

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
  - To find an organization in your county go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
  - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA  
Crime Victims  
Website



To apply for  
Compensation



PA Crime  
Victims App  
on Google  
Play



PA Crime  
Victims  
App  
on Apple



**If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION**

## Important Local Contact Information - Clearfield County

<b>Domestic Violence Victims</b>	
Community Action, Inc.	814-768-7200
<b>Sexual Assault Victims</b>	
PASSAGES, Inc.	814-371-9677
<b>Child Abuse Victims</b>	
PASSAGES, Inc.	814-371-9677
<b>Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)</b>	
PASSAGES, Inc.	814-371-9677
<b>Violent Crime Victims (to include Homicide)</b>	
Clearfield County Victim/Witness Office	814-765-2641 ext. 2017
<b>Human Trafficking Victims</b>	
PASSAGES, Inc.	814-371-9677
<b>County Victim/Witness Office</b>	
Clearfield County Victim/Witness Office	814-765-2641 ext. 2017

### **STATEWIDE CONTACTS**

#### **Address Confidentiality Program**

Pennsylvania Office of the Victim Advocate - 800-563-6399

or [www.ova.pa.gov](http://www.ova.pa.gov)

#### **Offender Release Notification**

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

#### **Financial Assistance**

Victims Compensation Assistance Program - 800-233-2339

or [www.dave.pa.gov](http://www.dave.pa.gov)

#### **Childline**

Pennsylvania Department of Human Services – 800-932-0313

or [www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx](http://www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx)



## Office of Victims' Services

**Mailing Address:**

P.O. Box 1167  
Harrisburg, PA 17108-1167

**Street Address:**

3101 North Front Street  
Harrisburg, PA 17110

**Phone, Fax & Email:**

(800) 233-2339  
(717) 783-5153  
(717) 787-4306 (FAX)  
[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)

**Website:** [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

You may either complete and mail this form to the address listed above  
or file online at <https://www.dave.pa.gov>

## Victims Compensation Assistance Program Short Form

*Please read the following before completing this form.*

**You may be eligible for compensation if:**

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on filing requirements.

**You may be awarded compensation for:**

Medical Expenses  
Counseling Expenses  
Loss of Earnings  
Loss of Support  
Relocation Expenses  
Funeral Expenses  
Crime Scene Cleanup

Transportation Expenses  
Childcare  
Home Healthcare Expenses  
Stolen Cash (if your main source of income is  
Social Security Retirement, Disability  
Income, Supplemental Income, Survivor  
Benefits, Retirement/Pension(s), Disability,  
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

**The Program does not cover:**

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

# Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

**IMPORTANT NOTE:** You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

## General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

**Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.**

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

*We will make every effort to process your claim as quickly and efficiently as possible.*

Cut along this line and maintain this portion for your records. \$

**Victims Compensation Assistance Program Short Form** Claim # \_\_\_\_\_

**Victim Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**Claimant Information** If victim is the claimant, check here:  Claimant must be 18 years or older.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Victim \_\_\_\_\_

**Crime Information**

Date of Crime \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Police or PFA Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did it happen at work?  Yes  No Were the injuries caused by a motor vehicle?  Yes  No  
Location of crime (street name and number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Police Department \_\_\_\_\_ Police Incident Number \_\_\_\_\_  
Person(s) who committed crime \_\_\_\_\_  
Briefly Describe the crime and injuries: \_\_\_\_\_  
\_\_\_\_\_

**Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.**

**Benefit: Medical/Counseling Expenses**

Did you incur medical expenses?  Yes  No Did you incur counseling expenses?  Yes  No  
Do you have insurance to cover your medical/counseling expenses?  Yes  No  
*Provide itemized medical or counseling bills and insurance benefit statements, if applicable.*

**Benefit: Funeral Expenses/Loss of Support**

Did you incur funeral expenses?  Yes  No  
Did you receive any monies due to the death? (life insurance, Social security death benefit)  Yes  No  
Were you or others financially dependent on the deceased victim?  Yes  No  
*Provide copies of the itemized funeral bills/receipts and statements of any benefits received.*

**Benefit: Loss of Earnings**

Dates you missed work \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employers name and address: \_\_\_\_\_  
\_\_\_\_\_  
Doctor's name and address who can verify you missed work because of the crime \_\_\_\_\_

**Benefit: Stolen Cash**

Amount of money stolen? \$ \_\_\_\_\_  
One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.  
 Social Security benefit  Retirement/Pension  Disability  Court ordered Child/Spousal support  
Do you have homeowner's/renter's insurance?  Yes  No Are you required to file IRS tax returns?  Yes  No  
*Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.*

**Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses**

Did you have to relocate due to the crime?  Yes  No  
Did you incur crime scene cleanup expenses?  Yes  No  
Did you incur transportation expenses?  Yes  No

**Representation by Others**

Are you represented in this matter by an attorney: In filing this compensation claim?  Yes  No  
In a civil lawsuit?  Yes  No In an insurance action?  Yes  No

**Victim Service Program Information**

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

**Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information**

**The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.**

**Acknowledgement and Reimbursement Agreement:** The decision to approve my claim is that of the Program. I may object to all or part of the Program’s decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

**Authorization to Obtain Information:** I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims’ Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

\_\_\_\_\_  
Claimant’s Signature

\_\_\_\_\_  
Date

**HIPAA Authorization and Release Agreement**

**If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.**

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to \_\_\_\_\_ (print name of victim) to furnish to the Office of Victims’ Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. \*\*I understand that I may revoke this authorization at any time by providing the Office of Victims’ Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

\_\_\_\_\_  
Claimant’s Signature

\_\_\_\_\_  
Date

**Victim Statistical Information**

**Completion of this section is strictly optional. The following information is used for statistical purposes only.**

**Race/Ethnicity:**  White  Black/African American  Hispanic/Latino  American Indian/Alaskan Native  
 Asian  Native Hawaiian/Other Pacific Islander  Some Other Race  Multiple Races

**Gender:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**How did you find out about the Program:**  Hospital  Prosecutor  Brochure  Police  Website/App  
 Victim Service Program  Other \_\_\_\_\_

**Mailing Address**  
PO Box 1167  
Harrisburg, PA 17108-1167

**Street Address**  
3101 North Front Street  
Harrisburg, PA 17110

**Phone and Fax Numbers**  
800-233-2339  
717-783-5153  
717-787-4306 (FAX)

**Email**  
[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)

**Website:**  
[www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

**File online at** <https://www.dave.pa.gov>