

## INFORMATION FOR VICTIMS

### Medical, Counseling, Housing, and Emergency Services

- Mercer Health Hospital
  - Address: 800 West Main Street, Coldwater, Ohio 45828
  - Telephone Numbers
    - (419) 678-2341
    - Hearing impaired: (419) 678-5677
    - Call-a-nurse health information: (888) 844-2341
  - Email: [mkremer@mercero-health.com](mailto:mkremer@mercero-health.com)
  - Website: [www.mercero-health.com](http://www.mercero-health.com)
- Foundations Behavioral Health Services
  - Address: 4761 State Route 29, Celina, Ohio 45822
  - Telephone Number: (419) 584-1000
  - Email: [info@foundationsbhs.org](mailto:info@foundationsbhs.org)
  - Website: [foundationsbhs.org](http://foundationsbhs.org)
- Our Home Family Resource Center
  - Address: 117 West Fayette Street
  - Telephone Number: (419) 586-4663
  - Email: [ourhome@ourhomefrc.com](mailto:ourhome@ourhomefrc.com)
  - Website: [ourhomefrc.com](http://ourhomefrc.com)
- For all emergencies, call 911

### Compensation for Victims

- See attached
- For more information, contact:
  - Fort Recovery Police Department
    - Address: 201 South Main Street, Fort Recovery, Ohio 45846
    - Telephone Number: (419) 375-2662
  - Mercer County Prosecutor's Office
    - Address: 119 North Walnut Street, Celina, Ohio 45822
    - Telephone Number: (419) 586-8677
  - Ohio Attorney General
    - Address: 30 East Broad Street, 14<sup>th</sup> Floor, Columbus, Ohio 43215
    - Telephone Numbers: (614) 466-4986; (800) 282-0515
    - Website: <http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Apply-for-Victims-Compensation>

### Protection Available to Victims

- See attached

### Criminal Investigation Information

- Fort Recovery Police Department officer assigned to investigate your case:
  - Name: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Telephone Number: (419) 375-2662
  - *If you are not notified of the arrest of the offender within a reasonable period of time, you may contact the Fort Recovery Police Department to learn the status of the case.*
- Mercer County Prosecutor's Office
  - See address and telephone number listed above

## VICTIMS' RIGHTS

Under Article I, Section 10a of the Ohio Constitution, a victim of a crime has certain enumerated rights (set forth below), which shall be protected in a manner no less vigorous than the rights afforded to the accused. "Victim" means a person against whom the criminal offense or delinquent act is committed or who is directly and proximately harmed by the commission of the offense or act. The term "victim" does not include the accused or a person whom the court finds would not act in the best interests of a deceased, incompetent, minor, or incapacitated victim.

The victim, the attorney for the government upon request of the victim, or the victim's other lawful representative, in any proceeding involving the criminal offense or delinquent act against the victim or in which the victim's rights are implicated, may assert the rights set forth below and any other right afforded to the victim by law. If the relief sought is denied, the victim or the victim's lawful representative may petition the court of appeals for the applicable district, which shall promptly consider and decide the petition.

**1) To be treated with fairness and respect for the victim's safety, dignity and privacy.**

- Right to receive crime victim information. After its initial contact with a victim of a crime, *the law enforcement agency responsible for investigating the crime* promptly shall give to the victim, in writing, all the following information:
  - An explanation of the victim's rights;
  - Information about medical, counseling, housing, emergency, and any other services that are available to a victim;
  - Information about compensation for victims under the program in sections 2743.51 to 2743.72 of the Ohio Revised Code and the name, street address, and telephone number of the agency to contact; and
  - Information about protection available to the victim, including protective orders issued by a court.
- Right to receive criminal investigation information. As soon as practicable after its initial contact with a victim, *the law enforcement agency responsible for investigating the crime* shall give to the victim all the following information:
  - The business telephone number of the law enforcement officer assigned to investigate the case;
  - The office address and business telephone number of the prosecutor's office; and
  - A statement that, if the victim is not notified of the arrest of the offender within a reasonable period of time, the victim may contact the law enforcement agency to learn the status of the case.

**2) Upon request, to reasonable and timely notice of all public proceedings involving the criminal offense or delinquent act against the victim, and to be present at all such proceedings.**

- Notification when a suspect is released or arrested. Within a reasonable period of time after the arrest of a defendant, *the law enforcement agency that investigates the crime* shall give the victim notice of all the following:
  - The arrest;
  - The name of the defendant;
  - Whether the defendant is eligible for pretrial release;
  - The telephone number of the law enforcement agency; and
  - The victim's right to telephone the agency to ascertain whether the defendant has been released from custody.
- Notification of court dates. Upon the request of the victim, *the prosecutor* shall give the victim notice of the date, time, and place of any scheduled criminal proceedings in the case and notice of any changes in those proceedings or in the schedule in the case.
- Notification of criminal case results. Upon request, the victim will be notified of the results of the case. If the defendant is convicted, the notice from *the prosecutor* shall include all of the following:
  - The crimes of which the defendant was convicted;
  - If a presentence investigation is ordered, the address and telephone number of the probation officer or other person, if any, that is to prepare a presentence investigation report and the address and telephone number of the person, if any who is to prepare a victim impact statement;
  - If a presentence investigation is ordered, notice that the victim may make a victim a statement about the impact of the crime to the probation officer or person preparing a victim impact statement for inclusion in the report, that the statement contained within the report will be made available to the defendant unless the court exempts it from disclosure and that the court may make the victim impact statement available to the defendant;
  - Notice of the victim's right to make a statement about the impact of the crime before sentencing;
  - Date, time, and location of the sentencing or dispositional hearing; and
  - Any sentence imposed, including judicial release or modification after an offender's successful appeal.
- A victim who requests to receive any further notice from the prosecutor shall keep the prosecutor informed of their current address and telephone number until the final disposition in the case.

**3) To be heard in any public proceeding involving release, plea, sentencing, disposition, or parole, or in any public proceeding in which a right of the victim is implicated.**

- Right to attend court proceedings. A victim has the right to attend the trial and any related hearings or proceedings (except for grand jury proceedings), unless the court finds that the victim's presence interferes with the suspect's right to a fair trial. A victim may request that an advocate or support person accompany the victim to the court hearing.

- Right to a victim's representative. If a victim is a minor or is incapacitated, incompetent, or deceased, or if the victim chooses to designate another person, a member of a victim's family or another person may exercise the rights of the victim as the victim's representative. If a victim's representative is chosen, the victim or the victim's representative shall notify the prosecutor that the victim's representative is to act for the victim.
- 4) **To reasonable protection from the accused or any person acting on behalf of the accused.**
- Right to protection while in court. *The court* must make a reasonable effort to minimize contact between the victim, victim's family, victim's representatives, or witnesses for the prosecution and the defendant, defendant's family, or witnesses for the defense before, during, and immediately after court proceedings. *The court* shall provide a waiting area for the victim, members of the victim's family, the victim's representative, or witnesses for the prosecution that is separate from the waiting area provided for the defendant, members of the defendant's family, and defense witnesses if a separate waiting area is available and the use of the area is practicable.
  - Right to protection outside of court. If a defendant has been released from custody on a bond or personal recognizance and the prosecutor in the case has received the affidavit of a victim stating that the defendant, or someone acting at the defendant's direction, has committed or threatened to commit one or more acts of violence or intimidation against the victim, the victim's family, or the victim's representative, *the prosecutor* may file a motion asking the court to reconsider the conditions of the bond or personal recognizance.
- 5) **Upon request, to reasonable notice of any release or escape of the accused.**
- 6) **Except as authorized by Article I, Section 10 of the Ohio Constitution, to refuse an interview, deposition, or other discovery request made by the accused or any person acting on behalf of the accused.**
- 7) **To full and timely restitution from the person who committed the criminal offense or delinquent act against the victim.**
- 8) **To proceedings free from unreasonable delay and a prompt conclusion of the case.**
- Notification of substantial delay. If a motion, request, or agreement between counsels is made in a case that might result in a substantial delay in the prosecution of the case, *the prosecutor*, to the extent practicable and if the victim has requested notice, shall inform the victim that the motion, request, or agreement has been made and that it might result in a delay. If the victim objects to the delay, the prosecutor shall inform the court of the victim's objections, and the court shall consider the victim's objections in ruling on the motion, request, or agreement.
- 9) **Upon request, to confer with the attorney for the government.**
- Right to confer with the prosecutor. *The prosecutor* in a case, to the extent practicable, shall confer with the victim in the case before pretrial diversion is granted to the defendant, before amending or dismissing a complaint against that defendant, before agreeing to a negotiated plea for that defendant, and before a trial of that defendant by judge or jury. A court shall not dismiss a criminal complaint solely at the request of the victim and over the objection of the prosecutor.
- 10) **To be informed, in writing, of the rights enumerated in Article I, Section 10a of the Ohio Constitution (and set forth herein).**
- Right to notice from the prosecutor. Once a prosecution in a case has been commenced, *the prosecutor or a designee of the prosecutor*, to the extent practicable, promptly shall give the victim all of the following information:
    - The name of the crime with which the defendant in the case has been charged and the name of the defendant;
    - The file number of the case;
    - A brief statement regarding the procedural steps in a criminal prosecution involving a crime with which the defendant has been charged and the right of the victim to be present during all proceedings held throughout the prosecution of the case;
    - A summary of the rights of a victim;
    - Procedures the victim or the prosecutor may follow if the victim becomes subject to threats or intimidation by the defendant, or any other person;
    - The name and business telephone number of a person to contact for further information with respect to the case;
    - The right of the victim to have a victim's representative exercise the victim's rights and the procedure by which a victim's representative may be designated;
    - Notice that any notification under division (C) of section 2930.06, sections 2930.07 to 2930.15, division (A), (B), or (C) of section 2930.16, sections 2930.17 to 2930.19, and section 5139.56 of the Ohio Revised Code will be given to the victim only if the victim asks to receive the notification and that notice under division (E)(2) or (K) of section 2929.20, division (D) of section 2930.16, division (H) of section 2967.12, division (E)(1)(b) of section 2967.19, division (A)(3)(b) of section 2967.26, division (D)(1) of section 2967.28, or division (A)(2) of section 5149.101 of the Ohio Revised Code will be given unless the victim asks that the notification not be provided.

## **Ohio's Victim of Crime Compensation Program: Questions and Answers**

**Q:** I understand Ohio has a Victim of Crime Compensation program. What does the program do?

**A:** Ohio's Victim of Crime Compensation program reimburses crime victims, their families and others who may incur specific expenses as a result of a crime of violence, including medical bills, lost wages, counseling, and funeral expenses. The program also covers reimbursement for additional expenses such as hearing aids, dental aids, glasses, walkers and wheelchairs. Recently the program was amended to include reimbursement for clothing damaged by medical personnel in the course of treatment. Reimbursement for expenses is considered after all payments or adjustments from insurance providers or other available sources have been made.

**Q:** How would I qualify for this program?

**A:** If you were a victim of a crime and have incurred out-of-pocket expenses not covered by insurance or another source, you might be eligible for this program. Family members of an injured victim also may be eligible under certain circumstances.

**Q:** What if the person who hurt me was a family member?

**A:** You still are eligible to apply for this program. In addition, the program may pay for an attorney to help you get a protective order, as long as the order requires physical separation between you and the offender.

**Q:** Do I need to make a police report in order to qualify for the program?

**A:** Yes. The victim must file a police report and cooperate with law enforcement personnel. The former 72-hour deadline for filing a police report has been eliminated, however.

**Q:** What if the person who injured me was never officially charged with a crime?

**A:** The person does not have to be charged with or convicted of a crime for you to participate in the program. However, you must cooperate fully with law enforcement in investigating and prosecuting the person who injured you.

**Q:** Can I receive compensation for pain and suffering through this program?

**A:** No.

**Q:** Can I receive compensation for stolen, damaged or lost property?

**A:** Generally, no. However, reimbursements for crime scene cleanup and repairs for safety, items taken for evidence and the replacement cost for clothing damaged due to medical treatment and assessment may be available.

**Q:** Must I file a claim for compensation through the program within a certain amount of time?

**A:** An adult victim can file any time after the crime has occurred. In the case of a minor, a claim must be filed within two years of the person's 18th birthday or within two years after a complaint, indictment or information is filed against the offender, whichever is later.

**Q:** Is there any restriction on who can participate in the program?

**A:** Yes. For example, you are ineligible for the program if you were the person who committed the crime or you engaged in misconduct that caused or contributed to your injuries. Certain types of criminal history will also disqualify you. More details are available from the Ohio Attorney General's office ([www.ohioattorneygeneral.gov/Individuals-and-Families/Victims](http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims)).

**Q:** Must I use an attorney in order to get help through this program?

**A:** No. Crime victims are not required to have an attorney for this program. However, if you choose to use an attorney to assist you in applying for compensation, the attorney's fee will not be deducted from your award.

**Q:** Do I have to pay the attorney if I decide to use one to help me apply for compensation?

**A:** No. After your claim is resolved, the attorney who worked on your claim should submit his or her attorney fees to the Victim of Crime Compensation program for consideration. There is no fee to you.

**Q:** How can I learn more?

**A:** For more details about Ohio's Victim of Crime Compensation program you may contact the Ohio Attorney General's office at 1-800-582-2877) or visit [www.ohioattorneygeneral.gov/Individuals-and-Families/Victims](http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims).

**This "Law You Can Use" column was provided by the Ohio State Bar Association (OSBA). It was originally prepared by Cleveland-area attorney Deborah Zaccaro Hoffman. It was updated by Melissa Montgomery, unit coordinator for the Crime Victim Section of the Ohio Attorney General's Office.**

## **Apply for Victims Compensation**

If you or your family members are innocent victims of a violent crime, financial assistance may be available. The following is a list of guidelines to help you determine whether you might be eligible for a payment. For specific questions, call the Attorney General's Office at 800-582-2877. Applications and supplemental applications can be mailed to: 30 E. Broad St., 23rd Floor, Columbus, Ohio 43215

### **Crime Victims Compensation Guidelines**

#### **Effective April 7, 2017: Ohio Crime Victim Compensation Program Statutory Changes**

##### **Who may be eligible to receive a payment:**

- Victims injured as result of violent crime.
- Dependents of homicide victims.
- Claimants responsible for crime victims' expenses, such as parents or guardians.

##### **Who may not be eligible to receive a payment:**

- Offenders or accomplices of offenders.
- Victims who have a felony conviction, or a child endangering or domestic violence conviction, within 10 years prior to the crime or while the claim is pending; or anyone who engaged in a felony offense of violence or felony drug trafficking, within 10 years prior to the crime or while the claim is pending; or anyone who, at the time of the crime, engaged in felony drug possession.
- Victims whose crimes are not reported to law enforcement.
- Victims who do not fully cooperate with law enforcement.
- Victims who committed criminal or tortious acts that contributed to their injuries.

##### **Payments can cover:**

- Medical and related expenses.
- Counseling for immediate family members of victims of homicide, sexual assault, or domestic violence.
- Wages lost because of the crime.
- Crime scene cleanup for personal security, such as doors and windows.
- The cost to replace items taken as evidence.
- The cost to replace items of clothing damaged as a result of medical treatment or assessment.
- Payment for hearing aids, eyeglasses or other vision aids, dental appliances, teeth or other dental aids, canes, walkers, wheelchairs, and other mobility equipment.
- Lost wages and travel expenses for family members of a deceased victim to attend court proceedings.
- Financial support for dependents of a deceased victim.

- Funeral and burial expenses.

The maximum total payments are limited to \$50,000, and several expenses have caps. Payments cannot be made for pain and suffering or for stolen, damaged, or lost property. The Attorney General's Office will not pay victims for expenses that can be covered by any other available sources, such as insurance.

#### **Changes to the compensation program:**

- An adult or minor victim can file any time after the crime has occurred.
- The 72 hours reporting requirement has been removed. Victim must still report and cooperate with law enforcement.
- The program now compensates for items of clothing damaged as a result of medical treatment or assessment.
- The program will also compensate for hearing aids, eyeglasses or other vision aids, dental appliances, teeth or other dental aids, canes, walkers, wheelchairs, and other mobility equipment.
- Attorney fees for civil protection orders' hourly rate for legal work went up from \$60.00 per hour to \$100.00. The maximum amount for attorney fees per claim was changed to \$1,000.00.
- Reasonable travel time to attend hearings is limited to 3 hours round trip for each hearing at \$30.00 per hour.
- The cap on individual attorneys or law firms was eliminated.
- A supplemental application may be filed within six years of the last decision of the Attorney General, an Ohio Court of Claims panel commissioner, or a Court of Claims judge.

### **Protection Orders**

A protection order is granted by a judge. It orders the defendant to stay away from a victim. The defendant should not enter your home or approach you at your place of work or school. If the defendant violates the protection order, a new charge could be filed, and the defendant could be arrested.

#### **Temporary Protection Order (TPO)**

- Limits or prohibits contact between the abuser and the victim
- Granted by municipal and county courts at no cost to the victim
- Can be granted if an abuser is arrested for domestic violence or if the victim wants to press criminal charges against the abuser by filing a complaint
- Only lasts as long as the criminal proceedings
- Abusers can be arrested, charged, and jailed for violating a TPO

#### **Civil Protection Order (CPO)**

- Granted by the county's domestic relations court
- Intended to prevent further domestic violence

- No filing fee
- May do the following:
  - Grant possession of the residence or household to you and/or other family members, to the exclusion of the abuser; evict the abuser; order the abuser to vacate the premises; or (if the abuser has the duty to support you) order the abuser to provide suitable, alternative housing
  - Award temporary custody and establish temporary custody orders of minor children (if no other court has determined custody and visitation rights)
  - Require the abuser to maintain support if the abuser customarily provides for or contributes to the support of the family or household, or if the abuser has a duty to support under the law
  - Require counseling
  - Grant any other relief that the court considers fair

### **Civil Stalking (CSPO) or Sexually Oriented Offense Protection Order (SOOPO)**

- Granted by Common Pleas Court, General Division
- Intended to ensure the safety and protection of victims of stalking or sexual assault
- No family or household member relationship required, but any parent or adult family or household member may seek relief for any other family or household member
- No filing fee

### **Stay Away and Restraining Orders**

- Often issued by judges in criminal cases as conditions of bond or probation
- Defendant not automatically arrested if order is violated; victim must contact prosecutor or probation department to have the bond revoked or a probation revocation hearing held
- Restraining orders issued in divorces are not enforceable by police

**For additional information on protection orders, contact your local prosecutor's office or the Ohio Attorney General's Office.**



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

## Ohio Victims of Crime Compensation Program

### Application for Compensation

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*If you or your family members are innocent victims of a violent crime,  
financial assistance may be available.*

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The Ohio Victims of Crime Compensation Program helps victims with certain out-of-pocket expenses caused when people are physically injured, emotionally harmed or killed by violent criminal acts. Program costs are paid by criminal fines and not by Ohio's taxpayers.

For more information, call:

**614-466-5610**

Toll-free numbers:

For specific case information:

**800-582-2877**

For general information:

**877-584-2846 (877-5VICTIM)**

**[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)**

30 E. Broad St. 23rd Floor  
Columbus, OH 43215



## **ELIGIBILITY CHECKLIST**

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If you answer "yes" to all these questions, you may be eligible for help from this program.

- The crime was reported and the victim cooperated with requests of law enforcement.
- The victim was not committing a criminal act that caused or contributed to the injuries.
- The victim has incurred expenses that are not fully covered by collateral sources.

## **WHO MAY BE ELIGIBLE?**

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- Innocent victims of violent crime
- Someone who legally assumes the financial responsibility in behalf of a victim of violent crime
- For crimes resulting in death, the dependants of that victim or someone assuming the financial responsibility for that victim/family member
- In certain crimes, family members may be eligible for compensation

## **WHO IS NOT ELIGIBLE?**

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- The offender
- Anyone who engaged in a felony of violence or drug trafficking within 10 years prior to the crime that caused the injury or during the pendency of the claim
- A victim or claimant who has been convicted of a felony within 10 years prior to the crime that caused the injury or during the pendency of the claim
- A claimant who has been convicted of a child endangering or domestic violence offense within 10 years prior to the crime that caused the injury or during the pendency of the claim

## **WHAT ARE SOME COSTS THAT MAY BE PAID?**

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- Medical and related expenses
- Counseling for family members of victims for specific crimes (up to \$2,500 each). Maximum \$7,500 per claim
- Wages lost as a result of attending funeral or certain court proceedings, medically unable to work or in certain cases to aid in the care or recovery of the victim
- Crime scene cleanup/repair for safety (up to \$750)
- Evidence replacement (up to \$750)
- Funeral expenses (up to \$7,500)

## **ARE THERE LIMITS ON COMPENSATION?**

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- Yes. Compensation cannot be paid for pain and suffering, stolen, damaged, or lost property.
- Compensation is not paid for costs payable by other sources (such as insurance or Bureau of Workers' Compensation).
- The total award must be \$50 or more before payment is made.



**MIKE DEWINE**  
★ OHIO ATTORNEY GENERAL ★

# Ohio Victims of Crime Compensation Program

## Application for Crime Victim Compensation

### Please type or print using blue or black ink

After an application has been filed, the law may provide for payment of an emergency award of up to \$2,000 to qualified claimants who, because of the crime, will suffer undue hardship without immediate economic relief and if a final award is likely.

THIS DOCUMENT IS A PUBLIC RECORD. EXCEPT FOR INFORMATION THAT IS PROTECTED BY STATE OR FEDERAL LAW, INFORMATION YOU PROVIDE ON THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE UPON REQUEST.

### SECTION 1: VICTIM INFORMATION

*Person injured or killed as a result of the crime. If more than one victim is affected, a separate application is required for each victim.*

Victim's name (first/middle initial/last) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ ZIP code \_\_\_\_\_ E-mail \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Victim is/was: **a.** male ☐ female ☐ **b.** single ☐ married ☐ separated ☐ divorced ☐ widowed ☐  
 Has victim been arrested for, or convicted of, any felony, domestic violence or child endangering offenses within 10 years prior to the injury or since the injury? Yes ☐ No ☐  
 Has victim lived in any state other than Ohio in the 10 years preceding the crime? Yes ☐ No ☐  
 If yes, list each state and indicate when the victim lived there. \_\_\_\_\_  
 \_\_\_\_\_  
 Home telephone ( ) \_\_\_\_\_ Work telephone ( ) \_\_\_\_\_ Cell telephone ( ) \_\_\_\_\_

### SECTION 2: CLAIMANT INFORMATION (if different than victim)

*Claimant cannot be a minor.*

Claimant's name (first /middle initial /last) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ ZIP code \_\_\_\_\_ E-mail \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Relationship to victim \_\_\_\_\_  
 Claimant is: **a.** male ☐ female ☐ **b.** single ☐ married ☐ separated ☐ divorced ☐ widowed ☐  
 Has claimant been arrested for, or convicted of, any felony, domestic violence or child endangering offenses within 10 years prior to the injury or since the injury? Yes ☐ No ☐  
 Has claimant lived in any state other than Ohio in the 10 years preceding the crime? Yes ☐ No ☐  
 If yes, list each state and indicate when claimant lived there. \_\_\_\_\_  
 \_\_\_\_\_  
 Home telephone ( ) \_\_\_\_\_ Work telephone ( ) \_\_\_\_\_ Cell telephone ( ) \_\_\_\_\_

### SECTION 3: CRIME INFORMATION

Date of crime \_\_\_\_\_ Date crime reported \_\_\_\_\_  
 Did crime happen while on the job? Yes ☐ No ☐  
 Location/address where crime occurred \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_  
 Law enforcement agency crime reported to \_\_\_\_\_  
 Suspected offender(s) and address(es). *Use additional sheet if necessary.* \_\_\_\_\_  
 \_\_\_\_\_  
 Description of crime: Homicide ☐ Assault ☐ Robbery ☐ Sexual assault ☐ Domestic violence ☐ Other \_\_\_\_\_  
 What were the victim's injuries? \_\_\_\_\_  
 Did the victim die as a result of the crime or from crime-related injuries? ☐ Yes ☐ No Date of death \_\_\_\_\_

## SECTION 4: COMPENSATION REQUESTED

Check all that apply.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Medical and related expenses | <input type="checkbox"/> Items held as evidence by law enforcement  | <input type="checkbox"/> Counseling expenses for immediate family members                                   |
| <input type="checkbox"/> Lost wages                              | <input type="checkbox"/> Counseling expenses for victim   | <input type="checkbox"/> Travel/lost wages to attend criminal justice proceedings when a victim is deceased |
| <input type="checkbox"/> Clothing damaged by medical treatment   | <input type="checkbox"/> Crime scene cleanup  | <input type="checkbox"/> Future loss of support/care for dependents of a deceased victim                    |
| <input type="checkbox"/> Protection order fees                   | <input type="checkbox"/> Replacement services (paying someone to do what the victim would normally do such as housecleaning, child care, errands, etc.) | <input type="checkbox"/> Mileage  |
| <input type="checkbox"/> Funeral and burial                      |   |   |

## SECTION 5: VICTIM'S FIRST MEDICAL TREATMENT

Name, address, and date of service for victim's first medical treatment (doctor or hospital, whichever was first)

Doctor/hospital \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_ Date(s) treated \_\_\_\_\_

If seeking payment of hospital bills, the following information is needed to determine eligibility for the Hospital Care Assurance Program.

How many are in the household? \_\_\_\_\_ What was the annual household income at the time of the hospitalization? \$ \_\_\_\_\_

## SECTION 6: INSURANCE AND BENEFIT INFORMATION

All bills must be submitted to insurance or benefit plans before compensation can be considered.

Were there insurance or benefit plans to cover expenses at the time of the crime? Yes ☐ No ☐ At present? Yes ☐ No ☐

If yes, check all boxes that apply and give details in the space provided.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Health insurance plan<br><small>(Please send front and back copy of card)</small> | <input type="checkbox"/> Employers/union group        | <input type="checkbox"/> Workers' compensation                  | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Auto insurance  | <input type="checkbox"/> Homeowner's insurance        | <input type="checkbox"/> Restitution or money from the offender | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Private accident health plan | <input type="checkbox"/> Medicare                               |   |

Name of insurance company/benefit plan \_\_\_\_\_ Member telephone ( ) \_\_\_\_\_  
Street address or P. O. box \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Policy holder/beneficiary's name \_\_\_\_\_ Policy holder/beneficiary's Social Security number \_\_\_\_\_  
Policy no. \_\_\_\_\_ Group no. \_\_\_\_\_

## SECTION 7: EMPLOYMENT INFORMATION

Complete if filing for loss of earnings. Provide copies of 6 paychecks prior to crime.

Employed at time of the injury? Yes ☐ No ☐ Employer e-mail address \_\_\_\_\_  
Employer/business name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Dates absent from work due to crime-related injuries \_\_\_\_\_  
Name of doctor certifying time off from work \_\_\_\_\_ Doctor's telephone ( ) \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Did you receive (check all that apply):  
☐ Sick pay ☐ Workers' compensation ☐ Disability ☐ Union or fraternal plan benefits ☐ Food stamps /cash grant ☐ Other (please specify)

## SECTION 8: FUNERAL EXPENSES

Complete if filing for funeral expenses. Check all that apply.

Funeral home name and complete address \_\_\_\_\_

If you have a copy of the death certificate, please include a copy with your application.

**Signature required on reverse side.**

## SECTION 9: ALL MINOR DEPENDENTS OF DECEASED VICTIMS

Use additional sheets if needed.

Name	Date of birth	Social Security number	Name and address of guardian

## SECTION 10: ATTORNEY AND/OR VICTIM ASSISTANCE PROGRAM

Has a private attorney represented you in:

Filing this claim? Yes ☐ No ☐ Suing the offender or a third party? Yes ☐ No ☐ An insurance claim? Yes ☐ No ☐ Obtaining a civil protection order? Yes ☐ No ☐

### VICTIM ASSISTANCE PROGRAM

In some cases there may be a local advocate available to help you as well. We may contact an advocate to help process your claim.

Name of victim assistance program that helped with this application \_\_\_\_\_

Street address \_\_\_\_\_

City/state/ZIP code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

### ATTORNEY ASSISTANCE

Attorney's name \_\_\_\_\_

Street address \_\_\_\_\_

City/state/ZIP code \_\_\_\_\_

Work telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Attorney's signature \_\_\_\_\_

Attorney's Social Security or tax ID number \_\_\_\_\_

To submit an application, an attorney is not required. If an attorney does help, he/she must sign the application. An attorney cannot charge an applicant for his/her representation and must submit fees to the Ohio Victims of Crime Program.

## SECTION 11: VICTIM STATISTICAL INFORMATION

For statistical purposes only. This is strictly voluntary.

Race: ☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Other

Do you have a disability? ☐ Yes ☐ No If yes, nature of disability ☐ Physical ☐ Mental ☐ Developmental

## SECTION 12: SUBROGATION, AUTHORIZATION, AND SIGNATURE YOU MUST BE 18 YEARS OF AGE OR OLDER TO SIGN THE APPLICATION.

Have you requested restitution? Yes ☐ No ☐ Court \_\_\_\_\_ Result \_\_\_\_\_

Have you made a claim for any governmental benefits? Yes ☐ No ☐ From whom \_\_\_\_\_

Have you contacted an attorney to sue or make claim regarding this incident? Yes ☐ No ☐ Attorney's name \_\_\_\_\_

Have you filed a claim with any insurance company regarding this incident? Yes ☐ No ☐ Insurance claim number \_\_\_\_\_

Mailing address for insurer \_\_\_\_\_

I understand that if I get money from any other source to cover the same expenses paid through the Crime Victims Compensation Program, I must reimburse the state of Ohio that amount of money. (Ohio Revised Code Section 2743.72)

I hereby authorize any person (including any physician, medical facility or health care provider), employer organization, the Ohio Department of Job and Family Services, the appropriate county Department of Job and Family Services or Child Support Enforcement Agency (for purposes of child support enforcement), law enforcement agency or government agency, upon request, to release to the Ohio Attorney General, the Court of Claims of Ohio or to my attorney, a copy of any report, document, record, criminal record, or other information (including tax information or returns, or medical information) in any way relating to my claim for an award of reparations under the Ohio Victims of Crime Compensation Program.

I understand that failing to provide my Social Security number may significantly impede the processing of my claim. 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 disclosure of confidential information from medical records may be protected by state or federal law. If applicable, state law (Ohio Revised Code Section 3701.243) and federal regulations (42 CFR part 2) prohibit the Ohio Attorney General or the Court of Claims of Ohio from making any further disclosure of confidential information without my specific written consent or as otherwise permitted by such regulations. This authorization or a copy hereof shall be valid for a period of two years without any further consent by me.

**I understand that the information I have provided is being relied upon as truthful and accurate. By signing below, I swear or solemnly affirm under penalty of law that all information provided by me or on my behalf is true and accurate to the best of my knowledge and belief.**

**X**

Signature of person seeking compensation (or signing as the legal guardian of a minor)

Date of signature

**This release must be signed and dated for the application to be processed.**

**AUTHORIZATION FOR USE OR DISCLOSURE OF PSYCHOTHERAPY NOTES**

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**PATIENT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**VICTIM/CLAIMANT'S NAME:** \_\_\_\_\_

I, \_\_\_\_\_, authorize the disclosure of information from my/the patient's health record. I authorize the disclosure or use of the patient's **PSYCHOTHERAPY NOTES**.

The information is to be disclosed by any covered entity — including employer(s), physicians, medical facilities, health care providers, mental health care providers, insurance companies, billing departments, health care clearinghouses, health plans, and pharmaceutical entities — and is to be provided to the Ohio Attorney General, the Court of Claims of Ohio or to my attorney. This information is to be used in any way necessary related to my/the patient's claim for an award of reparations from the Ohio Victims of Crime 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 the covered entity from which the Ohio Attorney General seeks to obtain records may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

I understand that the Ohio Attorney General is not a covered entity and is not subject to privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This authorization complies with the requirements of 45 CFR 164.508, HIPAA and the HIPAA Privacy Rule.

A photocopy or facsimile copy of this authorization release shall have the same effect as the original.

I understand that I may revoke this authorization in writing submitted at any time to the Ohio Attorney General, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.

**VICTIM'S/CLAIMANT'S SIGNATURE** **X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CLAIMANT'S RELATIONSHIP TO VICTIM** \_\_\_\_\_

**Do not write in this space-For Internal Use Only**  
**Claim number:**

**Signature required above.**

## AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION

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**PATIENT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**VICTIM/CLAIMANT'S NAME:** \_\_\_\_\_

I, \_\_\_\_\_, hereby voluntarily authorize the disclosure of information from the above patient's health record. I authorize the disclosure or use of **THE PATIENT'S ENTIRE RECORD**, excluding psychotherapy notes.

This information is to be disclosed by any covered entity, including any physician, medical facility, health care provider, mental health care provider, insurance company, billing department, health care clearinghouse, health plan or pharmaceutical entity, employer organizations, Ohio Department of Job and Family Services, Child Support, law enforcement or governmental agency, upon request to release and is to be provided to the Ohio Attorney General, the Court of Claims of Ohio, or to my attorney a copy of any report, document, record, criminal record or other information (including tax information or medical information). This information is to be used in any way necessary related to my claim for an award of reparations from the Ohio Victims of Crime 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 the covered entity from which the Ohio Attorney General seeks to obtain records may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

I understand that failing to provide my Social Security number may significantly impede the processing of my claim.

I understand that the Ohio Attorney General is not a covered entity and is not subject to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, I understand that the Ohio Public Records Act (Ohio Revised Code Section 149.43) prohibits the Attorney General or the Court of Claims of Ohio from making any further disclosure of confidential information without my specific written consent or as otherwise permitted by such regulations.

This authorization complies with the requirements of 45 CFR 164.508, HIPAA, and the HIPAA Privacy Rule.

A photocopy or facsimile copy of this authorization release shall have the same effect as the original.

I understand that I may revoke this authorization in writing submitted at any time to the Ohio Attorney General, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.

**VICTIM'S/CLAIMANT'S SIGNATURE** **X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CLAIMANT'S RELATIONSHIP TO VICTIM** \_\_\_\_\_

**Do not write in this space. For internal use only.**  
**Claim number:**

**Signature required above.**