



State of Utah
UTAH OFFICE FOR VICTIMS OF CRIME

350 East 500 South Suite 200
Salt Lake City, Utah 84111
(801) 238-2360 or Toll Free 1-800-621-7444
Fax (801) 533-4127
Email crimevictims@utah.gov

DO NOT WRITE IN THIS SPACE

File # _____

APPLICATION FOR THE CRIME VICTIM REPARATIONS PROGRAM

Section 1. VICTIM INFORMATION

Victim Name/s	Date of Birth	Gender	Marital Status	Disabled Y/N	Race
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____

Mailing Address: _____ Apt # _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: Primary: () _____ Secondary: () _____ Email: _____

Section 2. APPLICANT INFORMATION (Complete this section if the victim is a minor, incapacitated, or deceased)

Applicant Name	Date of Birth	Gender	Marital Status	Disabled Y/N	Race
_____	_____	_____	_____	_____	_____

Mailing Address: _____ Apt # _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: Primary: () _____ Secondary: () _____ Email: _____

Relationship to the Victim: Spouse Parent Sibling Child Other _____

Section 3. INSURANCE (Failure to provide this information will delay processing of the application)

Does the victim have: Health Insurance Medicaid Workers Compensation None

Name of Health Insurance Provider _____ Did the crime involve a vehicle? Yes No

Policy Number _____ Auto Insurance Provider _____

Section 4. CRIME INFORMATION

Law Enforcement Agency: _____ Law Enforcement Case Number: _____ Crime Date: _____

Complete Address of the Crime: Street Address: _____ City: _____ State: _____ County: _____

Brief Description of the Crime: _____

Type of Weapon Used: _____

Section 5. OFFENDER INFORMATION (Person/s who committed the crime)

Offender Name	Offender Date of Birth	Offender Social Security Number
_____	_____	_____

Has the offender been charged in District Court?: Yes No Has the offender been charged in Justice Court?: Yes No

Court Case # _____ Court Case # _____

Section 6. CIVIL SUIT INFORMATION (You must notify UOVC within 30 days of filing or settling any action or claim for your damages)

Have you hired an attorney for a civil suit?: Yes No

Attorney's Name: _____ Phone Number: () _____

Address: _____ City: _____ State _____ Zip: _____

Section 7. REFERRED BY

- | | | |
|---|--|--|
| <input type="checkbox"/> Police Agency | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Children's Justice Center |
| <input type="checkbox"/> Police Agency Victim Advocate | <input type="checkbox"/> Hospital | <input type="checkbox"/> Non-Profit Service Agency |
| <input type="checkbox"/> Prosecuting Agency | <input type="checkbox"/> Dentist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prosecuting Agency Victim Advocate | <input type="checkbox"/> Mental Health Counselor | |

Section 8. BENEFITS (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Relocation and related expenses |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Replacement services loss (example: child care, convalescent care, meal preparation, house cleaning/laundry) |
| <input type="checkbox"/> Loss of earnings due to crime | <input type="checkbox"/> Eye glasses, hearing aids, or other medically necessary devices |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Replacement of door locks or windows |
| <input type="checkbox"/> Loss of support to dependents (Homicide Claims Only) | |
| <input type="checkbox"/> Funeral and burial expenses | |

Section 9.

IMPORTANT - PLEASE READ CAREFULLY

Assignment of Recovery

I understand that pursuant to Utah Code § 63M-7-519 any money I recover from court imposed restitution; civil claim or lawsuit; insurance settlement; or other governmental or private agency shall entitle the Utah Office for Victims of Crime to reimbursement of any compensation awarded to me or on my behalf. I hereby assign all rights for recovery to the Utah Office for Victims of Crime including the right to initiate and enforce a claim for restitution in any court having jurisdiction within the State of Utah, regardless of whether I am made whole by any recovery. I further agree to notify the Office in writing within thirty (30) days of the date that I initiate any legal proceedings or negotiations to recover my losses.

Applicant/Victim Authorization for Release of Information

I hereby authorize the release of information to the Utah Office for Victims of Crime, including information or documents that are otherwise restricted by statute or rule, in order to evaluate my eligibility for benefits. I understand this information may be provided to law enforcement, prosecutors and medical or mental health providers in accordance with the provisions of the Government Records Access and Management Act.

Declaration of Truthfulness

I hereby declare that the information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment pursuant to Utah Code Ann. §§ 76-8-504 and 63M-7-510(2).

Date _____ Victim or Applicant's Signature _____

APPLICATIONS SUBMITTED FOR CHILD VICTIMS UNDER THE AGE OF EIGHTEEN MUST BE COMPLETED AND SIGNED BY THE CHILD'S PARENT OR LEGAL GUARDIAN

**For Americans with Disabilities Act Accommodations,
please contact the Utah Office for Victims of Crime at (801)238-2360 allowing three working days notice.**