

CRIME VICTIM COMPENSATION COMMISSION

1164 Bishop Street, Suite 1530, Honolulu, Hawai`i 96813 Telephone: (808) 587-1143 | Fax: (808) 587-1146

E-mail: cvcc@hawaii.gov

APPLICATION MASS VIOLENCE INCIDENT

For Commission Use
Case No
Date Filed
Staff

Victim's Name				01		□ F l-	
	First		Middle Last		— Gender □ Male □ Female		
Mailing Address				Date o	of Birth		
Stree		ty State	Zip code	Social	Security No.	XXX-XX -	
elephone	[I		Prefer	_ Preferred Language		
Hom	Home Cell		Work Spoken				
Email				Wr	itten		
thnicity: This inform	nation is <u>volunt</u>	ary and will be use	d for statistical	purposes only	y to comply w	ith federal	
eporting regulations.							
☐ African American	☐ Chinese	□ Filipino	☐ Hawaiian	□ Hispanic	□ Japanese	□ Korean	
☐ Native American	☐ Portuguese	□ Puerto Rican	□ Samoan	□ White	□ Multiple	□ Other	
	MATION						
PPLICANT INFORI		or a victim who is c	leceased, a mii	nor, or a disab	led dependen	it. Write	
PPLICANT INFORI	ı are applying f	or a victim who is c	leceased, a mii	nor, or a disab	led dependen	it. Write	
PPLICANT INFORI Complete below if you same" if victim is the	are applying f applicant.	or a victim who is c	leceased, a mii		led dependen		
PPLICANT INFORICOMPLETE BELOW IF YOU Same" if victim is the Applicant's Name	are applying f applicant.	or a victim who is o	leceased, a mii	Is the	·	ed?	
PPLICANT INFORI Complete below if you same" if victim is the Applicant's Name Mailing	are applying f applicant. First	Middle		Is the	victim disable es □ Decline	ed? e to say	
PPLICANT INFORI Complete below if you same" if victim is the Applicant's Name Mailing	are applying f applicant. First	Middle		Is the □ Your r	victim disable es Decline relationship to	ed? e to say o victim	
PPLICANT INFORI Complete below if you same" if victim is the Applicant's Name Mailing Address Street	are applying f applicant. First	Middle	Last	Is the □ Your r □ P	victim disable es □ Decline	ed? e to say o victim ouse	
PPLICANT INFORI Complete below if you 'same" if victim is the Applicant's Name Mailing Address Street	are applying fapplicant. First City	Middle	Last	Is the	victim disable es	ed? e to say o victim ouse	
APPLICANT INFORI Complete below if you "same" if victim is the Applicant's Name Mailing Address Street Telephone	are applying f applicant. First City	Middle State Cell	Last Zip code	Is the	victim disable es	ed? o victim ouse Chilo	

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.

violence incluent.
For crime victims injured in the incident, these benefits are available. Oup 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. Oup 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:
\square Funeral expenses \square Loss of support for dependents of the deceased victim
\Box Medical expenses for the deceased \Box Mental health counseling for surviving family members
For witnesses and individuals working or being educated at the scene of a mass violence incident.
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://dcr.hawaii.gov/cvcc/mvi