

Illinois Crime Victims *Bill of Rights*

The Illinois Constitution provides that crime victims shall have the following rights:*

- The right to be treated with fairness and respect throughout the criminal justice process.
- The right to notification of court proceedings.
- The right to communicate with the prosecution.
- The right to make a statement to the court at sentencing.
- The right to information about the conviction, sentence, imprisonment, and release of the accused.
- The right to timely disposition of the case following the arrest of the accused.
- The right to be reasonably protected from the accused throughout the criminal justice proceedings.
- The right to be present at the trial and all other court proceedings, unless the victim is expected to testify and the court determines that the victim's testimony will be affected if the victim hears other testimony at the trial.
- The right to have present at all court proceedings, subject to the rules of evidence, an advocate or other support person of the victim's choice.
- The right to restitution.

**Under Illinois law, "A statement and explanation of the rights of crime victims...shall be given to a crime victim at the initial contact with the criminal justice system by the appropriate authorities and shall be conspicuously posted in all court facilities." (725 ILCS 120/4(b)).*

The law requires that some of these rights must be requested by the crime victim in writing.

Please contact your local State's Attorney's office or the Attorney General's toll-free Crime Victims Assistance Line for more information.

www.IllinoisAttorneyGeneral.gov

Crime Victims Assistance Line
1-800-228-3368 Voice/TTY



Understanding Child Traumatic Stress: A GUIDE FOR PARENTS

What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.



If your child is experiencing traumatic stress you might notice the following signs:

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with siblings
- Difficulty paying attention to teachers at school and to parents at home
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

Many treatments include cognitive behavioral principles:

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: www.nctsn.org.

What can I do for my child at home?

Parents never want their child to go through trauma or suffer its after effects.

Having someone you can talk to about your own feelings will help you to better help your child.

FREQUENTLY ASKED QUESTIONS ABOUT COUNSELING

Why should my child go to counseling?

Your child has gone through a difficult time. Counseling (sometimes called therapy) can help your child work through this traumatic experience. It can also help you gain a better understanding of what your child is going through.

Sexual abuse can have wide-reaching and long lasting effects on your child's physical and mental health. With support from a caring adult and high quality treatment, many children and parents effectively recover and may even feel stronger and closer as a family in the aftermath of a traumatic experience.

What is play therapy?

Play therapy is the mode of counseling that is often used for young children. Play therapy to children is what counseling is to adults. Play therapy uses play, children's natural way of expression, to help them express their feelings more easily through play instead of words.

For older children and teenagers, counseling can be a place where they can express themselves in a safe place. Through counseling, they can feel accepted and understood, and gain a sense of control or understanding of difficult situations.

How long does a child receive counseling?

The length of time a child is seen in counseling varies from child to child. It depends upon the severity of the trauma, the child's personality, and how the child perceived the trauma. Your child's counselor can best explain this to you after a thorough assessment of your child's needs.

Where can I get help for myself?

It's also very helpful for the caregiver to have support from a mental health professional. You can also benefit from talking to a counselor who can assist you in overcoming the distress naturally associated with discovering that your child has been abused.

Talk with your Family Advocate at CCAC about where you can get help for yourself. Your child's therapist can also speak to you about where you can go for additional help and support. This could include individual counseling and/or family counseling. Therapeutic or educational groups can also be a huge source of support through this difficult time.

What about support groups?

Support groups are a place where children and caregivers can go to gain support and understanding from others who have gone through the same experience. Groups can often help people feel that they are not the only ones experiencing this trauma.

The Chicago Children's Advocacy Center offers Hope and Healing groups, which are educational support groups offered at different locations throughout Chicago. These are "drop-in" groups, meaning that anyone can drop in at any session. You do not have to attend all the sessions to benefit, although it is recommended. Each session is broken down into a child group and a caregiver group. The children and caregivers then get together as one big group at the end to do an activity to learn new and better ways to communicate with each other.

Hope and Healing groups help families understand the common reactions to stress and trauma, learn new relaxation and problem solving skills, and gain positive behavior management skills to use with your child. Hope and Healing groups offer children the opportunity to learn and practice new skills, as well as to understand that they are not alone.

For more information on Hope and Healing groups, call Katy Irving at 312-492-3719.

What do I do now? The Chicago Children's Advocacy Center works closely with a network of treatment providers who have therapists who are specially trained and experienced in the issue of sexual abuse trauma. If you are interested in seeking counseling for your child, let your Family Advocate know. Your advocate will connect you with our Resource Specialist, Katy Irving, who will work with you to find a qualified therapist at an agency and a location that will best meet your families' needs. Please be aware that there is usually a wait list for counseling services. We can help you to access highly skilled services as quickly as possible. The amount of time that you wait for services can depend upon your flexibility regarding the location of the counseling and your availability. While you are on the wait list someone from the CAC will contact you regularly to check in and to confirm that you are still interested in services.

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IF YOUR CHILD HAS BEEN SEXUALLY ABUSED...

- 1. Stay calm.** Fear and anger are normal reactions, but they can frighten the child. Be sure not to blame, punish, or embarrass the child.
- 2. Believe your child.** It is rare for a child to lie about sexual abuse. Many children who report abuse are not believed. Do not deny or ignore what your child is telling you.
- 3. Listen to your child.** Take your child to a private place and let them tell you what happened in his or her own words. Give your child your full attention.
- 4. Reassure your child that it wasn't their fault.** Assure them that you are glad he or she told you. Give positive messages such as, "I know it's not your fault", or "I'm glad you told." Be sure to let your child know they are not to blame.
- 5. Protect your child immediately from the suspected abuser.** Reassure the child that he or she is safe.
- 6. Report the suspected abuse immediately to the Department of Child and Family Services and/or your local law enforcement agency.**
- 7. Don't confront the offender in your child's presence.** In fact, it is probably best to let the proper authorities confront the offender.
- 8. Seek professional help for your child and your family.** This includes medical attention as needed, child protective services, and a counselor trained in treating sexual abuse.
- 9. Respect your child's privacy.** Be careful not to discuss the abuse in front of people who do not need to know what happened.
- 10. Let your child talk about it at their own pace.** Don't pressure your child into talking about the abuse. Forcing information can be harmful and you are not trained to interview a child victim. On the other hand, do not try to silence your child. Allow your child to talk, as they need to.
- 11. Allow your child to express his or her feelings but keep your own feelings about the abuse separate.**
Your child may have feelings about the abuse and the offender that are different from yours.
- 12. Try to resume a "normal" as life as possible.** Protect your child, but don't make him or feel different or isolated.
- 13. Don't dismiss your child's feelings by telling them to "forget about it".** You and your child will both need time to work through all the feelings and changes, especially if the offender is someone in the family. The time it takes for a child to heal varies, depending upon the child as well as the circumstances of the sexual assault (such as who the offender is, how long the abuse continued, whether or not threats, bribes, or force was used, and the type of abuse).
- 14. Seek help for yourself.** Parents often feel angry, guilty, or to blame when they learn their child has been sexually assaulted. Talk to someone you trust, or call a counselor who will be able to help you. If you suspect your child, or someone you know, has been sexually assaulted, call the Illinois Department of Child and Family Services at 1-800-25ABUSE. Another hotline is the Chicago Rape Crisis Hotline at 1-888-293-2080.

THE CHICAGO CHILDREN'S ADVOCACY CENTER
(312) 492-3700

*Taken from Harborview Center for Sexual Assault and Traumatic Stress Fact Sheet.

How Do I Request a Police Report



Guidelines for Requesting Police Reports from the Chicago Police Department

Members of the general public may obtain a copy of a case report or other document containing information to substantiate a personal injury, a loss or damage to property.

Such reports, except for *Traffic Crash Reports*, are reviewed by Department personnel prior to their release in order to remove the investigative portions and other such sensitive information.

Members of the general public may initiate this process:

1. In person, at Central Police Headquarters,
3510 S. Michigan, 1st Floor, Room 1043,
with payment of applicable fees as designated below.

2. By mail:
Addressed to:

Chicago Police Department
Records Inquiry and Customer Service Section, Unit 163
3510 S. Michigan Ave.
Chicago, IL 60653

Please be sure to include the following information:

- 1) The victim or reporting person's name and address,
- 2) the type of location of incident
- 3) the RD number, (a report number given by the Police at

Free Legal Services

LAF staff can help resolve the following types of legal problems:

- Bankruptcy
- Consumer Fraud
- Domestic Violence and Sexual Assault
- Employment Discrimination and other Employment Problems
- Evictions from Subsidized Housing
- Expungement of Juvenile Records
- Family Law
- Foreclosure
- Immigration
- Special Education and School Discipline
- Termination of Rental Assistance
- Unemployment Insurance
- Utilities (electricity, gas, water)
- Wage Theft
- Workplace Safety

LAF staff can also help get or keep public benefits to meet basic needs, including:

- Benefits for Veterans
- Crime Victims Compensation
- Medicaid, Medicare
- SNAP (cash benefits)
- TANF (cash)
- Social Security Disability

NEED HELP ?

Go Online

www.lafchicago.org

Available 7 days a week.



Call Us

312-341-1070

Monday–Friday
8:00 am



**We provide free
interpretation services.**



Equal justice starts here.



Crime Victims Compensation: Frequently Asked Questions

These Frequently Asked Questions do not cover every situation. For all requirements and complete information, consult the Crime Victims Compensation Act, 740 ILCS 45/1 et seq. at www.ilga.gov.

Who is eligible?

- A person killed or injured in Illinois as a result of a violent crime.
- The parent of a person killed or injured in Illinois as a result of a violent crime.
- Dependents of homicide victims.
- A person who personally witnessed a violent crime in Illinois or a person whose testimony establishes a necessary nexus between the offender and the violent crime.
- An Illinois resident who becomes a victim in another country that does not have a crime victims compensation program.
- A minor (under the age of 18) who is the brother, sister, half-brother, half-sister, child, or stepchild of a person killed or injured in Illinois (for mental health treatment only).
- A deceased person whose remains are desecrated.

What crimes are covered?

- Arson
- Assault
- Battery
- Child Pornography
- Criminal Sexual Abuse
- Criminal Sexual Assault
- Desecration or Removal of Human Remains
- Dismembering of a Human Body
- Domestic Battery
- Driving While Under the Influence
- Exploitation of a Child
- Hate Crimes
- Hit and Run of a Pedestrian/Person
- Operating Vehicle Moved Solely by Human Power or Using a Mobility Device
- Homicide
- Human Trafficking
- Involuntary Manslaughter
- Kidnapping
- Fleeing or Attempting to Elude a Peace Officer
- Non-consensual Dissemination of Private Sexual Images
- Reckless Conduct
- Stalking
- Posting of Identifying or Graphic Information on Pornographic Internet Sites
- Violations of Protective Orders (Domestic Violence Orders of Protection, Civil No Contact Orders, and Stalking No Contact Orders)

What are the basic qualification requirements?

- Notify law enforcement within 72 hours of the crime's occurrence. In cases of sexual assault, sexual abuse, or human trafficking, notify law enforcement within 7 days.
- File an application within 2 years of the crime date (some limited exceptions may apply).
- Cooperate with law enforcement to arrest and prosecute the offender.
 - The following also satisfies the notification and cooperation requirements:
 - » Obtaining a Plenary Order of Protection, Civil No Contact Order or Stalking No Contact Order
 - » Having a sexual assault evidence collection kit performed
 - » Engage in a proceeding involving the status of a human trafficking victim
- The victim must not have contributed to or provoked the crime.
- A victim who is in jail, prison, probation, or mandatory supervised release for a felony conviction must wait until s/he is discharged from custody before compensation may be granted.

What types of expenses may the Crime Victim Compensation Program pay?

- Medical, hospital, and dental expenses.
- Mental health treatment expenses.
 - Services must be provided by a psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed clinical professional counselor, or a Christian Science practitioner/nurse. Services performed by an unlicensed person working with a licensed person cannot be paid.
- Lost wages (up to a maximum of \$1,250 per month) due to time missed from work that was not reimbursed by employer with sick, vacation, or personal paid time. The victim must be employed at the time of the crime.
- Accessibility costs (e.g., wheelchair, walker, crutches, shower stool).
- Relocation costs/temporary lodging.
- Loss of tuition for classes dropped as a result of the crime.
- Crime scene cleanup (does not include replacement of damaged property).
- Tattoo removal costs for victims of human trafficking.
- Replacement services loss (i.e., domestic tasks that a victim used to perform, but is no longer able to perform due to the crime).
- Replacement costs for the following: locks and windows, prosthetic devices, eyeglasses and hearing aids damaged or necessary as a result of the crime, and clothing or bedding taken as evidence by the police.
- Funeral/burial expenses (up to a maximum of \$7,500).
- Loss of support if the decedent was employed and supporting dependents (up to a maximum of \$1,250 per month).
- Dependent replacement services loss (i.e., necessary domestic services that the victim would have continued to perform for the survivor's benefit without being compensated).
- The maximum total payments are limited to \$27,000 and several expenses have caps (e.g., funeral/burial expenses as stated above).

Do I have to use insurance or other sources of payment?

Yes. The Illinois Crime Victims Compensation Program is the payor of last resort. All other sources of payment must be exhausted before an award may be issued by the Crime Victims Compensation Program.

Payment will not be recommended for expenses or losses that can be covered by any other available sources, including the following: medical, health, dental, or vision insurance, Public Aid, Medicare, discounts available under the Hospital Uninsured Patient Discount Act, Worker's Compensation Benefits, life insurance, auto insurance, restitution, and any other reasonable source.

What types of expenses cannot be paid by the Crime Victim Compensation Program?

- Any expenses not related to the crime
- Stolen, damaged or lost property (except locks and windows)
- Pain and suffering
- Attorney's fees

Do I get the money for compensation?

Payment will be reimbursed to you for your out-of-pocket expenses or directly reimbursed to the service providers if the bills are outstanding.

What happens when the Crime Victim Compensation Program receives my application?

- Your application will be reviewed.
- Our office will obtain the police report and other documents necessary to determine your eligibility.
- You will receive a phone call from our office to conduct an interview.
- If you are eligible, you will receive a letter requesting that you submit proof of your losses within 30 days of receiving the letter.
- Our office will verify your losses and will make a recommendation to the Court of Claims.
- The Court of Claims will render a final decision based on the application and the Attorney General's recommendation.
- The final decision will be mailed to you. Any and all payments will be issued by the Comptroller's Office..

If you have any questions please contact the Illinois Attorney General's Office Crime Victims Compensation Program at 1-800-228-3368 (TTY: 1-877-398-1130), by email at crimevictimservices@atg.state.il.us or visit our website at www.illinoisattorneygeneral.gov.

CRIME VICTIMS COMPENSATION APPLICATION

State of Illinois
Court of Claims

State of Illinois
Attorney General

APPLICATION INSTRUCTIONS

- **Who should fill out the application?** A person who was the victim of a violent crime should fill out the application. If the victim is under the age of 18 or under a legal disability, then the victim's parent or legal guardian should fill out the application. If the victim is deceased, a relative of the victim should fill out the application. **The application must be signed by the victim or the victim's parent or legal guardian if the victim is under 18 or under a legal disability.**
- **Documents.** Please send copies of all the documents you have with the completed application (e.g., police report, plenary order of protection, civil no-contact order, hospital or doctor bills). If you do not have all the documents, send whatever documentation you have with the completed application. Collect copies of any additional information so that you will have it when we contact you.
- **Police reports.** To complete our investigation, we must get a police report for the incident. If you have the police report number, please include it in the crime section. If you do not have the number, please provide as much information about the crime as possible.
- **Please provide all of the requested information.** Attach additional sheets if the application does not provide sufficient space. Mail your completed application to:

Office of the Illinois Attorney General
Crime Victims Compensation Bureau
100 West Randolph Street, 13th Floor
Chicago, IL 60601

- **Address or phone number change.** Once you have submitted an application, you must let us know if your address or phone number changes; without the correct information, your claim may not be recommended for payment. Send a letter informing us of your new contact information.
- **If we determine that you are eligible for the program, additional forms will be sent to you.** These forms must be filled out and returned to our office within 30 days before any expenses can be reimbursed.
- **If you need help completing this application** or would like referrals for services, contact the Office of the Illinois Attorney General at 1-800-228-3368 (Voice), 1-877-398-1130 (TTY).

Section I. Victim and Claimant Information

- If you were the victim of a violent crime and you are over the age of 18, please fill in the victim information only. You will also be the claimant so it is not necessary for you to repeat your contact information in Part B. The claimant is someone who is applying for compensation due to a violent crime.
- If you are applying on behalf of a victim (i.e., you are the parent of a minor child or the relative of a deceased victim) please put the victim's information in Part A and your contact information in Part B. The person who fills out Part B should also be the person signing the application.
- Your correct information is necessary for our office to contact you with further questions and to send documents. If it is not correct, you may not be able to receive payment.
- A Social Security number is requested but it is not necessary.
- An advocate works with crime victims and provides assistance and referrals. You do not need an advocate to apply for compensation. However, if you are working with an advocate and you would like us to try and obtain information about your case from your advocate, please list the information in Section C.
- If there is another individual who you would like us to discuss your claim with, please provide that person's name in Section C. If the analysts working on your claim are unable to reach you, your claim may not be recommended for payment. It is helpful, but not necessary, to have another means of getting information about the claim to avoid becoming ineligible for the program.
- If you are the spouse or parent of a victim applying for your own expenses, please complete a separate application for yourself.

Section II. Crime and Court Information

- This section collects information about the crime and any court proceedings that have taken place as a result of the crime. Not all of the sections may apply to your situation; provide as much information as you have available.
- Include a police report number, if known.
- Please submit one application per crime.

Section III. Losses Claimed

- This section collects information on what types of compensable loss you may have incurred as a result of the crime. Compensable losses are those types of losses that are covered by the Crime Victims Compensation Program.
- If you have any questions or would like to have more information on the types of expenses that are compensable, please call 1-800-228-3368 (Voice), 1-877-398-1130 (TTY).

Section IV. Medical Information and Benefits

- Complete this section if you are applying for medical, dental or counseling expenses. If you are not interested in applying for these expenses, check "no" and leave this section blank.
- If you are a spouse or parent applying for counseling expenses you incurred because of the crime against your spouse or child, fill out a separate application listing yourself as the victim.
- Counseling expenses can only be considered for payment if the counseling is provided by one of the following: licensed clinical psychologist, licensed clinical social worker, licensed clinical professional counselor, licensed professional counselor or a Christian Science practitioner.

Section V. Employment Information

- Complete this section if you are applying for lost earnings. Reimbursement is available for earnings lost due to time off recovering from the crime and attending court.
- If you are a spouse or parent applying for lost earnings for time you missed from work to care for your spouse or child, fill out a separate application listing yourself as the victim.

Section VI. Funeral/Burial Information & Death Benefits

- Fill out this section if you are applying on behalf of a deceased victim.
- Loss of support is provided when a crime victim was working prior to the crime, but due to his or her death is no longer able to provide monetary support or meet a legal obligation to provide monetary support.
- We require information on all of the dependents of the victim before any recommendations can be made. Include the name(s) and phone number(s) of any dependents.

Section VII. Certification and Authorization

- The Acknowledgement of Subrogation indicates that you have read the section, understand and agree to subrogate your rights to recovery should you get restitution from the criminal case or money from a civil lawsuit. This means that if you, or any vendors on your behalf, receive money from the Crime Victims Compensation Program, you agree that if you recover money from any other source, such as from the offender or a civil suit, that you will repay the money you received from the Crime Victims Compensation Program.
- The Release of Information authorizes the Office of the Illinois Attorney General to request medical, financial and other necessary information to process your claim. The Office of the Illinois Attorney General will request only what is necessary to investigate the claim.
- Read the Certification of Application, which certifies that the information you have given in the application is true and accurate, under penalties of perjury. Make sure that you have provided the most complete and accurate available information before you sign.
- The application requests information about an attorney. However, you do not need an attorney to apply for this program.

CRIME VICTIMS COMPENSATION APPLICATION

STATE OF ILLINOIS
COURT OF CLAIMS

STATE OF ILLINOIS
ATTORNEY GENERAL

COMPLETE ALL SECTIONS TO THE BEST OF YOUR ABILITY.

SEE INSTRUCTIONS FOR INFORMATION ON FILLING OUT THE APPLICATION.

If you need help, call the Attorney General's Office at 1-800-228-3368 (Voice), 1-877-398-1130 (TTY).

SECTION I. VICTIM & CLAIMANT INFORMATION

Office Use Only

A. VICTIM INFORMATION

Victim's Name: _____ Last _____ First _____

Date of Birth: ____ / ____ / ____ Male Female

Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Work Phone: (____) ____ - _____ Other Phone: (____) ____ - _____

Social Security No.: ____ - ____ - ____

Marital Status: Single Married Divorced Widow(er) Civil Union Partner

The following information is used for statistical purposes only according to federal regulations. Providing this information is voluntary and will not affect your application. Victim's Ethnic Group:

Black (not Hispanic) American Indian or Alaskan Native White (not Hispanic) Hispanic (any Spanish culture) Asian or Pacific Islander (including Indian subcontinent) Other.

Country of Birth: _____

Do you have a disability? Yes No, If yes, nature of disability physical mental developmental.

How did you learn about Crime Victims Compensation? _____

B. CLAIMANT INFORMATION

Complete only if you are parent/legal guardian of a victim under the age of 18 or survivor of a deceased victim. Male

Claimant's Name: _____ Last _____ First _____ Date of Birth: ____ / ____ / ____ Female

Street Address: _____ Apt # _____ City: _____

State: _____ Zip Code: _____ E-mail Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Work Phone: (____) ____ - _____ Social Security No.: ____ - ____ - ____

Marital Status: Single Married Divorced Widow(er) Civil Union Partner

Relationship to victim: _____

C. CONTACT INFORMATION

- Is English your preferred language? Yes No

If no, language you are most comfortable speaking: _____

- Are you working with an advocate? Yes No If yes, please provide the following:

Name: _____ Telephone: (____) ____ - _____

Organization: _____ E-mail Address: _____

- Is there another person you would prefer us to contact to discuss your claim? Yes No

Name: _____ Telephone: (____) ____ - _____

Relationship to you: _____

SECTION II. CRIME AND COURT INFORMATION

A. CRIME INFORMATION

Police Report # _____

Date of Crime: ____ / ____ / ____ Date Crime Reported: ____ / ____ / ____

Street Address where crime occurred: _____ City: _____ County: _____

Name of Agency/Police Department crime reported to: _____

Briefly Describe crime: _____

Briefly Describe injuries: _____

- Do you know the identity of the offender(s)? Yes No

If yes, offender(s) name(s): _____

Relationship, if any, between victim and offender(s): _____

- Was the offender(s) arrested? Yes No Unknown

- Was a sexual assault evidence collection kit performed at a hospital? Yes No

- Was the victim on probation or parole for a felony at the time of the crime? Yes No

B. CRIMINAL COURT INFORMATION (If known, please complete)

- Has an offender been charged in court? Yes No Unknown

If yes, what is the charge? _____ Criminal Case # _____ County: _____

Assistant State's Attorney Name: _____ Telephone: (_____) ____ - ____

- Have you attended court for this case? Yes No

- Were you required to testify for this case? Yes No If yes, on what date? ____ / ____ / ____

• What was the outcome of the criminal case? _____

• Has restitution been ordered against an offender?: Yes No If yes, how much? \$ _____

C. ORDER OF PROTECTION INFORMATION

- Did you obtain a Plenary Order of Protection or Civil No-Contact Order? Yes No

If yes, please attach a copy of the order and enter the number: OOP# _____ CNCO# _____

D. CIVIL CASE INFORMATION

- Has a civil lawsuit been filed against anyone in relation to this incident? Yes No

If yes, please provide Civil Case # _____ County: _____

Name of lawyer handling your civil suit: _____ ARDC No.: _____

Telephone: (_____) ____ - ____ E-mail Address: _____

SECTION III. LOSSES CLAIMED

- Did the victim experience a financial loss of tuition because of the crime? Yes No
- Was it necessary to purchase a wheelchair or other equipment to make the home accessible for the victim for an injury that happened during the crime? Yes No
- Have you had to replace (or purchase) eyeglasses, hearing aids or prosthetic devices because of the crime? Yes No
- Was it necessary to leave your home because of the crime? Yes No
If yes, were you able to return to your home? Yes No
If no, did you relocate to a new home? Yes No
- Did the police take clothing or bedding as evidence that you had to replace? Yes No
- Was it necessary to replace locks and/or windows because of the crime? Yes No
- Was it necessary to hire personnel to do crime scene clean-up? Yes No
- Was it necessary to hire other people to perform tasks that the victim is now unable to perform because of the crime? Yes No

SECTION IV. MEDICAL INFORMATION & BENEFITS

- Does the victim have medical or dental costs because of the crime? Yes No
- Does the victim have counseling costs because of the crime? Yes No
- Do you expect more medical, dental or counseling costs because of the crime? Yes No

List the names and phone numbers of all doctors, hospitals, counselors or other medical service providers who treated the victim for injuries because of the crime. Please attach copies of any bills that you currently have. If you receive bills at a later date, please send them at that time.

Medical Provider	City	Provider Phone No.	Date(s) of Services	Amount of Bill
	()			
	()			
	()			
	()			
	()			

- Do you have any type of medical insurance coverage? Yes No
If yes, please check each type of coverage that is available to cover the above charges.
Note: Compensation is available only after all other medical benefits have been exhausted.

<input type="checkbox"/> Medical Card (Public Aid or AFDC)	Card Number: _____
<input type="checkbox"/> Medicare or Medical Assistance	Provider's Name: _____
<input type="checkbox"/> Private, Group, Employer or Union Health Insurance	Provider's Name: _____
<input type="checkbox"/> Workers Compensation	Provider's Name: _____
<input type="checkbox"/> Veteran's Administration, Champus	Provider's Name: _____
<input type="checkbox"/> SSI or SSDI	Provider's Name: _____
<input type="checkbox"/> Proceeds of Personal Injury or Other Litigation	Case Number: _____
<input type="checkbox"/> Hospital uninsured discount or other financial assistance program	

SECTION V. EMPLOYMENT INFORMATION

- Are you applying for any wages you lost because of the crime?.....Yes No
If yes, please answer the following questions and fill in the chart below.
 - o Were you employed at the time of the crime?.....Yes No
 - o Did you receive disability benefits or sick pay for time missed from work after the crime?.....Yes No
 - o Since the crime, have you returned to work?.....Yes No
If yes, date you returned to work: _____ / _____ / _____

Please list all employment during the six (6) months before the crime:

Name of Employer	Employer's Address	Employer's Phone No.	Victim's Net Monthly Wages (Take Home Pay)
	()		
	()		
	()		

SECTION VI. FUNERAL/BURIAL INFORMATION & DEATH BENEFITS

A. FUNERAL AND BURIAL

- Are you requesting funeral and/or burial costs? Yes No
If yes, in what amount? \$ _____

- Have these costs already been paid? Yes No
If yes, in what amount? \$ _____

Name of Person(s) Who Paid	Phone No. of Person Who Paid	Relationship Between Victim and Person Who Paid	Amount Paid
()			
()			
()			

- Name of Funeral Home: _____ Telephone: (____) ____ - _____
- Funeral Home City: _____
- Name of Cemetery: _____ Telephone: (____) ____ - _____

B. INSURANCE

- Did the victim have a life insurance policy? Yes No
If yes, provide details about the life insurance coverage:

Name of Insurance Company	Name of Beneficiary	Beneficiary's Phone No.	Amount Paid
	()		
	()		

C. LOSS OF SUPPORT TO DEPENDENTS

- Was the victim employed during the six (6) months before the crime? Yes No
- If yes, are you claiming loss of support? Yes No
If yes, fill out the rest of this section.
- At the time of death, did the deceased victim contribute financial support to:
 - o A spouse? Yes No Amount per month? \$ _____
 - o Any dependents? Yes No Amount per month? \$ _____

Please list all minor (18 years or under) dependents and any other dependents of the victim:

Name of Dependent	Relationship to Victim	Date of Birth	Name/Phone Number of Legal Guardian

SECTION VII. CERTIFICATION AND AUTHORIZATION

Acknowledgement of Subrogation: As required by the subrogation provision of the Illinois Crime Victims Compensation Act, 740 ILCS 45/17, I will contact and repay the Crime Victims Compensation Program if I receive any payments from the offender, a civil lawsuit, an insurance policy, or any other government or private agency to cover expenses for which I receive payment from the Compensation Program. I understand that I will be responsible for repaying the Compensation Program any amount for which it is later determined that I was not eligible.

Release of Information: I hereby authorize any hospital, physician, health care provider, mental health provider, funeral director, or other person who rendered related services; any employer of the victim or claimant; any law enforcement or governmental agency; any insurance company; or any other individual company, agency or organization having relevant knowledge, to furnish any and all information in their possession with respect to the incident that is the basis for this claim to the Crime Victims Compensation Bureau of the Illinois Attorney General's Office. This information is to be used in any way necessary related to my claim for an award of compensation from the Illinois Crime Victims Compensation Program.

I understand that medical records may contain information regarding care of psychiatric/psychological conditions, drug or alcohol abuse, HIV test results, AIDS, and AIDS-related conditions.

I understand that at any time I may revoke this authorization from the Illinois Attorney General's Office, except to the extent that action has been taken in reliance on this authorization. This authorization will expire in 3 years from the date the victim/claimant signed or when this claim is resolved.

This authorization complies with the requirements of 45 C.F.R. § 164.508, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Privacy Rule. A photocopy or facsimile copy of this authorization shall have the same effect as the original.

Certification of Application: I hereby certify, subject to the penalties of perjury, that all of the information that I have provided in this application is true, accurate, and complete to the best of my knowledge. I understand that if I willfully provide any information that is false, incomplete, or misleading, I may be denied benefits and/or I may be prosecuted for crimes punishable by imprisonment, a fine, or both.

Applicant's Signature

Date Signed

If the applicant is represented by counsel for this crime victims compensation claim, please provide the following:

Name of Lawyer: _____ ARDC No: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: (____) ____ - _____ E-mail Address: _____

740 ILCS 45/12 prohibits the charging of fees for presenting this form to the Court of Claims.

Please return completed application
and all subsequent information to:

**Office of the Illinois Attorney General
Crime Victims Services Bureau
100 West Randolph Street, 13th Floor
Chicago, IL 60601**