

NEW YORK STATE CRIME VICTIMS BOARD

Chapter 173 Training

Mission Statement

- **It is the mission of the Crime Victims Board to:**
 - **provide compensation to innocent victims of crime in a timely, efficient and compassionate manner,**
 - **fund direct services to crime victims via a network of community-based programs, and**
 - **advocate for the rights and benefits of all innocent victims of crime.**

OVERVIEW OF CHAPTER 173 OF LAWS OF 2006

- **BACKGROUND**

- Article 22 of the Executive Law establishing the Crime Victims Board was enacted in 1966 to establish a system by which innocent victims of crime could receive compensation and medical treatment for their losses sustained as a result of the crime.
- Article 23 of the Executive Law was enacted in 1985 to codify fair treatment standards for crime victims. The purpose of the statute was to ensure that crime victims were made aware of the availability of services of the Crime Victims Board and other social service agencies, and to keep crime victims apprised of the status of prosecutions of their perpetrators.

ENACTMENT OF CHAPTER 173 OF LAWS OF 2006

- Chapter 173 of the Laws of 2006 amends Article 22, Section 625-a of the Executive Law, and adds a new section 625-b, to the Executive Law:
- "Every Victim who reports a crime in any manner whatsoever shall be given notice about the rights of crime victims and the existence of all relevant local victim's assistance programs and services pursuant to [new] Section 625-b of this article" Exec L. 625-a
- ALL police officers, county sheriffs' departments and state police officers must notify crime victims of the existence of programs designed to assist crime victims Exec L. 625-b

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- **Effective immediately, every primary investigation report shall indicate that victims have been informed of their rights as crime victims and of the existence of all relevant victim assistance programs and services. Exec L. 625-b**
- **Effective July 26, 2007, ALL state or municipal forms for a police primary investigation report shall include a space to indicate that the victim did or did not receive information on victims rights, crime victims board assistance and relevant local assistance available to crime victims. Exec L. 625-b**

Chapter 173

- The Act adds a new subdivision 4 to Section 646-a of the Executive Law:
- Annual Report: Every District Attorney's office in the state shall complete an annual form, to be developed by DCJS and CVB, to report compliance with Exec. Law 625-b. The report must be filed by January 1 of each year.
- A copy of the report shall be maintained by each District Attorney, and shall be made available for inspection by any crime victim free of charge. Any other person requesting a copy of the report must pay a fee equal to the cost of reproduction thereof.



NEW YORK STATE CRIME VICTIMS BOARD

For a claim application, the location of your local victim assistance program, or for any questions, contact the Crime Victims Board at:

Albany

1 Columbia Circle
Suite 200
Albany, NY 12203-6383
(518) 457-8727

New York City

55 Hudson Place
Room 1000
Brooklyn, NY 11217-1523
(718) 921-4525

Buffalo

65 Court Street
Room 308
Buffalo, NY 14202-3408
(718) 847-7992

1-800-247-8035

www.cvb.state.ny.us

TTY: 1-888-289-9747

Local Victim Assistance Program:

CRIME VICTIMS CAN GET HELP

- 1. You may be eligible for compensation from the New York State Crime Victims Board for items such as: lost wages, medical expenses, counseling, funeral expenses, essential personal property, occupational rehabilitation, moving expenses or crime scene clean-up.**
- 2. Police and District Attorneys can help protect you against harassment and intimidation.**
- 3. Compensation applications, informative brochures and information cards on crime victim compensation may be found in every police station, precinct house and any location in New York State where a crime may be reported.**

See the reverse side of this card for **CRIME VICTIMS BOARD** contact information. The Crime Victims Board can provide information on compensation and services offered to crime victims and the location of your local victim assistance program.

- Law Enforcement must give cards to all victims of felony and misdemeanor crimes
- If there is any doubt, give it out
- Write in the name of an appropriate VAP, if you are aware of one, that can best serve the victim.
- For Law Enforcement Agencies *ONLY*, when you need additional cards, fax your request on your letterhead to Customer Service Group at DCJS at (518) 457-6109

There Are 3 Steps Toward Receiving CVB Compensation

- **Complete the CVB claim application form.**
- **Meet the eligibility requirements as defined by statute.**
- **Incur a compensable out-of-pocket loss or have potential to incur one at a later time.**

New York State Crime Victims Board

Claim Application



New York State Crime Victims Board

Claim Application and Instructions

1 Columbia Circle, Suite 200
Albany, NY 12203-6383
(518) 457-8727

55 Hanson Place, Room 1000
Brooklyn, NY 11217-1623
(718) 923-4325

65 Court Street, Room 308
Buffalo, NY 14202-3408
(716) 847-7992

How to Apply for Compensation

Who can apply for compensation?

Innocent victims of crime, certain relatives, dependents and the guardian can apply to CVB (Crime Victims Board) for compensation of out-of-pocket expenses not covered by insurance or other resources.

What kinds of expenses can I get compensated for?

CVB offers compensation related to personal injury, death and loss of essential personal property.

The specific expenses CVB may cover include:

- Medical and counseling expenses
- Loss of Essential Personal Property (up to \$500, including \$100 for cash)
- Burial or Funeral Expenses (up to \$6,000)
- Lost Wages or Lost Support (up to \$30,000)
- Transportation (court/medical)
- Occupational/Vocational Rehabilitation
- Use of Domestic Violence Shelters
- Crime scene clean-up (up to \$2,500)
- Good Samaritan property losses (up to \$5,000)

How do I ask for compensation?

Send us your completed CVB application along with copies of:

- Correspondence with insurance companies or benefits plan saying if they will cover your loss
- Medical bills
- Police reports
- Insurance cards
- Receipts for essential personal property
- Death certificate and funeral contract
- Victim's birth certificate

What if I don't have some of the papers CVB needs?

Send your application in right away. You can send the other documents later.

What if there is not enough room on the application form?

You can attach as many pages as you need to the application form.

Do I need a lawyer to file a claim to CVB?

No. But, if you hire a lawyer to help you with this claim, you can ask CVB to reimburse up to \$1,000 of the legal fees.

What if my property was lost, damaged or destroyed because of the crime?

If you are under 18, 60 or over, disabled or were injured, you may apply for benefits to replace your *essential* personal property or cash that was not covered by any other resource.

Essential means necessary for your health and welfare, like eyeglasses and clothes.

What if I move?

Write to CVB right away. Tell us your new address and phone number. Also let us know if your email address changes.

What if I have questions or need help filing a claim?

We can help you find a victim assistance program near you. Call us at: 1-800-247-8035

Or visit our website: www.cvb.state.ny.us

It's best to fill out the form completely, or it may take longer to process your claim.

Who can sign the claim?

Generally, the victim must sign the claim. However, if the victim is under 18, or is physically or mentally incapable of signing, then the legal guardian (the person receiving the benefits) must fill out section 2 of the claim and sign the claim.

If the victim died, the person asking for benefits must fill out section 2 of the claim and sign the claim.

Do I have to fill out the attached HIPAA form?

Yes. Fill out one HIPAA form for each service provider. You can photocopy a blank form to make extra copies.

New York State
Crime Victims Board
1 Columbia Circle, Suite 200
Albany, NY 12203-6383
Tel: 1-800-247-8035
TTY: 1-888-289-9747
www.cvb.state.ny.us



Application for Compensation New York State Crime Victims Board



Read *How to Apply for Compensation* before filling out this form.
Please print. Answer all questions. *It is a crime to file a false claim!*



Victim Assistance Program Use Only		
CVB VAP ID#	Program Name	Advocate Name
Program Phone ()		Advocate Email

1 Tell us about the victim.

Last Name	First Name	MI	Social Security # <input type="checkbox"/> Check here if you do not have one. _____ - _____ - _____	Date of Birth
Mailing Address:				
Street	Apt. # (or P.O. Box)	City	County	State (or Foreign Country) Zip Code
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Lives with partner				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Was the victim disabled at the time of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
How did you first hear about the <i>Crime Victims Compensation Program</i> ?				
<input type="checkbox"/> Police <input type="checkbox"/> Hospital <input type="checkbox"/> District Attorney <input type="checkbox"/> Victim Assistance Program <input type="checkbox"/> Radio/TV <input type="checkbox"/> Brochure/Poster <input type="checkbox"/> Internet <input type="checkbox"/> Other				

2 If you are *not* the victim, and are signing this claim, tell us about you. (See "Who can sign the claim?" on the instructions page.)

Last Name	First Name	MI	Social Security # <input type="checkbox"/> Check here if you do not have one. _____ - _____ - _____	Date of Birth
Mailing Address:				
Street	Apt. # (or P.O. Box)	City	County	State (or Foreign Country) Zip Code

What is your relationship to the victim? (Check **only one**.)

Parent Spouse Child Guardian Attorney Other (Explain): _____

3 Tell us about the crime. (Check **only one**.)

The victim died because of:

- Motor Vehicle (DWI)
 Motor Vehicle (Other)
 Terrorism
 Arson
 Other Homicide: _____

The victim was injured because of:

- Assault Stalking
 Sexual Assault Kidnapping
 Child Physical Abuse Terrorism
 Child Sexual Abuse Arson
 Motor Vehicle (DWI) Robbery
 Motor Vehicle (not DWI)
 Other (Explain): _____

The victim lost essential personal property because of:

- Burglary/Robbery
 Arson
 Motor Vehicle (DWI)
 Motor Vehicle (not DWI)
 Other (Explain): _____

Where did the crime happen? (Check **only one**.) Work Owned residence Apt. Bldg. Public Street
 Subway/Bus Parking Lot Restaurant/Bar School/School grounds Shopping Mall Other (Explain): _____

Was this a domestic violence crime? Yes No Unknown

Was the victim driving a livery cab when the crime happened? Yes No Unknown

Was the victim's property lost or damaged while trying to prevent or stop a crime against someone else or while helping the authorities stop the crime? Yes No

Crime Report #: _____ Police or criminal justice agency reported to: _____

County where crime happened: _____ Date of crime: _____ Date crime was reported: _____

If more than 7 days between the date of crime and date the crime was reported, explain why: _____

If more than 1 year between the date of crime and the date you are filing this claim, explain why: _____

Describe the crime in your own words: _____

4 Tell us about the suspect. Suspect's name (if you know): _____

- Has the suspect been arrested for this crime? Yes No
 Has the suspect been prosecuted for this crime? Yes No Pending
 Does the suspect live in the same house as the victim
 OR is the suspect a member of the victim's family? Yes No
 Has the court issued an order of protection in this case? .. Yes No (If Yes, attach a copy.)
 Did the court order the suspect to pay restitution? Yes (Amount \$ _____) No Pending

5 Tell us about your expenses related to this crime. (Check all that apply.)

- Medical Medical transportation Funeral/Burial Court Transportation
 Crime Scene Cleanup Loss of Support Lost Wages DV Shelter or Moving
 Security Device/System Vocational/Rehabilitation Counseling Essential Personal Property
 Other (Explain): _____

6 List any essential personal property, like cash, eyeglasses, or clothing that needs to be replaced because of this crime. (If none, skip to 7.)

Describe what was lost/damaged:	Cost	Describe what was lost/damaged:	Cost
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

Homeowner/Renter Insurance Company	Policy or ID #	Deductible \$
Auto/Other Insurance Company	Policy or ID #	Deductible \$

— If there were no injuries and you are only asking for essential personal property benefits, skip to 15. —

7 If the victim was injured or died because of this crime, fill out below. (If not, skip to 8.)

Did the victim receive any medical treatment? Yes No (If No, skip to section 8.)

Describe the victim's injuries, briefly: _____

Tell us about the health professionals who treated the victim for injuries related to this crime:

	Name	Address	Phone #
First Hospital	_____	_____	(____) _____
Other Hospital	_____	_____	(____) _____
First Doctor (not in hospital)	_____	_____	(____) _____
Other Doctor	_____	_____	(____) _____
First Dentist	_____	_____	(____) _____
Victim's Counselor	_____	_____	(____) _____

8 Tell us about the victim's dependents or others who depended on the victim for support. (If none, skip to 9.)

Dependent	Name	Social Security #	Date of Birth	Relationship to Victim
	Address			Are you the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Dependent	Name	Social Security #	Date of Birth	Relationship to Victim
	Address			Are you the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Dependent	Name	Social Security #	Date of Birth	Relationship to Victim
	Address			Are you the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No

If more than 3 dependents, attach a separate sheet and check here:

9 Did anyone besides the victim receive counseling because of this crime? (If no, skip to 10.)

Who received counseling?	Relationship to Victim	Insurance company billed for counseling	Policy or ID #
Counselor's name, address and phone #:			
Who else received counseling?	Relationship to Victim	Insurance company billed for counseling	Policy or ID #
Counselor's name, address and phone #:			

If more than 2 people received counseling because of this crime, check here and attach a separate sheet to describe.

10 List any insurance covering the victim or the victim's dependents. If no insurance, write "None" below. If you have applied but are not covered yet, write "Pending" under Policy or ID #.

Primary Insurance Company	Policy or ID #	Name of person(s) covered by this insurance:
Major Medical Insurance Company	Policy or ID #	Name of person(s) covered by this insurance:
Other Insurance (Union, Dental, Vision, etc.)	Policy or ID #	Name of person(s) covered by this insurance:
Medicare	Policy or ID #	Name of person(s) covered by this insurance:
Medicaid	Policy or ID #	Name of person(s) covered by this insurance:
Workers' Compensation	Policy or ID #	Name of person(s) covered by this insurance:
Auto Insurance	Policy or ID #	Name of person(s) covered by this insurance:
Other insurance	Policy or ID #	Name of person(s) covered by this insurance:

11 Tell us about the victim's employment and insurance for Lost Wages.

If you do not want us to contact your employer, you cannot ask to be reimbursed for Lost Wages. (Skip to 12.)

Was the victim employed when the crime happened? Yes No (If No, skip to 12.)

Did the victim miss work because of the crime? Yes No

Was the victim self-employed? Yes No (If Yes, attach copies of last year's federal tax return and all schedules.)

Employer's Name, Address, and Phone #:

Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Other Employer's Name, Address, and Phone #:

Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Name, Address, and Phone # of doctor who certified victim could not go to work:

Doctor _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Tell us about any insurance company that will cover the victim's lost time at work. (If none, write "None" below and skip to 12.)

1. Unemployment Insurance	Policy or ID # or "None"	5. Social Security Benefits	SSN _____
2. Disability Insurance	Policy or ID # or "None"	6. SSI Benefits	SSN _____
3. Pension Plan	Policy or ID # or "None"	7. Workers' Compensation	Policy or ID # or "None"
4. Other Insurance	Policy or ID # or "None"	8. Other Insurance	Policy or ID # or "None"

12 If the victim died, fill out below if you have any burial expenses. (If not, skip to 14.)

Also, attach a copy of the funeral home contract, other bills for burial expenses, and a photocopy of the Death Certificate, if you have them.

Name of Funeral Home: _____ Phone #: (____) _____

Address: _____ Street _____ City _____ State _____ Zip Code _____

13 If the victim died, tell us about any life insurance and death benefits.

(If the victim did not die, or does not have any life insurance or death benefits, skip to 14.)

Company Name	Address	Phone #	Policy or ID #
Life Insurance _____	_____	() _____	_____
Pension Plan _____	_____	() _____	_____
Other _____	_____	() _____	_____
Insurance/Plan _____	_____	() _____	_____
Medicaid _____	_____	() _____	_____
Workers' Compensation _____	_____	() _____	_____

If any other insurance or death benefits, list here: _____

Do any of these policies cover the victim's burial expenses? Yes No

Has anyone applied for the Social Security Death Benefit? Yes No

14 Tell us about your financial situation. You must fill out ALL sections below. If none, enter zero (0).

How many dependents do you have? _____

What is your total annual income (from ALL sources)? If you are not sure, estimate: \$ _____

List ALL your assets and ALL your debts below. If you are not sure, estimate.

Your Assets – If none, enter zero (0).		Your Debts – How much do you owe now?	
Savings, stocks, bonds	\$ _____	If none, enter zero (0).	
Real Property (house, etc.)	\$ _____	Mortgage	\$ _____
Proceeds from life insurance	\$ _____	Loans	\$ _____
Other	\$ _____	Other	\$ _____

15 If a private lawyer is helping with this claim, fill out below.

Name of Law Firm _____ Lawyer's Name _____ Address _____ Phone # _____

16 Claimant's Authorization: I ACKNOWLEDGE that accepting an award from the Crime Victims Board (Board) creates a lien in favor of the State of New York on any recovery relating to the crime upon which this claim is based, including any judgment, settlement or order of restitution. I further authorize any funeral director, attorney, employer, police or other public authority, insurance company or any person who rendered services to the above, or having knowledge of the same, to furnish the Board or its representatives the following information: Worker's Compensation records, information relating to the crime or any injuries or death suffered as the result of the crime, and information relating to this claim. If an award is made, I authorize the Board to make payments directly to the provider of services. I also authorize the Board to share my information and records compiled for this claim with the local Victim Assistance Program (VAP) in order for the VAP to assist the Board in processing my claim and making its determination. If a private lawyer has been indicated above, I also authorize the Board to share my information and records compiled for this claim with the lawyer in order for him/her to act as my representative. I understand a separate Notice of Appearance from my lawyer will be needed in addition to this authorization.

A photocopy of this authorization shall be deemed as effective as the original.

Claimant's Signature _____ Date _____ Daytime Phone # _____

Email: _____ Language you prefer to speak: English Spanish Other _____

To process your claim, mail us the following documents. (Keep a copy for your records.)

- All bills and receipts for services listed on this form
- Your completed, signed claim form
- One completed HIPAA form for each service provider listed on this form (You can photocopy the HIPAA form.)
- Letters from any insurers denying or authorizing payment for the services listed on this form.

Remember: You must bill your insurance company or benefits plan before the Board can pay.

Mail your documents to:

New York State Crime Victims Board
1 Columbia Circle, Suite 200
Albany, NY 12203-6383

Who May Be Eligible

- Victims sustaining personal physical injury.
- Elderly (60 and over), children (under 18) or disabled victims of a crime who have suffered a loss or damage to articles of essential personal property.
- The surviving spouse, parent, grandparent, stepparent, child, stepchild, guardian, siblings, step-siblings or person dependent upon the victim who died as a direct result of a crime.

Who May Be Eligible - continued

- A person who has paid or incurred the burial expenses of an innocent victim who died as a direct result of a crime.
- A child (under 18) victim or a child who witnesses a crime or their parent, guardian or sibling.
- Children under age 18 or incompetent dependents must have a parent, guardian, conservator, committee or attorney file on their behalf.

Who May Be Eligible - continued

- **A victim of unlawful imprisonment in the first degree or kidnapping in the first or second degree.**
- **Victims of certain stalking offenses.**

Eligibility Determination

- Is based on aspects of both the victim and the crime.
- Victim components may include:
 - Conduct relating to the crime.
 - Cooperation with law enforcement and CVB.
 - Physical injury.
 - Age.
 - Disability.

Compensation Benefits

- Cost of repair or replacement of essential personal property lost, damaged or destroyed as the direct result of a crime up to \$500 (including \$100 maximum for cash).
- Expenses for medical or other related services not covered by other insurance or benefit programs.
- Counseling services.
- Occupational rehabilitation expenses.
- Lost earnings (PI) or loss of support (Death) up to \$600 per week and up to a total maximum of \$30,000.
- Burial expenses up to \$6,000.

Compensation Benefits - continued

- Cost of residing at or utilizing the services of a domestic violence shelter.
- Transportation expenses for necessary court appearances in connection with the prosecution of the crime.
- Crime scene cleanup expenses and/or securing a crime scene up to \$2,500.
- Under certain claims, attorney fees for representation before the Board (maximum of \$1,000).
- Moving expenses (maximum of \$2,500).

Compensation Benefits - continued

- Lost, damaged or destroyed property up to \$5,000 for the victim of a crime who has acted as a Good Samaritan by attempting to prevent a crime, lawfully apprehend the perpetrator of a crime, or assist a police officer in making an arrest.
- Reasonable burial expenses without regard to financial difficulty when a police officer or firefighter dies from injuries received in the line of duty as a direct result of a crime.

Emergency Benefits May Be Granted

- On claims for which an award probably will be made, and undue hardship will result to the claimant if immediate payment is not made. The maximum allowable for an emergency awards is \$2,500.
- For HIV prophylaxis
- Loss of earnings if a victim is disabled from the injuries sustained during the crime and cannot work
- Loss of Support if a victim is killed and he was supporting other persons prior to his death.
- Funeral Benefits if a funeral director requires a down payment or payment up front
- Moving Expenses if the claimant must flee or leave their home due to the crime.
- Crime scene clean up or securing a crime scene if damage was done to permanent fixtures that were rendered unusable or uncleanable by the crime, the processing of the crime scene, or by being taken into evidence.

Emergency Award Procedures

- **No Emergency Awards are given for Essential Personal Property**

What Law Enforcement can do to assist victims who apply for compensation:

- Please be sure the police report contains any notice of personal injury and report your observation on red marks, bruises, etc. including how these injuries were received
- If children are present, be sure they are listed on the police report.
- If you are contacted by CVB, please return calls. CVB will be asking questions which are necessary to complete the eligibility determination. Often CVB Claim Specialists will ask police officers questions like was the victim involved in illegal activity at the time of the crime, did the victim instigate the fight or argument, was the victim charged with anything for this incident, was a motive established, did the victim cooperate with the police investigation etc.

Local Services to Crime Victims

- In 1981, CVB began funding a network of local victim assistance programs to serve victims who were otherwise not eligible for compensation benefits.
- Today there are 193 contracts between local victim assistance programs and the NYS Crime Victims Board.
- The majority of funding to support these contracts are federal Victim of Crime Act (VOCA) funds. These funds are derived from federal fines, fees and forfeitures and not tax dollars.

Local Victim Assistance Programs

- Each county has access to Victim Assistance Programs (VAP) supported by the NYS Crime Victims Board through grant funding. In some counties there are multiple programs serving various populations of crime victims. Not all VAP's are funded by CVB. The most appropriate VAP information should be provided to the victim.
- The NYS Crime Victims Board website (www.cvb.state.ny.us) has a complete listing of CVB funded victim assistance programs by county.
- Each Law Enforcement Agency should make contact with VAP's in their catchment area to establish or enhance relationships.

Crime Victims Board Information

Contact Us

(518) 457-8727 Albany

(718) 923-4326 Brooklyn

(716) 847-7992 Buffalo

(800) 247-8035 toll free

www.cvb.state.ny.us

Crime Victims Board Information

Kim Spoonhower

Program Monitor

One Columbia Circle, Suite 200

Albany, NY 12203

(518) 457-5001

kimspoonhower@cvb.state.ny.us

QUESTIONS?

Thank you!