



STATE OF OHIO  
OFFICE OF THE ATTORNEY GENERAL  
JIM PETRO, ATTORNEY GENERAL

The Ohio Victims of Crime  
Compensation Program  
150 E. Gay St., 25th Fl.  
Columbus, OH 43215-4231  
Telephone: (614) 466-5610  
(800) 582-2877  
Facsimile: (614) 752-2732  
(614) 995-5412  
[www.ag.state.oh.us](http://www.ag.state.oh.us)

July 31, 2006

Dear Victim Service Provider:

I am writing to make you aware of a dynamic new initiative that is being implemented in the Ohio Victims of Crime Compensation Program. As you are aware, the compensation program provides financial assistance to innocent victims of violent crime to help alleviate the economic burden resulting from the offense.

Currently, processing a compensation application can take up to 120 days or more. We have learned that the majority of that time is spent waiting on information requested by our office that is needed to review the claim (e.g. medical bills, police reports, earnings information, etc.). It is not uncommon for a claim to sit idle for several weeks while we await the needed information.

In an effort to better serve the victim community, we have implemented the "Perfected Claims" concept. This initiative is designed to allow victims of crime to receive assistance much faster from the compensation program. To make the initiative easy for victim advocates, we have prepared an easy-to-follow checklist of the documents and other information needed to file a Perfected Claim—a claim that provides all the necessary documentation for completion up front. In order to file a Perfected Claim we need (in this order):

- The signed Perfected Claims Checklist
- A completed application
- The documentation and other information referenced on the checklist

We believe this initiative will work best when victims are assisted by victim advocates and we encourage you to participate by helping victims file Perfected Claims. We recognize that not every claim can be perfected, but the more information provided when the claim is first filed can only help victims receive funds faster. Attached to this letter is the Perfected Claims Checklist and an Ohio Victims of Crime Compensation Application, which is all you need to begin this dynamic initiative. To further assist you, our office will be setting up trainings in the near future.

We thank you for the services that you already provide to victims on a daily basis and we call on you to help us make this initiative a success. If you have questions or concerns, please do not hesitate to contact our office.

Sincerely,

*Jonathan M. Bowman*

Jonathan M. Bowman  
Senior Deputy Attorney General  
Crime Victim Service Section

Enclosure(s):

# Perfecting Claims Checklist

**Have you listed the following information on the application? (These areas are commonly missed and can result in the delay of processing the claim)**

**Have you.....**

- Provided the victim and/or applicant's **social security number?** (See section 1)
- Provided the victim and/or applicant's **date of birth?** (See section 1)
- Checked that the applicant has signed and dated all authorization releases?
- If the victim is under 18, did you have a parent or guardian must sign the applicant as a claimant? (see section 2)
- Provided the police report?
- Checked the boxes only next to each type of compensation where the applicant is requesting out-of-pocket expenses? (See section 4)
- Provided a copy of a medical report from the first medical provider, or listed its name, address and phone number? (See section 5)
- Listed the applicant's household income? (See section 6)
- Listed all insurance and benefit information (See section 7)
- Listed the dates of work that the applicant missed due to the crime? (Section 8)
- Provided a medical disability verification or provided the name, address and telephone number of the doctor who can do so? (See section 8)

**Have you attached the following documents to the application?**

**For Medical Expenses:**

- Copies of all unpaid medical bills?
- Documentation showing all personal payments on medical bills?
- Copies of insurance explanation of benefits?
- A list of names, addresses and telephone numbers of all crime-related treating medical providers?
- An Attorney General's Office medical information report completed by each doctor who has provided treatment as a result of the crime (Available on the Attorney General Crime Victim's Compensation Website).
- A signed and dated HIPPA compliant authorization release for release of medical records (Available on the Attorney General Crime Victim's Compensation Website).
- Please check our website to see if the specific hospital requires a special authorization release. If so, please download, complete and return to our office.
- If there is health insurance, and the victim has seen an out of network provider for medical expenses, have you included verification the medical provider or law enforcement official who referred this provider to the victim, or their contact information?

**For Victim or Family Counseling Expenses:**

- The names of the family members seeking counseling?
- Their social security numbers
- Their birthdates
- Copies of all unpaid counseling bills?
- Documentation showing all personal payments on medical and/or counseling bills?
- Copies of insurance explanation of benefits?
- A list with the names, addresses and telephone numbers of all counseling providers that have provided treatment as a result of the crime?
- An Attorney General's Office mental health report completed by each provider who has provided treatment as a result of the crime (These are available on the Attorney General Crime Victim's Compensation Website)
- A signed and dated psychotherapy release for each family member seeking counseling? (These are available on the Attorney General Crime Victim's Compensation Website)
- If there is health insurance, and the victim has seen an out of network provider for counseling expenses, have you included verification the medical provider or law enforcement official who referred this provider to the victim, or their contact information?

**For Lost Wages:**

- A disability slip from a medical or counseling provider certifying work loss if work loss is longer than 3 days after the crime?
- Copies of payroll records for 6 weeks prior to the crime?
- A employment information report that has been completed by the employer (These are available on the Attorney General Crime Victim's Compensation Website)
- The name, address and telephone number of the employer's Human Resource or Payroll officer?

**For Lost Wages when an applicant is self-employed:**

- Complete tax return for year of injury
- Complete tax return for year prior to injury
- W-2 forms or similar documentation for employees hired to cover the absence or for employees hired to fulfill signed business agreements that the victim could not perform because of the injuries.
- Copies of signed business agreements that the victim could not perform because of the injuries.

**For Replacement Services:**

- The name, address & phone number of person(s) providing replacement services?
- List of services provided?
- The dates for each date of service and amount paid for each service?
- Receipts/cancelled checks showing the amount of money paid?
- Physician's statement that supports replacement services need & related to crime?

**For Evidence Replacement or Crime Scene Cleanup Expenses:**

- An itemized list showing the estimated value for each item that was held as evidence?
- A copy of the police report or hospital record that lists the items that were taken as evidence or that verifies the need for crime scene cleanup?

**For Mileage Expenses:**

- An itemized list with the starting and ending destination addresses for each trip?
- Documentation listing all dates of service and the purpose for each trip?
- The name, address and telephone number for each facility traveled to?

**Name of victim Witness Assistance Program that helped with the file of this Perfected Claim:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State Zip: \_\_\_\_\_

Telephone Number (Area Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_