



# CRIME VICTIM COMPENSATION COMMISSION

1164 Bishop Street, Suite 1530, Honolulu, Hawai'i 96813  
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## APPLICATION MASS VIOLENCE INCIDENT

PEARL HARBOR NAVAL SHIPYARD  
DECEMBER 4, 2019

### For Commission Use

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

Staff \_\_\_\_\_

### VICTIM INFORMATION

**Victim's Name** \_\_\_\_\_  
First Middle Last

**Gender**  Male  Female

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

**Date of Birth** \_\_\_\_\_

**Social Security No.** XXX-XX- \_\_\_\_\_

**Telephone** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Cell Work

**Preferred Language**

Spoken \_\_\_\_\_

Written \_\_\_\_\_

**Email** \_\_\_\_\_

**Ethnicity:** This information is voluntary and will be used for statistical purposes only to comply with federal reporting regulations.

|   |                                     |                                       |                                   |                                   |                                   |                                 |
|---|-------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Chinese    | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Samoan   | <input type="checkbox"/> White    | <input type="checkbox"/> Multiple | <input type="checkbox"/> Other  |

### APPLICANT INFORMATION

Complete below if you are applying for a victim who is deceased, a minor, or a disabled dependent. Write "same" if victim is the applicant.

**Applicant's Name** \_\_\_\_\_  
First Middle Last

**Is the victim disabled?**

Yes  Decline to say

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

**Your relationship to victim**

Parent  Spouse  Child

Other: \_\_\_\_\_

**Telephone** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Cell Work

**Preferred Language**

Spoken \_\_\_\_\_

Written \_\_\_\_\_

**Email** \_\_\_\_\_

## INFORMATION ABOUT COMPENSATION

The **Crime Victim Compensation Commission** helps victims of violent crimes by providing compensation for their crime-related injuries and losses. Victims who suffer emotional or physical injury because of a violent crime may be eligible for compensation to pay for expenses that are not covered by another source such as medical insurance. In a mass violence incident, the Commission can also provide compensation for expenses on mental health services to the families of deceased victims, witnesses, and individuals working or being educated at the scene. Compensation benefits are limited by law. Benefits are not available to members of public or private agencies responding to a mass violence incident.

### For crime victims injured in the incident, these benefits are available.

- Up to \$10,000 combined total for medical expenses, mental health services expenses, and lost wages
- Up to \$20,000 for catastrophic medical expenses only

➤ **Please check the type of compensation you are applying for:**

- Medical       Dental       Mental health counseling  
 Lost wages       Other: \_\_\_\_\_

### For deceased victims, these benefits are available.

- Up to \$10,000 total for combined funeral expenses, mental health services expenses for family members, and loss of financial support for dependents
- Funeral expenses are limited to \$4,000

➤ **Please check the type of compensation you are applying for:**

- Funeral expenses       Loss of support for dependents of the deceased victim  
 Medical expenses for the deceased       Mental health counseling for surviving family members

### For witnesses and individuals working or being educated at the scene of a mass violence incident.

- Mental health counseling only

## INSURANCE INFORMATION

Compensation benefits are only available to cover expenses not covered by another source, like insurance.

### What types of insurance do you have?

- Medical       Travel       Funeral       Other: \_\_\_\_\_       No insurance

## CERTIFICATION AND 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 lawsuits, restitution, or insurance payments.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Application must have original signature. If you fax or email your application, please mail the original to: 1164 Bishop Street, Suite 1530, Honolulu, HI 96813. For more information and additional resources available to crime victims, go to: <http://dps.hawaii.gov/cvcc/mvi>*