INSTRUCTION SHEET FOR CRIME VICTIM COMPENSATION

MD CRIMINAL INJURIES COMPENSATION BOARD (CICB)
6776 Reisterstown Rd, Ste. 206, Baltimore, MD 21215
Office: (410) 585-3010| Fax: (410) 764-3815; Email: CICB.Application@Maryland.Gov
http://www.dpscs.state.md.us/victimservs/cicb/index.shtml

The MD Criminal Injuries Compensation Board (CICB) is a state agency with the purpose of compensating victims of crime for losses sustained from their victimization. (See benefits listing below)

Application Instructions:

- Fully complete the enclosed two page application
- Write legibly; or complete the fillable online application (see webpage above for fillable app.)
- Sign the authorizations on Page 2. Failure to sign may result in your application being returned
- Mail or hand deliver the completed application to the CICB office

CICB Eligibility Requirements:

- The Crime must be reported to authorities within 48 hours (good cause exceptions may apply)
- A CICB application must be filed within 3 years of the crime (exceptions apply for child victims)
- The crime must have occurred in the state of Maryland (exceptions may apply for terrorist acts)
- Claimants must be at least 18 years of age (parents or guardians must apply for those under 18)
- The victim must have suffered a physical or psychological injury; a financial loss resulting from the crime of at least $100
- **Not covered by CICB**: property loss, mileage, lock changes, relocation, child care, pain and suffering, and all other losses not listed below
- **CICB is the payer of last resort:** All other reimbursement options must be exhausted before CICB

What May Make An Application 'Ineligible':

- The victim contributed to their injury; or the victim initiated, consented to, provoked, or unreasonably failed to avoid a confrontation with the offender
- A claimant may not receive an award if the victim was participating in a crime or delinquent act when the injury was inflicted and the victim's actions proximately caused the injury
- Failure to cooperate with law enforcement or CICB
- Failure to provide documentation required for a CICB compensation award

Benefits & Required Documentation: CICB is required to verify all losses. Below is a list of benefits and documents that may be required. **Other documentation may be required. Maximum award is $45,000**

- <u>All claims</u>: Police report or police report number. Report to judicial authority may also be considered
- <u>Medical/Dental</u>: (Up to $45,000) Itemized bills; letter from a doctor or medical documentation relating the injury to the crime and the treatment; treatment plan; & medical insurance. If the claimant has no private insurance, CICB requires the claimant to apply for Medicaid
- <u>Counseling</u>: (Up to $5,000) Letter from a therapist documenting treatment related to crime; itemized statements; receipts if paid out of pocket by claimant
- <u>Lost Wages/Disability</u>: (Up to $25,000) Employer information; W-2's and/or pay stubs; letter from a doctor certifying inability to work. Permanent disability may necessitate additional documents. A parent, child, or spouse of a homicide victim may receive up to 2 weeks or $2,000 for Bereavement Leave
- <u>Funeral/Burial</u>: (Up to $5,000) Funeral/burial bill; death certificate; life insurance information
- <u>Crime scene clean-up</u>: (Up to $250) Itemized bill
- <u>Loss of Support</u>: (Up to $25,000) Depending on relationship of parties, CICB may require: proof of cohabitation; employment; or financial contribution by the decedent to support the claimant

Rev. October 1, 2017

SECTION 5: FINANCIAL BENEFITS INFORMATION

Please check any financial benefits that may be applied towards the reported crime indicated above.

PRIVATE MEDICAL INSURANCE	☐YES ☐ NO ☐ PENDING	LIFE INSURANCE	☐YES ☐NO ☐PENDING
MEDICAID *(Medical Assistance)*	☐YES ☐ NO ☐ PENDING	AUTOMOBILE OR BOAT INSURANCE	☐YES ☐NO ☐PENDING
MEDICARE	☐YES ☐ NO ☐ PENDING	HOME OWNERS/RENTERS INSURANCE	☐YES ☐NO ☐PENDING
SOCIAL SECURITY DISABILITY	☐YES ☐ NO ☐ PENDING	CHARITY OR DONATIONS	☐YES ☐NO ☐PENDING
SOCIAL SECURITY SURVIVOR BENEFITS	☐YES ☐ NO ☐ PENDING	COURT ORDERED RESTITUTION	☐YES ☐NO ☐PENDING
WORKERS' COMPENSATION	☐YES ☐ NO ☐ PENDING	CIVIL JUDGMENT	☐YES ☐NO ☐PENDING

SECTION 6: AUTHORIZATIONS AND AGREEMENTS

REPRESENTATION BY OTHERS

Name of Representative: ☐Attorney ☐ Victim Service Provider		Name of Firm or Organization:	
Street Address:		City:	State: / Zip:
Telephone Number:	Fax Number:	Email Address:	

My signature below signifies that the attorney(s) and/or victim service provider(s) listed above are my representatives for the purposes of this claim. As such, the Maryland Criminal Injuries Compensation Board has my permission to share information with, request information from, and discuss this claim with the attorney(s) and/or victim service provider(s) listed above. I also understand that if I wish to revoke this authorization, I may do so, in writing, to the Maryland Criminal Injuries Compensation Board (CICB) at any time.

______________________________ ______________________

Claimant's Signature **Date**

PERMISSION FOR USE OF SOCIAL SECURITY

*Under authority of the Tax Reform Act of 1976, 42 U.S.C. § 405(c)(2)(C)(i), CICB requires that if a claimant has a Social Security Number, it must be provided for verification of payment of Maryland state taxes or other debts owed to the State. Social Security Numbers are also useful to CICB for verifying medical bills & benefits, wages, social security benefits, and workers' compensation benefits. CICB's use of your Social Security Number for these additional purposes can help speed up the processing of your claim. Please indicate by initialing below whether you wish to permit CICB to use your Social Security Number for these other verification purposes:

______ I agree to permit CICB to use my Social Security Number for the additional purposes listed above.

______ I do not agree to permit CICB to use my Social Security Number for any purpose other than verification of payment of Maryland state taxes or other debts owed to the State.

ACKNOWLEDGEMENT AND AUTHORIZATIONS

I hereby authorize the release of the following information to the Maryland Criminal Injuries Compensation Board:

- Any funeral records, or related service records, pertaining to the crime stated in the claim above.
- Any verification of employment from the employer listed previously on this application.
- Any medical bill or statement of services provided, pertaining to the crime stated in the claim above.
- Any police record or record of another governmental entity, including State and Federal taxing authorities, pertaining to the crime above.
- Any financial statement of benefits already paid to the victim or claimant pertaining to the crime stated in the claim above.

I also understand that if I wish to revoke this authorization, I may do so, in writing to the Maryland Criminal Injuries Compensation Board, at any time.

______________________________ ______________________

Claimant's Signature **Date**

ACKNOWLEDGEMENT AND REIMBURSEMENT AGREEMENT

The Claimant understands that the Maryland Criminal Injuries Compensation Board (CICB) is the payer of last resort. If an award is granted, the claimant specifically agrees to inform the CICB of and to repay the State of Maryland for any funds that the claimant receives from any other source that has not already been considered. The claimant agrees to repay any funds that the claimant receives from the offender, any other person or source, including any award for pain and suffering. An award creates a lien in favor of the State of Maryland.

The Claimant further agrees, understands and is put on notice that if the claims, or the statements made in this application, are determined to be intentionally in error, false, or fraudulent, the claimant may be considered to have committed perjury and as a result may be disqualified from receiving CICB benefits and may be required to refund to the CICB all money paid by CICB on the claimant's behalf.

______________________________ ______________________

Claimant's Signature **Date**

MARYLAND CRIMINAL INJURIES COMPENSATION BOARD (CICB)
APPLICATION FOR CRIME VICTIM COMPENSATION

6776 Reisterstown Rd, Ste. 206, Baltimore, MD 21215 | Office: (410) 585-3010 | Fax: (410) 764-3815
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SECTION 1: VICTIM INFORMATION

Victim's Full Name:					Social Security Number:
Gender: ☐Male ☐Female	Date of Birth: / /	Primary Language:	Marital Status:	Safe Telephone Number:	Email Address:
Current Address:					County:

VICTIM STATISTICAL INFORMATION (OPTIONAL)

Race/Ethnicity:
☐White, Non-Latino/Caucasian ☐ Black/African American ☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐Multiple Races ☐ Some Other Race: ______________ Birthplace, if not the United States:_________________

Are you a person living with a disability?: ☐No ☐ Yes If "Yes" is the disability: ☐ Physical ☐ Mental ☐ Developmental

Who referred you to the Criminal Injuries Compensation Board?: ☐Hospital ☐ States Attorney's Office ☐ Law Enforcement
☐Victim Service Program ☐ Poster/Brochure ☐ Attorney ☐ Other: ______________________________

SECTION 2: CLAIMANT INFORMATION

Claimant's Full Name:			Relationship:		Social Security Number (*See Pg 2):

Relationship to Victim *(Check all that apply)*: ☐Parent of a Minor Child ☐ Legal Guardian of Victim ☐ Secondary Victim
☐Person Responsible for Crime-Related Expenses ☐ Other (please provide here) ______________________________

Gender: ☐Male ☐Female	Date of Birth: / /	Primary Language:	Marital Status:	Safe Telephone Number:	Email Address:
Current Address:					County:

SECTION 3: CRIME INFORMATION

Date of Crime: / / Time: : ☐AM ☐PM		Date Reported to Authorities: / / Time: : ☐AM ☐PM	
Address Where Crime Occurred *(If Known)*:			
City/Town:	County:		State:
Police Department:	Detective Name:	Phone Number:	Police Report No. :

Offender/Suspect Information *(If the suspect(s) has/have no relation to the victim please put "N/A")*
Name: ____________________ Relation: ___________ Court Case Number:_____________ Court:______________
Name: ____________________ Relation: ___________ Court Case Number:_____________ Court:______________

Description of Crime: *(If necessary, attach separate paper)*

Did the crime involve a motor vehicle or vessel? ☐ Yes ☐ No | Did the crime happen at work? ☐ Yes ☐ No

SECTION 4: REQUESTED EXPENSES

Check all that apply for the type of financial assistance that you are seeking. Please include with your application the items needed.

☐MEDICAL ☐ COUNSELING ☐ LOSS OF SUPPORT ☐ FUNERAL/BURIAL ASSISTANCE ☐ CRIME SCENE CLEAN UP
☐DISABILITY ☐ LOSS OF EARNINGS ☐ BEREAVEMENT LEAVE

Dates Absent From Work: ___/___/_____ To ___/___/_____ Employer: ________________________________

Address: ____ Phone: ________________

Rev. October 1, 2017