Emergency Compensation Award Application

Last Name (claimant)                                      First Name                                      Middle Initial

______________________________________________________________________________

Address

______________________________________________________________________________

City    State         Zip Code  Telephone

An Emergency Compensation Award is solely for a claimant who is experiencing an undue financial hardship as a result of the crime, due to the following:

(Please check box(s) that apply--at least one box must be checked to be eligible).

☐ Claimant has already paid for medical/funeral bills.
☐ Claimant has lost wages.
☐ Claimant is applying for money that was stolen or defrauded from them.
☐ Claimant was financially dependent upon a victim of homicide.

NOTE: In order for an Emergency Compensation claim to be processed, it must be submitted with the Program’s standard claim form and required documentation. Claimants under age 60 must meet the $100 minimum out-of-pocket loss to be eligible. Claimants age 60 or older have no minimum loss requirement.

Due to an urgent financial need, I am requesting an Emergency Compensation Award. I understand that the Program will review the police report and the supporting documentation to determine if the claim is eligible for an award. I understand that this award may not exceed $1,500.

_____________________________________________   ____________________________
Claimant’s Signature              Date

ea/rev/5/2008