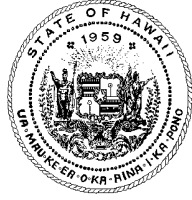


State of Hawai'i  
DEPARTMENT OF PUBLIC SAFETY



## CRIME VICTIM COMPENSATION COMMISSION

The Crime Victim Compensation Commission was established on July 1, 1967 and is governed by Chapter 351, Hawai'i Revised Statutes. The Commission helps victims with crime-related costs. Funding sources include fees from offenders, inmate wages, federal grant funds, and reimbursement from restitution payments.

### Who can get help?

You can get help if you were involved in a covered crime\* that occurred in the jurisdiction of Hawai'i and you are:

- A victim who suffered injury.
- A person responsible for the maintenance of the victim who has suffered monetary loss because of the victim's death or injury.
- A person engaged in business or educational activity at the scene of a mass casualty (mental health counseling expenses only).
- A relative of a deceased victim who has incurred medical or funeral expenses as the result of the victim's death or injury.
- A dependent of a deceased victim.
- A Hawai'i resident who is a victim of an act of international terrorism.

#### \* Covered Crimes

- Murder
- Manslaughter
- Negligent Homicide I and II
- Negligent Injury I and II
- Assault I – III
- Sexual Assault I – IV
- Kidnapping
- Abuse of Family and Household Member
- Sex Trafficking
- International Terrorism

### If I am eligible, what benefits do I get?

You **may** receive compensation for:

- Medical and mental health counseling expenses that are not covered by other sources.
- Lost earnings or support that is not covered by other sources.
- Funeral and burial expenses that are not covered by other sources.
- Acknowledgement award for victims only. Acknowledgement awards are symbolic in nature and are awarded to acknowledge a victim's suffering, rather than to compensate for that suffering. Such awards are not intended to quantify physical/emotional losses suffered as a result of the crime and are based on the facts and circumstances of the crime and the severity of the criminal offense. The maximum acknowledgement award is \$400, subject to change at any time, based on the availability of funding.
- Pecuniary loss directly resulting from the injury or death of the victim.
- Property damage ("Good Samaritans" only).

*No compensation will be awarded for lost property, telephone bills, copying costs, meals, parking, fees for late charges or filing fees.*

The Commission is a payor of last resort. The Commission may pay compensation only after all other sources have been exhausted. An award may be reduced by amounts received from Workers' Compensation, Motor Vehicle Insurance, Civil Suits, Temporary Disability Insurance or Restitution from the offender. You must file timely claims with Workers' Compensation, Motor Vehicle Insurance, Temporary Disability Insurance and your medical insurance carrier. You must reimburse the Commission if you receive moneys from these sources.

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## How do I apply?

- You must report the crime to law enforcement officials (police, naval investigative service, military police or Federal Bureau of Investigation) without undue delay.
- You must file an application with the Commission within 18 months of the crime date. Late applications will be accepted upon a showing of good cause.

## You are responsible for....

1. Completely filling out and submitting the following:
  - A signed *Application Form* (Form #1).
  - A signed *Authorization to Release Medical/Mental Health Treatment Information Form* for each treatment provider (Form #2).
  - Proof to substantiate your claim (bills, receipts, insurance statements, and medical records).
2. If you are making a claim for lost wages:
  - Completely filling out and signing the *Authorization to Release Employment Information Form* and submitting it to your employer (Form #3).
  - Submitting proof to substantiate your claim for lost wages (pay stubs, Income Tax returns if self-employed, and a medical disability certificate) to the Commission.
3. If you were assaulted in a Motor Vehicle or injured as the result of a Motor Vehicle collision:
  - Contact your No-Fault Insurance provider and request that they cover your crime-related expenses.

## What to expect from the Commission

- The Commission will attempt to secure law enforcement reports. This may take up to 2 months.
- You will receive a written decision and order either awarding compensation or denying your application.

## Need more help? Contact the following:

### Department of Public Safety, State of Hawai'i Crime Victim Compensation Commission (CVCC)

1164 Bishop Street, Suite 1530  
Honolulu, Hawai'i 96813  
Phone: (808) 587-1143  
Fax: (808) 587-1146  
Web Page: <http://dps.hawaii.gov/cvcc>

### County of Hawai'i

Office of the Prosecuting Attorney  
Victim Witness Assistance Program  
655 Kīlauea Avenue  
Hilo, Hawai'i 96720  
Phone: (808) 934-3306  
Fax: (808) 934-3517

### West Hawai'i:

74-65 Kealakehe Parkway  
Kailua Kona, Hawai'i 96740  
Phone: (808) 324-1066  
Fax: (808) 322-6584

### City & County of Honolulu

Department of the Prosecuting Attorney  
Victim Witness Kokua Services  
1060 Richards Street, 9<sup>th</sup> Floor  
Honolulu, Hawai'i 96813  
Phone: (808) 768-7401  
Fax: (808) 768-6417  
Toll Free: 1-800-531-5538  
Hearing Impaired: (808) 768-7404

### County of Kaua'i

Office of the Prosecuting Attorney  
Victim Witness Program  
3990 Ka'ana Street, Suite 210  
Līhu'e, Hawai'i 96766  
Phone: (808) 241-1898  
Fax: (808) 241-1758

### Mothers Against Drunk Driving (MADD)

745 Fort Street Mall, Suite 303  
Honolulu, Hawai'i 96813  
Phone: (808) 532-6232  
Fax: (808) 532-6004  
Neighbor Islands Toll Free: 1-800-578-6233  
Web Page: <http://madd.org/hi>  
Email: [hi.state@madd.org](mailto:hi.state@madd.org)

### County of Maui

Department of the Prosecuting Attorney  
Victim Witness Assistance Division  
150 South High Street  
Wailuku, Hawai'i 96793  
Phone: (808) 270-7695  
Fax: (808) 242-0922

**APPLICATION FORM**

<b>For Office Use Only – Case #:</b>	<b>Crime Victim Compensation Commission</b> State of Hawai‘i, Department of Public Safety 1164 Bishop Street, Suite 1530 Honolulu, Hawai‘i 96813 Telephone: (808) 587-1143 Fax (808) 587-1146 Website: <a href="http://dps.hawaii.gov/cvcc">http://dps.hawaii.gov/cvcc</a> E-mail: <a href="mailto:cvcc@hawaii.rr.com">cvcc@hawaii.rr.com</a>
<i><b>TYPE or PRINT in Black or Blue ink. Provide as much information as possible.</b></i>	

**VICTIM INFORMATION**

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Middle Last  
 Mailing Address \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Street City State Zip Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

PLEASE CHECK:

**Sex**  Male  Female **Disabled**  Yes  No  
**Marital Status**  Married  Single **Were you visiting Hawai‘i at the time of the incident?**  Yes  No

Check the one you believe represents your ethnicity:

Black  Chinese  Filipino  Hawaiian  Portuguese  Hispanic  Other  
 Samoan  Japanese  Korean  White  Puerto Rican  Native American

**APPLICANT INFORMATION** (Complete only if you are applying for a Victim who is a minor, deceased, or is incapacitated.)

Applicant’s relationship to victim: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last  
 Mailing Address \_\_\_\_\_  
Street City State Zip

**CRIME INFORMATION**

Date of Crime \_\_\_\_\_ Type of Crime: (Assault, Sexual Assault, etc.) \_\_\_\_\_  
 Name of Suspect \_\_\_\_\_ Location of Crime \_\_\_\_\_  
Last First Middle Street City Zip  
 Police Report No. \_\_\_\_\_

If incident was investigated by military police, provide the military police report no. and branch of service. \_\_\_\_\_

**MEDICAL INFORMATION**

Be sure to complete a Medical Authorization Form for each provider (doctor, hospital, or therapist) you saw due to the incident. In cases of death, provide the name of the mortuary or cemetery. Attach all bills, receipts, and insurance statements.

Name of Provider	Address	Service Date	Total Charges
1.			
2.			
3.			

Medical Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_

**VICTIM EMPLOYMENT INFORMATION** Complete only if claiming for Lost Wages

Did injury occur at work place?  Yes  No      Did you miss work as a result of the injury?  Yes  No

Period of Absence: From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Job Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

**INSURANCE / LEGAL INFORMATION**

Check all potential sources of full or partial payment of expenses:

- Medical Insurance                       Motor Vehicle Insurance                       Homeowner's Insurance                       Social Security Disability
- Welfare                                       Medicare                                       Medicaid                                       Temporary Disability
- Worker's Compensation                       Other (Specify) \_\_\_\_\_

Have you filed or do you intend to file a civil law suit?  Yes  No

➤ If Yes, please complete the following:

Attorney's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

**HOW DID YOU FIND OUT ABOUT THE COMMISSION** Please check:

- Hospital/Medical Personnel                       Sex Assault Counselor                       Police                       Newspaper                       Television
- Prosecutor's Victim Witness                       Domestic Violence Counselor                       Radio                       Other (Specify) \_\_\_\_\_

Name of Referring Victim Witness Advocate: \_\_\_\_\_

**VICTIM CERTIFICATION & SIGNATURE**

*I certify that I have read this application and have provided information that is true and correct to the best of my knowledge. I understand that the law provides for penalties for false statements. I will repay the Commission should I receive moneys from civil suits, restitution, or insurance payments.*

Signature of Victim \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

STATEMENT OF POLICY: It is the policy of the Department of Public Safety, Crime Victim Compensation Commission, that no person shall on the grounds of race, color, religion, sex, national origin, age, or handicap, be excluded from participation in or subjected to discrimination when making their claim for compensation.

**PLEASE CHECK BEFORE MAILING:**

- Have you signed the *Application Form*?
- Have you provided us with your complete mailing address and telephone number(s)?
- Have you completed the information regarding the Police Report Number, Crime Date, and Type of Crime?
- Have you signed and submitted a *Medical Authorization Form* for each provider (doctor, hospital, clinic) that treated you?
- Have you submitted all of your medical bills, funeral bills, insurance statements and receipts?
- IF CLAIMING LOST WAGES, have you signed the *Employer Authorization Form* and submitted it to your employer?
  - Have you submitted your pay stubs for the two periods prior to the incident and your medical disability certificate?
  - If you are self-employed, have you submitted copies of your last two years' Federal and State tax returns?
- IF incident occurred in a MOTOR VEHICLE, have you contacted your motor vehicle insurance company?