State of Tennessee
Division of Claims Administration
502 Deaderick Street ◆ Nashville, Tennessee 37243-0202
Telephone: (615) 741-2734 ◆ Fax: (615) 532-4979
Website: www.treasury.tn.gov/injury
E-mail: Criminal.Injury@tn.gov
A Division of the Tennessee Treasury Department

TENNESSEE CRIMINAL INJURIES COMPENSATION APPLICATION

PURPOSE

When a person is injured in a crime in the state of Tennessee, that victim or certain family members may apply to the Tennessee Criminal Injuries Compensation Program for help with the injury-related expenses. The program is managed by the Tennessee Treasury Department's Division of Claims Administration. The goal of the program is to ease the financial burden of crimes involving injury whenever the victim or family members meet certain requirements. The program can approve a claim only if the victim meets eligibility requirements, if the crime involves injury and is a type of crime the program can consider, and if the expenses covered by the program are properly documented.

APPLICATION INSTRUCTIONS

- ☑ File an application within one year of the date of injury or death. If the victim is under 18 years of age, the legal guardian must file the claim on behalf of the minor victim. The guardian may file the claim until the victim reaches 18 years of age. An adult who was victimized as a minor, or who lost financial support as a minor due to the death of a victim, may file on his/her behalf until he/she reaches age 19.
- ☑ Complete all pages of the application. If completing by hand, use BLACK or BLUE INK. Please print clearly. Answer all questions. Unanswered questions will slow or prevent the processing of the application. The person filing the claim must sign Section G *in the presence of a notary*.
- ☑ You are not required to have an attorney complete this application. If you wish, however, you may do so. Any communication about your claim will be directly through your attorney, and he/she may be eligible for attorney fees.
- ☑ Submit the application to the program office at the address on the top of this page. The application is not "filed" until the Division of Claims Administration receives all completed pages by mail or by fax. Call (615) 741-2734 and ask to speak to a Customer Service Representative if you have questions about the application.
- ☑ The expenses you want the program to consider must be first filed with any/all other public or private sources of assistance, such as health, life, burial, and/or auto insurance, workers' compensation, sick leave/vacation pay, etc. The program can only consider those expenses the victim or relative must pay out of pocket. *This is a fund of last resort.*
- ☑ Attach copies of itemized bills from service providers, receipts, insurance benefit statements, and any other documentation to support the expenses you wish the program to consider. Refer to the list of eligible expenses on the first page of the application if you are not sure the expense can be considered.
- ☑ Respond as soon as possible to any letters from our office.
- ☑ Notify our office immediately if there is any change in your address or phone number while the claim is being processed. **The claim may be denied if we have no valid contact information.**

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Reset Form

FOR OFFICE USE ONLY

CRIMINAL INJURIES COMPENSATION APPLICATION

SECTION A - ELIGIBLE EXPENSES

Please check the expenses below that you want this program to consider. Attach fully itemized bills to document all expenses. Also, include proof of any payments made by you or other sources.

- ☐ Medical Bills
- ☐ Mental Health Counseling Bills - Services must be for the victim or, in some cases, a relative of the victim.
- ☐ Lost Wages - You must complete Section F of the application and attach the paperwork described there.
- ☐ Permanent Impairment - Provide a doctor's statement with your impairment rating due to the injury from the crime.
- ☐ Funeral and/or Burial Expenses
- ☐ Crime Scene Cleanup Expenses
- ☐ Loss of Support to Dependents (in case of victim's death) - You must complete all of Section C and provide the paperwork described there.
- ☐ Pain and Suffering - (ONLY for the victim of a sexually-oriented crime.)
- ☐ Moving Expenses - (ONLY for a victim if the crime occurred in the primary residence and the move is directly related to the crime.)
- ☐ Trial Travel Expenses - (To attend trial of the defendant unless person is eligible for witness fees from the state or federal prosecutor's office.)

SECTION B - VICTIM INFORMATION

Tell us about the person **who was injured or has died from injuries** in the crime.

Is this person (the victim) deceased? ☐ No ☐ Yes

Victim's Name _____
(Last) (First) (Maiden) (Middle)

Street Address _____ Apt./Unit/Lot Number _____

_____
(City) (County) (State) (Zip Code)

Phone Number _____ Alternate Phone Number _____

Date of Birth ___ ___ /___ ___ / ___ ___ ___ ___
(mm / dd / yyyy)

Age at Time of Crime _____

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number

or

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Individual Taxpayer ID Number

SECTION B - VICTIM INFORMATION *(continued)*

Please answer these questions about the victim named on page 1 *(used for statistical purposes only)*:

Mentally Disabled?	☐ No ☐ Yes	Physically Disabled? ☐ No ☐ Yes
Race	☐ American Indian/Alaska Native	☐ Multiple Races
	☐ Asian	☐ Native Hawaiian/Pacific Islander
	☐ Black/African American	☐ White/Caucasian
	☐ Hispanic or Latino	☐ Other (specify) _____
Gender	☐ Male ☐ Female	
National Origin	☐ United States	☐ Other _____
Who told you about this program?	☐ Hospital	☐ Posters/Brochure
	☐ Internet/Web Search	☐ Prosecutor/Victim Witness Program
	☐ Law Enforcement	☐ Social Services
	☐ Media (TV, radio, etc.)	☐ Other (specify) _____

(If you are the victim and at least 18 years of age, please skip to Section D now. See pages 3 and 4.)

SECTION C (PART 1): CLAIMANT INFORMATION

If you are not the victim named and described in Section B, please tell us which of these describes you:

☐ Guardian of a Victim Who is Under 18 Years of Age - Provide a copy of the child's birth certificate or the guardianship papers if you are not the child's parent.

☐ Representative of an Adult Victim - Provide documentation to show you have the legal right to file on the victim's behalf.

☐ Dependent of the Deceased Victim - A dependent means a family member who was receiving substantial support or needed services at the time of the victim's death. Submit proof of your relationship to the victim (e.g. marriage certificate, birth certificate, etc.).

☐ Guardian of a Dependent of the Deceased Victim - If the dependent is under 18 years of age, provide a copy of the birth certificate and the guardianship papers. If the dependent is an adult who is incompetent, provide a copy of the guardianship/conservatorship or other papers.

☐ Relative of the Deceased Victim Filing for Funeral/Burial, Crime Scene Clean-Up, Trial Travel, and/or Mental Health Counseling Expenses

If you are not the victim named in Section B, and you are one of the persons described above, provide your information below and answer the following question:

How do you know the victim? The victim is my _____ .

Claimant's Name _____
(Last) *(First)* *(Maiden)* *(Middle)*

Street Address _____ Apt./Unit/Lot Number _____

City _____ County _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Date of Birth ___ ___ /___ ___ / ___ ___ ___ ___ *(mm / dd / yyyy)*

___ ___ ___ - ___ ___ - ___ ___ ___ ___ **or** ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number Individual Taxpayer ID Number

SECTION C (PART 2): DECEASED VICTIM'S DEPENDENTS/LOSS OF SUPPORT

Did the victim contribute financial support to any dependents at the time of death? ☐ No ☐ Yes

If no, skip to Section D.

If yes, submit proof of relationship to the victim and provide documentation that the victim substantially supported the relative(s) at the time of death (e.g., tax returns, receipts, order for child support). Also, attach verification of the victim's income at the time of death (e.g., employer's statement, W-2 form or tax return).

Provide names of the deceased victim's dependents for whom you are filing a claim for loss of support. **If available, please submit a copy of the victim's obituary notice.**

Name	Street Address	City / State / Zip Code	Relation to Victim	Birth Date

Did the victim leave other dependents who are not listed above? ☐ No ☐ Yes

If yes, please provide their names and addresses below. Attach additional pages if necessary.

Name	Street Address	City / State / Zip Code	Relation to Victim	Birth Date

SECTION D - CRIME INFORMATION

You must provide the date of the crime and county and state where the crime occurred. You can obtain the information from the responding law enforcement agency. If the crime was not reported within 48 hours, submit a written statement explaining why.

Type of Crime *(check one)*:

☐ Murder/Homicide
☐ Adult Sexual Assault
☐ Robbery by Force
☐ Assault
☐ Vehicular (Non-DUI)
☐ Child Physical Abuse
☐ Child Sexual Abuse
☐ Drunk Driver/DUI
☐ Stalking
☐ Terrorism
☐ Kidnapping
☐ Arson
☐ Hit and Run (excluding property damage)
☐ Human Trafficking
☐ Other (specify) _____

Was the crime domestic violence? ☐ No ☐ Yes Did the crime occur inside the victim's home? ☐ No ☐ Yes

Date of Crime: ___ ___ /___ ___ / ___ ___ ___ ___ *(mm / dd / yyyy)* Date Reported to Law Enforcement: ___ ___ /___ ___ / ___ ___ ___ ___ *(mm / dd / yyyy)*

Location of Crime: _____
(Street) *(City)* *(County, required)* *(State, required)*

Was the injury or death of the victim caused by a motor vehicle? ☐ No ☐ Yes

SECTION D - CRIME INFORMATION *(continued)*

Please describe what happened and the injuries suffered as a result. Attach a copy of the police report.
Also, please attach a copy of the death certificate if the victim is deceased.

Name and address of offender(s), if known. *(By law, we are required to notify offender(s) of this claim.)*

Did the victim know the offender(s)? ☐ No ☐ Yes ***If yes***, in what way? _____

Was the victim living in the same house with the offender at the time of the crime? ☐ No ☐ Yes

Does the victim still live with the offender? ☐ No ☐ Yes

Who is handling the criminal case? ☐ State Prosecutor ☐ Federal Prosecutor

SECTION E - INSURANCE AND FINANCIAL ASSISTANCE

Is there any benefit program, employer benefit, or insurance coverage to assist with the expenses being claimed?

☐ No ☐ Yes

If yes, please check below the benefits that have been paid (or may be paid), in part or in full, for any expenses you are claiming. Also, provide documentation of payments made.

☐ Automobile Insurance	☐ Homeowner's Insurance	☐ Social Security (death benefits, disability, etc.)
☐ Burial Insurance	☐ Life Insurance	☐ Vacation/Annual Pay
☐ Disability	☐ Medicare/Medicaid/TennCare	☐ Veterans Administration/Insurance
☐ Donations	☐ Offender/Court-Ordered Restitution	☐ Workers' Compensation
☐ Health Insurance	☐ Sick Pay	☐ Other (specify) _____

Has the court ordered the offender to pay you for your financial losses? ☐ No ☐ Yes

If yes, please attach a copy of the order of restitution.

Have you filed or do you plan to file a lawsuit for your injuries? ☐ No ☐ Yes ☐ Unknown

If yes, and you are represented by an attorney, please provide the attorney's name and telephone number.

_____

SECTION F - LOST WAGES

Complete this section only if you are the victim named in Section B and you are claiming lost wages from your job at the time of injury. Information needed to verify lost wages is described below. **DO NOT complete this section if the victim is deceased.**

Did you, the victim, miss work due to injuries? ☐ No ☐ Yes

If yes, please have your employer(s) complete an Employer's Statement form. If you missed more than two weeks of work, please provide a doctor's statement or a doctor's release to return to work.

Were you self-employed at the time of the crime? ☐ No ☐ Yes

If yes, submit the most recent income tax return or statements from those for whom the victim worked, showing amount(s) paid and date(s) for a period of at least 12 months prior to the crime. If you missed more than two weeks of work, please provide a doctor's statement or a doctor's release to return to work.

SECTION G - AUTHORIZATION AND SUBROGATION

VERIFICATION OF APPLICATION: I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in this application for criminal injuries compensation is true and correct to the best of my knowledge.

SUBROGATION: In consideration of the payment received from the Criminal Injuries Compensation Fund, I agree to repay the Fund the full amount I (or my child or ward) received from the Fund in the event I (or my child or ward) recover damages or compensation from the offender or from any other public or private source as a result of the injuries or death which was the basis of my claim for compensation from the Fund. For purposes of this Agreement, I understand that compensation from "any other public or private source" includes, but is not limited to, receipt of insurance, Medicare, Medicaid, TennCare, workers' compensation, disability pay, etc. I further agree and understand that no part of the recovery due the Criminal Injuries Compensation Fund may be diminished by any collection fees or for any other reason whatsoever. Should I (or my child or ward) choose to recover damages or compensation for the injury or death from any source, I agree to promptly notify the District Attorney General in the district where the crime occurred and the Criminal Injuries Compensation Program by sending to the District Attorney General and the Compensation Program copies of any pleadings, settlement proposals and any other documents relative thereto. I further agree to fully cooperate with the State of Tennessee should the State institute an action against any person or entity for the recovery of all or any part of the compensation I (or my child or ward) received from the Fund.

RELEASE OF INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, funeral director, municipal authority, employer or union, insurance company, social service bureau, Social Security office, or any other person, firm, agency, or organization to furnish to the Tennessee Criminal Injuries Compensation Fund, or its representative, any information requested, including tax data and prior police records, needed to perfect my claim for compensation. A photocopy of this authorization shall be considered as effective and valid as the original.

PUBLIC RECORDS: Except as otherwise provided by applicable federal or state law, the information contained in this application and all documents submitted in support of your claim are subject to the Public Records Laws of the State of Tennessee pursuant to Tennessee Code Annotated, Title 10, Chapter 7, Part 5.

I certify that I have read and/or understand and agree to the above statements.

Victim/Claimant's Signature: _____ Date: _____

Victim/Claimant's Printed Name: _____

State of _____ / County of _____

Sworn to and subscribed before me, the undersigned Notary, on this, the _____ day of _____, 20 _____ .

(SEAL)

Notary's Signature: _____

My Commission Expires: _____

SECTION H - ATTORNEY INFORMATION

If you choose an attorney to complete the application for you, the attorney must complete and sign this section. ***NOTE: This is not the state or federal prosecutor handling the criminal case.***

Attorney's Full Name: _____

Address: _____

(Street) (City) (County) (State) (Zip Code)

Phone Number: _____ FEIN or SSN: ___ ___ ___ ___ ___ ___ ___ ___ ___

Attorney Certification - I hereby certify that I have been retained by and represent the victim and/or claimant filing this application. I further certify that I have read through this entire application with such person and that such person indicated that he/she understood every question and provision contained herein.

Attorney's Signature/Date: _____