



CRIME VICTIM COMPENSATION COMMISSION

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

Who can get help?

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

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

* Covered Crimes

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

If I am eligible, what benefits do I get?

You **may** receive compensation for:

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

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

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

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How do I apply?

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

You are responsible for....

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

What to expect from the Commission

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

Need more help? Contact the following:

Department of Corrections and Rehabilitation, State of Hawai'i Crime Victim Compensation Commission (CVCC)

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

County of Hawai'i

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

West Hawai'i:

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

City & County of Honolulu

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

County of Kaua'i

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

Mothers Against Drunk Driving (MADD)

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

County of Maui

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

APPLICATION FORM

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

VICTIM INFORMATION

Name _____ Home Phone: _____
First Middle Last
 Cell/Pager: _____
 Mailing Address _____ Work Phone: _____
Street City State Zip
 Email: _____
 Date of Birth ____/____/____ Social Security No. ____-____-____

PLEASE CHECK:

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

Check the one you believe represents your ethnicity:

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

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

Applicant's relationship to victim: _____ Home Phone: _____
 Cell/Pager: _____
 Work Phone: _____
 Email: _____

Name _____
First Middle Last
 Mailing Address _____
Street City State Zip

CRIME INFORMATION

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

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

MEDICAL INFORMATION

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

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

Medical Insurance: _____ Member #: _____

VICTIM EMPLOYMENT INFORMATION Complete only if claiming for Lost Wages

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

Period of Absence: From _____ To _____
Month Day Year Month Day Year

Employer's Name _____ Phone No. _____

Mailing Address _____
Street City State Zip

Job Title: _____ Rate of Pay: _____

INSURANCE / LEGAL INFORMATION

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

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

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

➤ If Yes, please complete the following:

Attorney's Name _____ Telephone No. _____

Mailing Address _____
Street City State Zip

HOW DID YOU FIND OUT ABOUT THE COMMISSION Please check:

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

Name of Referring Victim Witness Advocate: _____

VICTIM CERTIFICATION & SIGNATURE

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

Signature of Victim _____ Date _____ Signature of Applicant _____ Date _____

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

PLEASE CHECK BEFORE MAILING:

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