles, rental car expenses, gas/fuel costs for rental cars, parking, and meal expenses (excluding alcohol).

Lost Support to Dependents

Financial assistance for dependents of a victim who died as the result of the crime. The deceased must have been lawfully employed. Payments will be divided among surviving dependents and is limited to 80% of six (6) months gross earnings.

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

If there are additional dependents provide their information on an additional sheet of paper.

Critical Stages Travel Expenses

Reimbursement for transportation costs for applicants who live outside of the 21<sup>st</sup> Judicial District and are not under subpoena to attend events that qualify as "critical stages" per C.R.S. §24-4.1-302(2). Eligible expenses include air, train, bus, taxi or rideshare fare, mileage for personally owned vehicles, rental car expenses, gas/fuel costs for rental cars, parking, and meal expenses (excluding alcohol). Verification of attendance is required.

P.O. Box Rental

Reimbursement up to \$200 for Post Office Box rental costs for victims of domestic violence, sexual assault, or stalking.



# APPLICATION CONTINUED

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

## SECTION 6: INSURANCE INFORMATION

Provide information on the applicant's health, dental, homeowner's/renter's, automobile, worker compensation, disability, or other insurance coverage. Crime Victim Compensation is the payor of last resort and information provided may be used to notify a provider of services that there is another source of payment before the Crime Victim Compensation program.

Health Insurance  Yes  No  Medicaid  Medicare  Private  
Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Military Insurance  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

Homeowner's/Renter's Insurance  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

Automobile Insurance  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

Disability Insurance  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

Worker Compensation Insurance  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

Other Insurance:  Yes  No Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

## SECTION 7: ATTORNEY INFORMATION

Provide information about any attorney representation you have in a civil law suit or insurance claim related to the crime.

The applicant is not represented by an attorney.

The applicant is represented by an attorney.

Name of Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street Address/PO Box*

*City*

*State*

*Zip Code*

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

# APPLICATION CONTINUED

CRIME VICTIM COMPENSATION  
21<sup>ST</sup> JUDICIAL DISTRICT - MESA COUNTY, COLORADO

## SECTION 8: ACKNOWLEDGEMENTS AND RELEASES

Read and initial each statement. All sections must be initialed in order to process the application.

\_\_\_\_\_ I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc.) may result in the denial of my claim.

\_\_\_\_\_ I understand that I am responsible for my bills relating to this crime and have the burden of providing any documentation to the Crime Victim Compensation Board to assist with verification of my claim. It is my responsibility to notify service providers and any collection agencies of my application to the Crime victim Compensation program.

\_\_\_\_\_ I hereby authorize the release of all information from my employer, physician, hospital, Department of Human Services, medical and/or mental health service provider(s) and/or creditor(s) for the purposes of verifying the claims I have submitted. I further understand that any information provided may be subject to disclosure under the law. This authorization may be revoked at any time in writing, except to the extent that action has already been taken in reliance upon it. My signature below authorizes release of all such information as specified above. A photocopy or exact reproduction of this signed release shall have the same force and effect as the original.

\_\_\_\_\_ I am advised that if I believe the Crime Victim Compensation Board is unable to impartially review my claim due to personal or professional relationship(s) with two or more Crime Victim Compensation Board members, it will be sent to another district for review. I understand this may delay the processing of the claim. A request for alternative review must be made in writing. If the claim is approved, bills will be paid from the judicial district where the crime occurred.

\_\_\_\_\_ I hereby authorize release of funds approved under the Colorado Crime Victim Compensation Act to be paid directly to the service provider(s) and/or out of pocket claimant(s) as applicable to my claim. I understand that any payments are subject to the availability of funds and the discretion of the Crime Victim Compensation Board.

\_\_\_\_\_ I am advised that should my claim for compensation be denied, I will be notified of the reason in writing. I understand that I have the right to request reconsideration by the Crime Victim Compensation Board and may do this by submitting information that addresses the reason for the denial. The Crime Victim Compensation Board, in its discretion, may conduct a hearing to reconsider the denied claim. I understand that the burden of proof is upon me as the applicant to show the claim is reasonable and compensable under the Colorado Crime Victim Compensation Act. In the event the denial is upheld by the Crime Victim Compensation Board following the reconsideration, I understand that I may have the Crime Victim Compensation Board's decision reviewed in accordance with the Colorado Rules of Civil Procedures by a district court within 30 days.

\_\_\_\_\_ I agree to repay the Crime Victim Compensation Fund if payments are received from the offender, including restitution or civil action, insurance, or any other government or private agency as compensation for this injury or death after the receipt of payment from the Victim Compensation Fund. Furthermore, I understand that restitution may be sought from the offender(s) through the criminal or juvenile delinquency and may involve release of information necessary to establish the validity of a restitution claim for Crime Victim Compensation Funds paid.

\_\_\_\_\_ I agree to immediately inform the Crime Victim Compensation Board whenever any crime-related recovery is expected or received. Pursuant to C.R.S. §24-4.1-116, I agree to repay the Crime Victim Compensation Fund to cover the same losses for which payments were made by the Crime Victim Compensation Fund. I acknowledge and agree that the sources of recovery this subrogation agreement will pertain to include, but are not limited to, the following types of recovery sources: civil judgments against the offender or other liable/obligated third parties, insurance settlements, or settlements/benefits from any other governmental or private agency.

\_\_\_\_\_ I am advised that any materials received, made or kept by the Crime Victim Compensation Program or a District Attorney concerning an application for Crime Victim Compensation are confidential under C.R.S. §24-4.1-100.1 and I have the right to be notified by the District Attorney's Office if a subpoena for my Crime Victim Compensation file or materials in my claim file has been issued by the court under C.R.S. §24-4.1-302.5(VII). Furthermore, I understand that information provided to the Crime Victim Compensation Board may be discoverable in the criminal case.

## SECTION 9: SIGNATURE

By signing and submitting this application I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that untruthful statements provided or falsified information submitted may result in the denial of my claim and is punishable by law.

\_\_\_\_\_  
*Signature of Applicant or Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Applicant or Parent/Guardian (Please print)*