ALABAMA CRIME VICTIMS COMPENSATION COMMISSION ADMINISTRATIVE CODE

CHAPTER 262-X-4 ELIGIBILITY CRITERIA FOR COMPENSATION

TABLE OF CONTENTS

262-X-4-.01	**Filing Of Claims**
262-X-4-.02	**Eligibility Criteria-Generally**
262-X-4-.03	**Contribution To Offense**
262-X-4-.04	**Compensation Awards - Amounts And Methods Of Payment**
262-X-4-.05	**Emergency Awards**
262-X-4-.06	**Garnishment And Assignment Of Compensation Awards**
262-X-4-.07	**Mental Health Benefits**
262-X-4-.08	**Out-Of-State Claims**
262-X-4-.09	**Homicide Victims And Minor Victims**
262-X-4-.10	**Reconsideration Of Claims Filed On Behalf Of Minor Victims, Incompetent Victims, Or Deceased Victims**

262-X-4-.01 Filing Of Claims.

(1) A claim may be filed by the victim, a dependent of a deceased victim, or a person legally authorized to act on behalf of a deceased victim. When the victim is a minor, a parent or legal guardian may file on his/her behalf. A guardian, conservator, or other person legally authorized to act on behalf of an incapacitated victim may file a claim on his/her behalf.

(2) A claim must be filed with the Commission within one (1) year after the death or injury upon which the claim is based or the Commission finds that there was good cause for the failure to file within that time.

(3) The date on which each claim is received by the Commission shall be documented. An ACVCC application that has been signed by either facsimile signature or electronic signature must be submitted for a compensation request to be processed. If the Commission is not satisfied that the facsimile signature or the electronic signature is authentic, it may request an original, notarized signature from the claimant.

(4) The Commission will make written request to the claimant for needed information/documentation. The claimant shall have forty-five (45) days to submit the requested information/documentation to the Commission. Failure to provide information/documentation

within forty-five (45) days may, at the Commission's discretion, result in the non-approval of the claim.

(5) Separate claims may be filed for individual family members who are victims.
Author: Dr. Cassie T. Jones
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987; November 25, 1992. **Amended:** November 25, 1992. **Amended:** Filed August 18, 1998; effective September 22, 1998. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed July 8, 2014; effective August 12, 2014. **Amended:** Filed July 7, 2017; effective August 21, 2017. **Amended:** Filed January 10, 2018; effective February 24, 2018.

262-X-4-.02 Eligibility Criteria-Generally.

(1) The incident must have occurred on or after June 1, 1984.

(2) The incident must have been reported within 72 hours after its occurrence or the Commission must find there was good cause for the failure to report within that time. Good cause includes, but is not limited to the minority, infirmity or incapacity of the claimant.

(3) The application must be filed within one (1) year of the incident unless the Commission finds there was good cause for the failure to report within that time.

(4) The victim must have suffered bodily injury, psychological injury as the result of a direct, face-to-face threat of physical injury, or actual physical injury or death as a result of the criminal actions of another.

(5) The claimant or victim must cooperate fully with law enforcement and the Commission staff. If law enforcement officials or Commission staff are not satisfied with the victim's or claimant's cooperation, the Commission may "not approve" the claim.

(6) Requested expenses shall not be eligible for compensation in the event that they have been paid by a collateral source.

(7) The victim or claimant must not be the offender or an accomplice of the offender.

(8) No portion of the compensation shall benefit the offender or accomplice.

(9) If the applicant, after making application for compensation to the Commission, then perpetrates any criminally injurious conduct

or is convicted of a felony, the applicant shall be ineligible for compensation.

(10) The claimant must submit an application that has been signed by either facsimile signature or electronic signature. If the Commission is not satisfied that the facsimile signature or the electronic signature is authentic, it may request an original, notarized signature from the claimant.

(11) A person must be a U.S. citizen, a person who is legally present in the U.S., or an alien eligible for public benefits in order to receive compensation benefits.

(12) An alien who is defined as an eligible alien pursuant to 8 U.S.C. §1621(a) or 8 U.S.C. §1641, or certified as a victim of human tracking pursuant to 22 U.S.C. §7105 may be eligible for compensation benefits.

(13) Proof of U.S. citizenship, legal presence in the U.S., or proof of being an alien eligible for public benefits must be provided for every claimant/victim.

(a) A copy of one of the following documents may be accepted as evidence of U.S. citizenship:

1. A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.

2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).

3. A birth certificate or passport issued from:

(i) Puerto Rico, on or after January 13, 1941;

(ii) Guam, on or after April 10, 1898;

(iii) U.S. Virgin Islands, on or after February 25, 1927;

(iv) Northern Mariana Islands, after November 4, 1986;

(v) American Samoa;

(vi) Swains Island; or

(vii) District of Columbia.

4. An unexpired U.S. passport.

5. Certificate of Naturalization (N-550, N-57, N-578).

6. Certificate of Citizenship (N-560, N-561, N-645).

7. U.S. Citizen Identification Card (I-179, I-197).

8. Free Alabama Photo Voter identification Card.

If the Commission is not satisfied with the authenticity of a copy of one of the documents in 262-X-4-.02(13) a, it may request that the original be submitted for inspection.

(b) A person may be presumed to not be an alien who is unlawfully present in the U.S. if the person provides a copy of one of the following documents to the Commission for inspection:

1. A valid, unexpired Alabama driver's license.

2. A valid, unexpired Alabama nondriver identification card.

3. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.

4. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

5. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States. If the Commission is not satisfied with the authenticity of a copy of one of the documents in 262-X-4-.02 (13) b, it may request that the original be submitted for inspection.

(c) Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:

1. I-327 (Reentry Permit)

2. I-551 (Permanent Resident Card)

3. I-571 (Refugee Travel Document)

4. I-766 (Employment Authorization Card)

5. Certificate of Citizenship

6. Naturalization Certificate

7. Machine Readable Immigrant Visa (with Temporary I-551 Language)

8. Temporary I-551 Stamp (on Passport or I-94)

9. I-94 (Arrival/Departure Record)

10. I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

11. Unexpired Foreign Passport

12. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)

13. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

14. Documents not included in this list will be examined on a case-by-case basis.

(d) Failure to provide this documentation within the requested time shall result in the non-approval of the compensation claim.

(e) This rule shall be effective upon the filing date and apply to claims pending and/or claims received on or after the filing date.

ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

If you have limited English proficiency, you have the right to language assistance and this language assistance will be provided to you free of charge.

P.O. BOX 231267
MONTGOMERY, ALABAMA 36123-1267
(334) 290-4420
1-800-541-9388 (VICTIMS ONLY)
FAX (334) 290-4455
www.acvcc.alabama.gov

Si usted ha limitado la pericia inglesa, usted tiene el derecho a la ayuda del idioma y esta ayuda del idioma será proporcionado a usted libre de la carga.

APPLICATION INSTRUCTIONS

Please carefully read these instructions before completing the application.

1. When completing this form, please type or print legibly, in ink.
2. If you need help with this form, please contact the Victim Service Officer (VSO) at your local District Attorney's office or the ACVCC at the number(s) listed above.
3. Only send copies of bills and expenses related to the victimization. Include copies of bills, receipts, and insurance or benefit statements related to the victimization with the application. You may send copies of additional medical bills as treatment continues. Until necessary documentation is received, that portion of your claim cannot be processed.
4. Your claim cannot be processed without a police report. The ACVCC will request a copy of the incident report from law enforcement. If you have a copy of the incident report, sending it in with your application may shorten the processing time for your claim.
5. Promptly mail the application and all documents to the ACVCC at the above address. There is a one-year deadline from the date of the crime for filing your claim.
6. If the ACVCC asks you for additional information, you should send it immediately. If the requested information is not received within forty-five (45) days, your claim may be not approved.
7. The contact information in SECTION 1 or SECTION 2 must be completed in order to process your claim. If the ACVCC is unable to contact you or there is no response to correspondence, your claim may be not approved.
8. The demographic information requested in SECTION 1 (shaded box) is OPTIONAL. This information is collected for statistical purposes. You do not have to provide this information.
9. SECTION 2 should only be completed if someone other than the victim is filing a claim. A claimant may apply in cases where the victim is deceased, incapacitated, or is a minor. The claimant must be the person legally authorized to act on the behalf of the victim. Documentation of this authority must be provided. In Alabama, unless you are married or an emancipated minor, you must be a minimum age of 19 to file your own claim.
10. The questions in SECTION 3 must be answered for the ACVCC to process your claim.
11. The applicable information in SECTION 4 should be completed to the best of your ability. The questions in SECTION 4 must be answered for the ACVCC to process your claim.
12. The applicable information in SECTION 5 should be completed for any medical expenses incurred as a result of your victimization.
13. The applicable information in SECTION 6 should be completed if you want consideration of lost wages or economic loss incurred as a result of your victimization. You must provide a doctor's excuse to be eligible for lost wages.
14. The applicable information in SECTION 7 and SECTION 9 should be completed to the best of your ability.
15. The information in SECTION 8 should only be completed if the victim is deceased.
16. Complete SECTION 10 if you need emergency financial assistance. Emergency awards are for cases of dire economic need that result from violent crime victimization. These awards are usually granted for loss of income, moving expenses, prescriptions, or crime scene clean-up. If you are requesting an emergency award for loss of income, please attach a statement from your employer stating the time lost from work and your net (take-home) weekly pay. If you are requesting an emergency award for moving expenses, you must attach estimates or receipts for the requested items. Emergency awards are not usually considered for medical bills unless a service provider has refused treatment pending payment. Please have the service provider write a letter noting this, and provide a copy of the estimate. If you do not include these items, it will take longer to process your emergency award. There is a maximum of **$1,000.00.**
17. For SECTION 11, either provide the contact information for your attorney OR check the box stating that you have NOT filed any civil lawsuits in connection with this victimization.

The ACVCC must receive the **signed, dated, and notarized original** forms in order to process your claim. Unsigned or non-notarized forms may be returned to you for signature(s), delaying the processing of your claim.

Please note that the ***Claim Authorization*** form must be notarized.

A claim filed on behalf of a minor victim or by the next-of-kin of a homicide victim cannot be processed without a completed and notarized ***Affidavit of the Parent or Legal Guardian of a Crime Victim*** (if a minor victim) or ***Affidavit for the Surviving Spouse or Next-of-Kin*** (if a homicide victim).

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THE COMMISSION DOES *NOT* PROVIDE COMPENSATION FOR PROPERTY CRIMES, ACCIDENTS, IDENTITY THEFT, PAIN & SUFFERING OR ATTORNEY'S FEES.
The Commission can only provide compensation for actual expenses.

No more than $15,000.00 ($20,000.00 for crimes occurring on and after 10/01/2014) may be awarded for any compensation claim.

COMPENSATION MAY BE AWARDED FOR:

A) **Medical expenses**—including doctor and hospital care, dental expenses, prescriptions, medical supplies, inpatient psychiatric care, etc. This does not include expenses covered by insurance. Victims may be eligible to receive 100% reimbursement for medical expenses he/she has paid for out-of-pocket.

B) **Rehabilitation expenses**—including vocational or physical therapy, if not covered by another source.

C) **Counseling expenses**—includes counselor, psychologist and/or psychiatrist fees for counseling services that are related to the victimization. Mental health providers must be properly licensed by the appropriate regulatory body in order for the Commission to consider their services for payment. Counseling is limited to 50 sessions per claim unless the Commission determines exigent circumstances exist. Single counseling sessions may be reimbursed at: **$80.00** per hour for licensed counselors and social workers; **$100.00** per hour for psychologists; **$125.00** per hour for psychiatrists; and **$60.00** per hour for group therapy.

D) **Work loss**— work the claimant/victim missed due to the crime. **Replacement services loss** - expense that the claimant/victim would not have incurred if the victim had not been injured or died. The maximum award for work loss and replacement services loss is **$400.00** per week. For crimes occurring on or after October 1, 2014, the maximum award for work loss and replacement services loss is **$600.00** per week. Work loss and replacement services loss are limited to 52 weeks.

E) **Funeral expenses**—including funeral home expenses, cremation, burial expenses including monument. There is a maximum of **$5,000.00.** For crimes occurring on or after October 1, 2014, the maximum award is **$7,000.00.**

F) **Property expenses**—Compensation may be awarded for eligible property that was damaged during victimization. Security enhancements installed after victimization may be eligible. The maximum award is **$2,000.00,** which includes a **$500.00** maximum for damaged clothing. Please contact the Commission for a list of specific items that may be eligible.

G) **Moving expenses**—including security deposits, utility deposits and the costs to move. It does not include rent payments. This is only considered in extreme circumstances in which the victim is in imminent physical danger and when the offense occurred at home. There is a maximum of **$1,000.00.**

H) **Future economic loss**—future or additional expenses or loss to victim or victim's dependents. Must be justified with explanation of how losses were calculated. There is a maximum of **$5,000.00.** For crimes occurring on or after October 1, 2014, the maximum award is **$20,000.00.**

I) **Guardianship fees** - reimbursement for legal fees incurred by claimant to obtain guardianship of disabled or minor victim, if guardianship is awarded. There is a maximum of **$1000.00** .

YOU MAY BE ELIGIBLE FOR COMPENSATION IF:

A) The crime was reported to law enforcement within seventy-two hours (unless good cause can be shown for not doing so). Good cause must be submitted in writing.

B) The claim is filed within one year of the date of the incident (unless good cause can be shown for not doing so). Good cause must be submitted in writing.

C) The victim suffered serious personal injury or death as a result of a criminal act.

D) The victim/claimant cooperated with law enforcement officials, the prosecutor's office, the courts, and the Commission.

E) The claimant/victim was not the offender, or an accomplice of the offender, or encouraged or participated in the crime in any way.

F) The compensation award would not unjustly benefit the offender.

G) The victim/claimant was not convicted of a felony and/or did not perpetrate criminally injurious conduct after applying for compensation.

H) The victim/claimant did not contribute to the victimization.

I) The victim's/claimant's presence in the United States of America was lawful. (Claimants/victims who are certified by federal authorities as victims of human trafficking shall be eligible for compensation benefits. Victims of domestic violence who were illegal at the time of the victimization may also qualify for compensation benefits.)

J) Your expenses were not paid by a collateral source (another source of payment).

Revision Date - May 2014

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ACCEPTABLE DOCUMENTATION FOR PROOF OF LEGAL PRESENCE

If you are an U.S. citizen, please provide the Commission with an original or certified copy of one of the following documents:

- A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions
- A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240)
- A birth certificate or passport issued from:
  1. Puerto Rico, on or after January 13, 1941
  2. U.S. Virgin Islands, on or after February 25, 1927
  3. American Samoa
  4. District of Columbia
  5. Guam, on or after April 10, 1898
  6. Northern Mariana Islands, after November 4, 1986
  7. Swains Island
- An unexpired U.S. passport
- Certificate of Naturalization (N-550, N-57, N-578)
- Certificate of Citizenship (N-560, N-561, N-645)
- U.S. Citizen Identification Card (I-179, I-197)
- Free Alabama Photo Voter Identification Card

The Commission will return your original or certified copy of your proof of U.S. citizenship via the United States Postal Service (USPS). However, the Commission cannot guarantee the USPS's return of your document(s). If you obtain(ed) your birth certificate after the date of your victimization, the Commission will reimburse you for the cost of the birth certificate if your claim is approved. The Commission does not reimburse for passports.

If you are not a U.S. citizen, you must provide proof of legal presence. Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on Passport or I-94)
- I-94 (Arrival/Departure Record)
- I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Documents not included in this list will be examined on a case-by-case basis

Your legal presence will be verified by the Systematic Alien Verification for Entitlements (SAVE) system.

You will be presumed to not be an alien who is unlawfully present in the U.S. if you provide the original of one of the following documents to the Commission for inspection: (A **copy** of the document **is not acceptable**.)

- A valid, unexpired Alabama driver's license.
- A valid, unexpired Alabama non-driver identification card.
- A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

Proof of citizenship or legal presence must be provided for the victim and the claimant if you are filing on someone else's behalf.

Revision Date - May 2014

You must fill out each section completely to have your claim processed. You must include all necessary attachments.

DO NOT WRITE IN THIS SPACE
CLAIM #_____
DATE RECEIVED _____

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HOW DID YOU FIRST LEARN ABOUT THE ALABAMA CRIME VICTIMS COMPENSATION COMMISSION?

◯Police Department ◯Sheriff's Office ◯ District Attorney ◯ Lawyer ◯Media (TV, Radio, Newspaper,etc.) ◯ Other _____

SECTION 1. VICTIM INFORMATION

Social Security Number * | Date of Birth | First Name | Middle Name/Maiden Name | Last Name

Street Address | City | State | ZIP Code

Home Phone | Work Phone | Wireless/Cell Phone | Other Phone

Marital Status
◯ Single ◯ Widowed ◯ Married ◯ Separated ◯ Divorced

Spouse's Name

Dependant(s) Please list their name(s), age(s), and how related to victim

THE FOLLOWING INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES ONLY. IT IS VOLUNTARY AND APPLIES ONLY TO THE VICTIM.

For the purpose of this application, a handicapped person is one who:
1) has received or is receiving treatment which is directly related to such impairment;
2) has a record of such impairment;
3) is perceived as having such an impairment.
WAS THE VICTIM HANDICAPPED PRIOR TO THE CRIME? ◯ YES ◯ NO

GENDER
◯ Male
◯ Female

RACE/ETHNICITY
◯ White ◯ Black
◯ American Indian/Alaskan Native ◯ Hispanic
◯ Asian/Pacific Islander ◯ Other

SECTION 2. CLAIMANT INFORMATION

Only complete if someone other than victim is filing claim.

Social Security Number * | Date of Birth | First Name | Middle Name/Maiden Name | Last Name

Street Address | City | State | ZIP Code

Home Phone | Work Phone | Wireless/Cell Phone | Other Phone | Relationship to Victim

SECTION 3. ELIGIBILITY CRITERIA

Was the incident reported to law enforcement within 72 hours?
◯ YES ◯ NO If NO, please explain why not.

Did the victim have any criminal charges pending against him/her at the time of the crime?
◯ YES ◯ NO If YES, please explain.

Did you file this claim within one (1) year of the crime?
◯ YES ◯ NO If NO, please explain why not.

Was the victim under the influence of alcohol or illegal drugs at the time of the crime?
◯ YES ◯ NO If YES, please explain.

You **must** notify the ACVCC of any address change. **CLAIMS MAY BE CLOSED WHEN THERE IS NO RESPONSE TO CORRESPONDENCE.**

* Submission of your social security number is voluntary. Social security numbers are requested to verify eligibility pursuant to ALA. CODE §§ 15-23-1 - 15-23-23. F
Failure to submit your social security number may result in slower processing of your claim.

Revision Date - May 2014

SECTION 4. CRIME, INJURIES, AND RELATED INFORMATION

Type of crime ◯ Assault ◯ Sexual Offense ◯ Murder ◯ Vehicular ◯ Domestic Violence ◯ Other

Date of injury to victim _____ Date of death of victim _____

Location where crime occurred City _____ County _____ State _____

In your own words, please provide a brief description of the crime. Attach additional sheets if needed.

Offender(s) - Please list name, birth date, and Social Security Number if known	Witness(es) - Please list name, address, and phone number

Law enforcement agency to which crime was reported _____ Agency phone number _____ Date reported _____ Time reported _____ Name of investigating officer(s) _____

Was the victim living in the same house as the offender **at the time of the crime?** ◯ YES ◯ NO	Is the victim living in the same house as the offender **now?** ◯ YES ◯ NO
Has a warrant been signed? ◯ YES ◯ NO If NO, please explain why not.	Did the victim know the offender? ◯ YES ◯ NO If YES, please explain.
Has an arrest been made? ◯ YES ◯ NO If NO, please explain why not. (If known)	Is the offender related to the victim? ◯ YES ◯ NO If YES, please explain.

SECTION 5. MEDICAL/PSYCHIATRIC EXPENSES

Copies of all itemized bills and insurance statements must be sent to the ACVCC.

Describe injuries the victim received

List all medical, psychiatric, dentist, ambulance, doctor, hospital, counselor, and other medical expenses related to injuries received

Biller's Name	Biller's Phone	Biller's Address	Charge	Insurance Paid	Claimant Paid	Victim Paid	Balance Due

SECTION 6. EMPLOYMENT INFORMATION

See instruction sheet for eligibility criteria. This section must be completed if lost wages are requested. A DOCTOR'S EXCUSE MUST BE PROVIDED TO THE ACVCC. By completing this section you are giving the ACVCC permission to contact these employers to verify employment information and wages.

Employment Information for ◯ Claimant ◯ Victim	Employment Information for ◯ Claimant ◯ Victim
Job Title _____	Job Title _____
Employer Name _____	Employer Name _____
Employer Contact _____	Employer Contact _____
Street Address _____	Street Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____ FAX _____	Phone _____ FAX _____
Date Left Work _____ Date Returned to Work _____	Date Left Work _____ Date Returned to Work _____

If self-employed, submit most recent income tax returns and other proof such as statements from those for whom work was performed showing amount(s) paid and date(s) worked for a period of at least 60 days prior to injury.

Revision Date - May 2014

SECTION 7. INSURANCE AND OTHER COLLATERAL SOURCE INFORMATION

Name of Insurance Company Phone

Name of Agent Policy Number

Type of Insurance ◯Life ◯Burial ◯Medical ◯Auto ◯Other

Name of Insurance Company Phone

Name of Agent Policy Number

Type of Insurance ◯Life ◯Burial ◯Medical ◯Auto ◯Other

Name of Insurance Company Phone

Name of Agent Policy Number

Type of Insurance ◯Life ◯Burial ◯Medical ◯Auto ◯Other

Name of Insurance Company Phone

Name of Agent Policy Number

Type of Insurance ◯Life ◯Burial ◯Medical ◯Auto ◯Other

If you received income from any of the following sources, please indicate the amount received each month.

Social Security | Social Security Disability | Welfare | Aid to Dependant Children | Workman's Compensation | Other

SECTION 8. FUNERAL/BURIAL EXPENSES

Attach copies of ALL funeral/burial bills.

If funeral/burial expenses were paid by any of the following sources, please indicate the amount each paid.

Claimant | Social Security | Burial Insurance | Life Insurance | Veterans Insurance | Other

Name of funeral home, cemetery, or monument company

Street Address

City State ZIP Code Phone

Name of funeral home, cemetery, or monument company

Street Address

City State ZIP Code Phone

SECTION 9. OTHER EXPENSES

See instruction sheet for details on what may be requested. All expenses are subject to approval by the ACVCC.

FUTURE ECONOMIC LOSS - If the victim or victim's dependents will have additional future losses as a result of the crime, please list what you think those losses might include and an estimate of the cost of those losses.

Expense Amount Expense Amount

REPLACEMENT SERVICES - If the victim or victim's dependents have had financial losses which they would not have had if the crime had not occurred, please list the service and the cost of replacement.

Expense Amount Expense Amount

MOVING EXPENSES - In order to qualify for an award pursuant to this category, staying in your home must place you in direct danger or cause you to reasonably believe that you are in direct danger.

Expense Amount Expense Amount

Expense Amount Expense Amount

PROPERTY LOSS - If the victim had property damaged during the victimization, please list the property and an estimate of its value.

Expense Amount Expense Amount

Expense Amount Expense Amount

SECTION 10. EMERGENCY AWARD

If you want to request emergency funds, please indicate the amount needed and explain why an emergency award is needed ($1,000 maximum).

SECTION 11. LAWSUIT RECOVERY

Has a civil lawsuit been filed in connection with this case? ◯YES ◯NO

Is a civil lawsuit being considered in connection with this case? ◯YES ◯NO

If you answered YES to either question above, you MUST provide contact information for the attorney handling the civil suit.

Alabama law requires that you give the Alabama Crime Victims' Compensation Commission written notice within 15 days of initiating any legal proceeding to recover restitution or damages, or prior to any attempt by claimant to reach a negotiated settlement.

ALABAMA CODE § 15-23-14(c).

Attorney Name

Street Address

City State ZIP Code Phone

Revision Date - May 2014

CLAIM AUTHORIZATION

Information Release: I hereby authorize any financial institution, any social service agency, any funeral provider, any insurance company, any medical or mental health service provider or any state or federal governmental agency to release information concerning my financial status to the ACVCC. I hereby authorize my employer or former employer to release my employment information to the ACVCC.

Criminal Background Check: I understand that as a victim/claimant, I will be subject to a criminal background check in order to verify my eligibility for compensation benefits.

Subrogation Agreement: I hereby agree to give the ACVCC written notice within 15 days of initiating any legal proceeding to recover restitution or damages that is related to my victimization. I agree to repay the ACVCC the amount of compensation that I have received in the event that my economic loss is recouped from any collateral source. I understand that failure to comply with this agreement may result in legal action being taken against me.

Service Provider Information Release: I hereby give permission to the ACVCC to release information or records about my application for assistance to service providers and their authorized representatives who represent information about the status of my pending claim. I understand that this release is for the limited purpose of helping service providers determine the status of the claim in order to receive payment for services rendered.

Sign here if you DO NOT authorize the release of status information to service provider(s).

_____ _____
Victim or Claimant Signature Date

Authorized Parties: I hereby agree that the parties listed below are authorized to discuss this claim.

Name	Phone	Relationship	Name	Phone	Relationship

Are you a U.S. citizen? ○ YES ○ NO Are you a legally present alien? ○ YES ○ NO

Are you a victim of human trafficking or domestic violence? ○ YES ○ NO

Therefore, I HEREBY AND FOREVER HOLD HARMLESS, the ACVCC and its authorized representatives and agents from any and all legal responsibility/liability which may arise from the release of any of the above information.
By signing this document I affirm that the information provided in this application is true and correct to the best of my knowledge.
I understand that if there is any credible evidence that I submitted a false claim for grant funds I will be promptly referred to the United States Department of Justice, Office of Inspector General for investigation.

X _____
Victim or Claimant Signature

The victim must sign this authorization unless he/she is deceased, incapacitated, or is a minor.
The person signing this authorization must be **19 or older**.
The claimant (if other than victim) must be the person legally authorized to act on the behalf of the victim.
Documentation of this authority MUST be provided.

STATE OF _____)

_____COUNTY

I, _____, a Notary Public in and for said County and State, hereby certify that, he/she, whose name is signed to the foregoing affidavit, and who is known to me, acknowledged before me on this date that, being informed of the contents of said affidavit, he or she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____County, State of _____, on this the _____ day of _____, 20_____.

_____
Notary Public
My Commission expires: _____.

Revision Date - May 2014

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

* Submission of your social security number is voluntary. However, not having your social security number may slow processing of your claim.

1. I hereby authorize the Alabama Crime Victims' Compensation Commission (ACVCC) to obtain and use my health, medical, psychiatric and billing information for the purpose of processing my compensation claim.
2. I authorize any and all service providers, including physicians, hospitals, clinics, laboratories, psychologists, psychiatrists, nurses, physician assistants and counselors, to release my health, medical, psychiatric and billing information, which includes discharge summary, laboratory reports, history and physical, operative procedure, pathology reports and billing information to the ACVCC and its agents and employees who are acting within the scope of their employment.
3. I understand that this authorization is for any and all health, medical, psychiatric and billing information related to my victimization, which occurred on: _____
4. I understand that such medical records may contain information concerning psychological, drug, and/or alcohol conditions, and/or diagnosis, treatment and care of sexually transmitted diseases or complications related to the same, including but not limited to HIV testing and results. I understand that the health, medical, psychiatric and billing information to be released may be subject to re-disclosure by the recipient of the health, medical and billing information and no longer be protected by the Federal Privacy Rules.
5. I understand that this authorization is voluntary. I also understand that I may revoke this authorization at any time by notifying the ACVCC in writing. If I do revoke authorization, it will not have any effect on uses and disclosures made before the receipt of the revocation.
6. In the event that this authorization is being signed by a personal representative of the patient, a description of such individual's authority to do so must be attached to this document along with proper documentation of this authority.
7. This authorization shall be valid for the entire duration of the processing of my compensation claim at the ACVCC and shall terminate at such time the ACVCC has closed my compensation claim.

X _____ _____

Patient Signature or Personal Representative Date

Either the patient (victim) or their representative must sign and date this authorization if consideration of medical expenses is being requested.

Revision Date - May 2014

Author: Cassie T. Jones, Ed.D.
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987. **Amended:** November 25, 1992.
Amended: Filed September 20, 2001; effective October 25, 2001.
Amended: Filed August 8, 2002; effective September 12, 2002.

Repealed and New Rule: Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed February 8, 2005; effective March 15, 2005. **Amended:** Filed May 9, 2005; effective June 13, 2005. **Amended:** Filed January 8, 2008; effective February 12, 2008. **Amended:** Filed January 6, 2010; effective February 10, 2010. **Amended:** Filed August 10, 2010; effective September 14, 2010. **Amended:** Filed June 10, 2011; effective July 15, 2011. **Amended:** Filed November 9, 2012; effective December 14, 2012. **Amended:** Filed August 6, 2013; effective September 10, 2013. **Amended:** Filed July 8, 2013; effective August 12, 2014. **Amended:** Filed January 10, 2018; effective February 24, 2018.

262-X-4-.03 Contribution To Offense.

(1) Authority:

(a) Code of Ala. 1975, §15-23-12(b) (1995), which provides:

(2) Compensation otherwise payable to a claimant may be diminished or denied to the extent that the economic loss is recouped from collateral sources; or to the extent that the degree of responsibility for the cause of the injury or death is attributable to the victim as determined by the commission.

(a) Compensation may be reduced or denied based on the victim's degree of contribution to the offense. The reduction or denial will be based on the extent of the degree of responsibility for the cause of injury or death attributable to the victim/claimant's actions and/or involvement in the events that led to the crime. Compensation may be reduced in whole or in part if contributory conduct is determined.

(b) Eligibility for compensation can be affected by a victim/claimant's involvement in the events that led to the crime. The victim/claimant's actions do not have to be illegal to be deemed contributory conduct. Such actions must relate significantly to the occurrence that caused the victimization and be such that a reasonable or prudent person would know that the actions could lead to their victimization.

(c) Contributory conduct is a voluntary action by the victim, which directly or indirectly, produced the victim's injury at the time of the victimization which gives rise to the compensation claim. This action may include, but is not limited to, provocation, drug use, alcohol intoxication, consent or incitement by the victim.

(d) Contributory conduct is a factor when the victim knowingly participated in conduct that:

1. Caused, resulted in, or reasonably could have led to the specific crime which caused the victimization; or

2. Was itself clearly wrongful or illegal, thereby placing him/herself in a position to be victimized; or

3. Clearly put himself/herself into a situation where the crime was a reasonably expected and/or a prudent person would have avoided.

(e) Contributory conduct to the offense may be determined by the victim's actions or nature of the victim's involvement in the events leading up to victimization. The following factors may be considered in the determination of contributory conduct:

1. Alcohol intoxication that resulted in the use of poor judgment by the victim;

2. Drug use that resulted in the use of poor judgment by the victim;

3. If the offender verbally insulted the victim and the victim failed to retreat, a contribution factor may be assessed;

4. If it appears the victim was injured as a result of poor judgment or as a result of his/her conduct being less than that of a prudent person in the same situation, a contribution factor may be assessed;

5. If it appears that the victim first physically assaulted the offender, the victim's claim for compensation may be denied.

(f) The Commission may consider all information relevant to the circumstances, including, but not limited to:

1. Level of responsibility of the victim's conduct;

2. Foreseeability of the consequences of such conduct;

3. Ability to avoid the situation (Victim's failure to retreat or withdraw from situation where an option to do so existed.)

4. Whether there is a direct causal relationship between the victim's actions and his/her victimization.

5. Whether the criminally injurious conduct made the basis of the compensation claim occurred at a place known for illegal activity (shot house, house of gambling, house of prostitution or drug house) or arose out of acts

involving violation(s) of federal, state, or municipal laws. A contribution factor shall not be accessed for persons who were in such areas for a legitimate purpose and not involved in any type of illegal activity.

6. Contribution to the offense will be determined by the actions of the victim at the time of or immediately preceding the crime.

Author: Dr. Cassie T. Jones
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed September 7, 2007; effective October 12, 2007. **Amended:** Filed July 8, 2014; effective August 12, 2014.

262-X-4-.04 Compensation Awards - Amounts And Methods Of Payment.

(1) Compensation payable to a victim or claimant sustaining economic loss due to injury or death may not exceed a total of fifteen thousand dollars ($15,000.00).

(2) Compensation for lost wages may not exceed four hundred ($400.00) dollars per week.

(3) The Commission may provide for the payment to a claimant in a lump sum or installments. Outstanding eligible expenses will be paid directly to the service provider. Compensation payable to service providers for medical treatment may be compensated at a reduced rate. Outstanding charges for medical treatment, excluding psychiatric care, counseling, and dental treatment, may be compensated at a reduced rate of thirty percent (30%) of eligible charges up to a maximum amount of six thousand dollars ($6,000). When the claimant has already paid out-of-pocket for medical treatment and services, the claimant may be fully reimbursed for all eligible expenses not to exceed $15,000.

(4) Future Economic Loss.

(a) Future economic loss is limited to $400.00 per week for a maximum of 26 weeks. Future economic loss may be awarded if the victim was employed at the time of his/her victimization and the employment is verifiable.

(b) If the deceased victim leaves a dependent spouse and no dependent children, the total amount of the future economic loss may be paid to the dependent spouse.

(c) If the deceased victim leaves a dependent spouse and a dependent child or dependent children and the dependent spouse is the parent of all the victim's dependent children, then the

total amount of the future economic loss may be paid to the dependent spouse for the benefit of himself/herself and the dependent child or dependent children.

(d) If the deceased victim does not leave a dependent spouse, but leaves dependent children, funeral/burial expenses may be paid prior to the payment of future economic loss for a dependent child or dependent children. After the payment of funeral/burial expenses, twenty-five percent (25%) of the remaining compensation benefits may be used for the compensation of the claimant's eligible expenses. The remaining compensation benefits will be apportioned equally among the dependent children for whom a request for future economic loss is made within the one-year filing deadline. Dependent children who request future economic loss after the one-year filing deadline may not receive compensation benefits. If there are compensation funds remaining after the one-year filing deadline, they may be equally apportioned and distributed to the deceased victim's dependent children who made a request for future economic loss prior to the expiration of the one-year filing deadline.

(e) If the deceased victim leaves a dependent spouse and a dependent child or dependent children for whom the parent or legal guardian is someone other than the dependent spouse, funeral/burial expenses may be paid prior to the payment of future economic loss for a dependent child or dependent children. After the payment of funeral/burial expenses, fifty percent (50%) of the remaining compensation benefits may be used for the compensation of the dependent spouse's eligible expenses. The remaining compensation benefits will be apportioned equally among the dependent children for whom a request for future economic loss is made within the one-year filing deadline. Dependent children who request future economic loss after the one-year filing deadline may not receive compensation benefits.

(f) Legal proof that the dependent spouse was married to the deceased victim at the time of the victim's death will be requested. Legal proof that a dependent child was the legal child of the deceased victim will be requested. For example: marriage certificate, birth certificate, or court order.

1. A claimant that asserts a common-1aw marriage with a deceased crime victim must provide proof of the marriage by submitting one of the following:

(i) an official Internal Revenue Service tax transcript indicating the claimant and deceased victim filed as married; or

(ii) affidavits from three blood relatives within the second degree of consanguinity of the deceased crime

victim swearing that the claimant and the deceased crime victim presented themselves as married to each other. If the deceased crime victim does not have three blood relatives within the second degree of consanguinity, the claimant may submit an affidavit or affidavits from blood relatives within the third degree of consanguinity. If the deceased crime victim does not have three blood relatives within the third degree of consanguinity, the claimant may submit an affidavit or affidavits from blood relatives within the fourth degree of consanguinity. Birth certificates must be submitted to prove the relationship of the affiant to the deceased crime victim.

(I) First-degree relatives include a crime victim's parents and children.

(II) Second-degree relatives include a crime victim's siblings and half-siblings.

(III) Third-degree relatives include a crime victim's nieces, nephews, aunts, and uncles.

(IV) Fourth-degree relatives include a crime victim's first cousins, great aunts, great uncles, grandnieces and grandnephews.

(g) All awards for future economic loss shall be diminished or denied to the extent that the future economic loss is recouped from a collateral source.

(h) At the discretion of the Commission, future economic loss may be paid in a lump sum, but only upon a finding that the lump sum award will promote the best interest of the claimant.

(i) When the Commission determines that compensation for future economic loss will be paid in installments, payments may be made in quarterly installments of $2,500 over a period of one year or until the total compensation award for future economic loss is paid to the recipient(s). The one-year period for the purpose of installment payments will begin the day the compensation award is approved. An award payable in installments for future economic loss may be modified by the Commission upon its findings that a material and substantial change of circumstances has occurred.

(5) No more than five thousand dollars ($5,000.00) may be paid for expenses related to funeral, cremation, or burial. For incidents of criminally injurious conduct occurring on or after October 1, 2014 through July 8, 2020, no more than seven thousand dollars ($7,000.00) may be paid for expenses related to funeral, cremation, or burial. For incidents of criminally injurious

conduct occurring on or after July 9, 2020, no more than five thousand dollars ($5,000.00) may be paid for expenses related to funeral, cremation, or burial. Food expenses shall not be considered expenses related to funeral, cremation, or burial.

(a) The following payment limitations for funeral, cremation, and burial expenses apply:

1. $1,000 maximum award for victim's headstone;

2. $250 maximum award for funeral flowers;

3. $200 maximum award for burial clothes for the victim.

(6) Approved claims will be paid in the order of their approval by the Commission as funds become available.

(7) Payments may be made in lump sums or in installments.

(8) Lost wages shall be verified by obtaining written documentation from the employer or by submission of a W-2 tax document. A tax transcript from the IRS is required if the person seeking reimbursement of his/her lost wages is self-employed.

(9) The claimant may, with the Commission's approval, also elect to be paid for lost wages, future economic losses, replacement services loss, etc., before the service providers are paid.

(10) Annual leave, sick leave, personal leave or holidays shall not be considered a collateral source and may be reimbursed by the Commission.

(11) Lost wages

(a) The victim's work loss caused by the crime may be considered for reimbursement.

(b) The claimant or immediate family member may apply for his/her lost wages if the he/she took time off from work to care for the victim if the victim was a minor or a medical professional provides written confirmation that the care was recommended.

(c) If the victim died as a result of the crime, the victim's dependent spouse and dependent children may apply for future economic loss.

(d) Anticipated work may be considered for compensation when accompanied by documentation certifying a definite start date.

(e) The victim's, claimant's, and immediate family member's lost wages may be awarded for work loss due to receiving medical treatment as a result of the crime; mental health

treatment as a result of the crime; attendance of grand jury proceedings for three days if not subpoenaed; attendance of grand jury proceedings for as many days as required by subpoena, attendance of the offender's preliminary hearing, arraignment, bond hearing, a hearing on any pretrial motion, trial, or any post judgment proceeding; and the offender's parole hearing.

(f) Proper documentation is required for consideration of all lost wages requests, including, when applicable: confirmation of court attendance; a parole notification letter; employer's confirmation of work loss; a self-employment affidavit; or a written excuse from a licensed medical professional or licensed mental health provider.

(12) Lost Wages Payment Limitations.

(a) For incidents of criminally injurious conduct occurring on or after October 1, 2014 through July 8, 2020, lost wages are limited to $600.00 per week for a maximum of 52 weeks. For incidents of criminally injurious conduct occurring on or after October 1, 2014 through July 8, 2020, the maximum award for lost wages is $20,000. For incidents of criminally injurious conduct occurring on or after July 9, 2020, lost wages are limited to $400.00 per week for a maximum of 26 weeks.

(b) Life insurance shall be considered a collateral source for all claims. If life insurance does not fully compensate the deceased victim's dependents for the eligible expenses they incurred as a result of the victimization, the remaining eligible expenses may be eligible for compensation.

(13) Collateral Source.

(a) Life insurance shall be considered a collateral source for compensation.

(b) When determining if a collateral source has fully compensated a victim or a deceased victim's dependent, a one-year period of a victim's lost wages or other income will be used for calculation of the collateral source offset.

(c) Charitable donations shall not be considered a collateral source for compensation. If an eligible expense has been paid with charitable donations, the Commission will not reimburse the expense. The Commission only provides compensation benefits for payment or reimbursement of actual expenses.

(14) Moving and Temporary Relocation Expenses

(a) The Commission may award moving expenses in cases in which the crime occurred in the victim's home, the victim has a

reasonable fear for his/her life if he/she does not move from the home, or moving the victim's personal belongings is necessary. Written estimates and/or receipts are required for payment of moving expenses.

(b) The Commission may award temporary relocation expenses when the victim's home has been temporarily made uninhabitable as a direct result of the crime. Claimants/victims who qualify for temporary relocation expenses may receive per diem at a rate of $1050. If the size of the claimant's/victim's family necessitates the rental of two hotel rooms or larger accommodations, the Commission may consider awarding more than per diem for the temporary relocation expense. A copy of the hotel bill, credit card receipt, or other verifiable document is required for verification.

(c) Moving and temporary relocation expenses may not exceed a combined total of $1,000.

(15) Travel Expenses.

(a) The maximum award for travel expenses is $3,000. Airline tickets or mileage at the Internal Revenue Service's standard mileage rate and a $100 per diem rate and lost wages may be provided for eligible travel expenses. Hotel receipts must be supplied in order to award $100 per diem. Airfare will be reimbursed at coach rate only. Travel expenses for the victim, immediate family member(s), or person(s) of the victim's choosing, may be awarded to attend grand jury proceedings for three days if not subpoenaed, grand jury proceedings for as many days as required by subpoena, the offender's preliminary hearing, arraignment, bond hearing, a hearing on any pretrial motion, trial, or any post judgment proceeding. When the victim is deceased, travel may be awarded to immediate family members. Travel may be allowed for immediate family members to travel attend the offender's trial or any post judgment proceeding. When the prosecutor's office or any other entity pays for all or part of the victim's or immediate family member's travel expenses, that amount shall be deducted from the compensation award for travel expenses. Travel may be allowed for medical and psychological treatment that is needed as a result of the victimization. Travel required to procure needed services may be considered for the victim, claimant, and immediate family members.

(b) Travel expenses and lost wages for the victim, immediate family member(s), or person(s) of the victim's choosing, may be awarded for attendance of the offender's parole hearing. When the victim is deceased, travel expenses and lost wages may be awarded to immediate family members or victim representatives. Eligible parole travel expenses shall be reimbursed at the current Internal Revenue Service's standard mileage rate, coach rate for airfare, and per diem at a rate

of $100. These requests will only be considered as a supplemental to an original claim. (There must be a timely, approved compensation claim in order for parole travel expenses to be considered. The Commission will not consider parole travel expenses filed as an original claim.) 262-X-4-.04(15)(b) shall be retroactive to the date of the Commission's inception.

(c) Travel expenses for immediate family members to travel out of town to attend the victim's funeral may be considered for reimbursement. The Commission may award up to seven days of per diem for funeral travel. Eligible funeral travel expenses may be reimbursed at the Internal Revenue Service's standard mileage rate, coach rate for airfare, and per diem at a rate of $100.

(d) To qualify for reimbursement for mileage, the destination must be greater than ten miles from the home (or travel starting point) of the person requesting compensation.

(e) Rental Cars. When the person requesting compensation has rented an automobile for eligible travel expenses, the person may be reimbursed for mileage or a daily rental car fee of $35. Under no circumstances shall the requesting person receive both. Mileage will be reimbursed at the current Internal Revenue Service's standard mileage rate.

(16) The Commission does not provide property reimbursement or replacement.

1. Security enhancement. Windows and locks for real property owned by the claimant/victim; and windows and locks for rental property leased by the claimant/victim when the claimant/victim is financially responsible for repair(s) to the leased property.

2. Prescription eyeglasses. The maximum award for damaged prescription eyeglasses is $350. A receipt/estimate must be provided for the eyeglasses.

(17) Exclusion from Payment. The following expenses shall not be eligible for compensation:

(a) Any expense related to the prosecution of the criminal case. (Examples: expert testimony and witnesses; DNA testing and analysis; evidence photographs and videos; blood samples and travel expenses for witnesses subpoenaed to testify.)

(b) All legal fees shall be excluded from payment except legal fees incurred to establish a legal guardian for the victim as defined by Alabama Administrative Code (ACVCC) 262-X-4-.04(22).

(18) Replacement services loss may not exceed four hundred ($400.00) dollars per week. For incidents of criminally injurious conduct occurring on or after October 1, 2014 through July 8, 2020, compensation for replacement services loss may not exceed six hundred ($600.00) dollars per week. For incidents of criminally injurious conduct occurring on or after October 1, 2014 through July 8, 2020, replacement services loss is limited to a maximum of 52 weeks. For incidents of criminally injurious conduct occurring on or after July 9, 2020, replacement services loss may not exceed two hundred ($200.00) dollars per week for a maximum of 26 weeks.

(19) Supplemental awards: The expenses submitted in the supplemental claim must be related to the original injury and must be supported by documentation.

(20) Checks issued by the ACVCC may contain the following language: "Cashing this check constitutes payment in full." This shall not be construed to apply to future compensation benefits for which the victim/claimant may be eligible. It shall be the responsibility of the victim/claimant to assert this defense in any type of collection proceeding against him/her. If the service provider refuses the check, the compensation shall be paid directly to the victim/claimant.

(21) When a victim/claimant is approved for charity by a service provider, the charity approval shall be considered a collateral source and compensation shall not be paid to the service provider.

(22) When the claimant must seek legal guardianship of a minor and/or disabled victim in order to qualify for crime victims' compensation benefits, the Commission may consider reimbursement of legal fees incurred for obtaining guardianship. The maximum that may be awarded for legal fees is $1,000. Legal fees incurred for any reason other than obtaining guardianship shall not be eligible for reimbursement. The Commission shall not reimburse legal fees if the claimant is not granted guardianship of the victim.

(23) Bereavement Leave. Bereavement leave may only be granted to the victim's immediate family members. A victim's immediate family member may be granted compensation for a maximum of four weeks of lost wages without a doctor's excuse. A doctor's excuse must be provided for lost wages in excess of four weeks to be considered for reimbursement. Employer verification is required for all bereavement leave requests.

(24) Crime Scene Clean-Up. The Commission may provide compensation to an individual or to the service provider if the expense is outstanding, for the reasonable costs to clean the scene of the crime in an amount not to exceed $2,500. The service provider must be certified, licensed, and in compliance with all applicable

federal and state regulations. Crime scene clean-up expenses may only awarded for the cleaning and removal of biohazards.

(25) Birth Certificates. Reimbursement may be provided for one certified copy of the claimant's and/or victim's birth certificate(s) obtained after the date of the criminally injurious conduct made the basis of the claim. The birth certificate(s) must have been obtained for the purpose of applying for crime victim's compensation benefits.

(26) Government-Issued Photo Identification. Reimbursement may be provided for one state-issued driver's license or one state-issued non-driver's ID obtained after the date of the criminally injurious conduct made the basis of the claim.

(27) Reimbursement may be provided for certified victims human trafficking and all qualified victims of violent crime for the removal/cover-up of tattoos that were physically forced on them by the alleged offender in the incident made the basis of the compensation claim. The Commission shall decide reasonable reimbursement on a case-by-case basis. The provider must be licensed by the appropriate governmental body to perform the service rendered in order to qualify for payment/reimbursement.

(28) Lost Wages for Victims of Sexual Assault. A victim of sexual assault may be granted compensation for maximum of two weeks of lost wages without a doctor's excuse. A doctor's excuse must be provided for lost wages in excess of two weeks to be considered for reimbursement. Employer verification is required for all low wages requests.

(29) Payment to Non-Claimants. A claimant may assign compensation benefits to a person for allowable expense to the extent that the compensation benefits are for the cost of products, services, or accommodations necessitated by the criminally injurious conduct made the basis of the claim. The claimant must submit a completed Permission for Another Individual to Receive Payments on a Limited Basis form in order for payment to be issued to the person who incurred the expense.

STATE OF _____)
COUNTY OF _____)

ACVCC CLAIM NO.:

PERMISSION FOR ANOTHER INDIVIDUAL TO RECEIVE
PAYMENTS ON A LIMITED BASIS

I, _____

assign _____
(name of person to be paid compensation benefits (non-claimant))

the legal right to receive reimbursement from the Alabama Crime Victims' Compensation Commission for _____
(state the type of expense for which the non-claimant is to receive reimbursement)

expenses (s)he incurred as a result of the criminally injurious conduct made the basis of this claim.

I understand that payment to _____
(name of person to be paid compensation benefits (non-claimant))

will be deducted from the maximum amount available for compensation benefits.

This is a limited assignment of rights solely for the purpose of compensating the above-named non-claimant for the above-listed out-of-pocket expense(s) (s)he incurred as a result of the criminally injurious conduct made the basis of this claim. I specifically do not assign, and thereby reserve all other rights associated with ACVCC claim number _____.

The assignment shall be binding upon the Claimant and non-claimant, and to their successors, assigns, and personal representatives. This assignment for this one payment is IRREVOCABLE when payment is issued.

THIS LIMITED ASSIGNMENT OF COMPENSATION BENEFITS IS VOLUNTARY, AND MADE WITHOUT DURESS OR COERCION.

STATE OF _____)
COUNTY OF _____)

_____
Claimant's signature

I, _____, a Notary Public in and for said County and State, hereby certify that, he/she whose name is signed to the foregoing assignment, and who is known to me, acknowledged before me on this date that, being informed of the contents of said assignment, he/she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____ County, State of _____, on this the _____ day of _____, 20____.

Notary Public _____.

My Commission expires: _____.

Author: Everette L. Johnson
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987. **Amended:** Filed September 13, 1990; November 25, 1992. **Amended:** Filed August 18, 1997; effective September 22, 1997. **Amended:** Filed August 18, 1998; effective September 22, 1998. **Amended:** Filed May 7, 2003; effective June 11, 2003. **Amended:** Filed December 1, 2003; effective January 5, 2004. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed February 8, 2005; effective March 15, 2005. **Amended:** Filed March 8, 2005; effective April 12, 2005. **Amended:** Filed June 6, 2006; effective July 11, 2006. **Amended:** Filed July 9, 2007; effective August 13, 2007. **Amended:** Filed December 6, 2007; effective January 10, 2008.

Amended: Filed March 10, 2008; effective April 14, 2008. **Amended:** Filed April 8, 2008; effective May 13, 2008. **Amended:** Filed June 6, 2008; effective July 11, 2008. **Amended:** Filed July 8, 2008; effective August 12, 2008. **Amended:** Filed August 6, 2008; effective September 10, 2008. **Amended:** Filed December 9, 2008; effective January 13, 2009. **Amended:** Filed November 6, 2009; effective December 11, 2009. **Amended:** Filed January 6, 2010; effective February 10, 2010. **Amended:** Filed August 10, 2011; effective September 14, 2011. **Amended:** Filed January 11, 2012; effective February 15, 2012. **Amended:** Filed June 15, 2012; effective July 20, 2012. **Amended:** Filed July 9, 2012; effective August 13, 2012. **Amended:** Filed January 10, 2013; effective February 14, 2013. **Amended:** Filed July 9, 2013; effective August 13, 2013. **Amended:** Filed April 7, 2014; effective May 13, 2014. **Amended:** Filed July 8, 2014; effective August 12, 2014. **Amended:** Filed October 7, 2014; effective November 11, 2014. **Amended:** Filed January 6, 2015; effective February 10, 2015. **Amended:** Filed February 6, 2015; effective March 13, 2015. **Amended:** Filed May 7, 2015; effective June 11, 2015. **Amended:** Filed September 11, 2015; effective October 16, 2015. **Amended:** Filed December 7, 2016; effective January 21, 2017. **Amended:** Filed July 7, 2017; effective August 21, 2017. **Amended:** Filed November 9, 2017; effective December 24, 2017. **Amended:** Filed June 6, 2018; effective July 21, 2018. **Amended:** Filed August 10, 2018; effective September 24, 2018. **Amended:** Filed September 7, 2018; effective October 22, 2018. **Amended:** Filed November 6, 2018; effective December 21, 2018. **Amended:** Filed December 10, 2018; effective January 24, 2019. **Amended:** Filed February 8, 2019; effective March 25, 2019. **Amended:** Filed May 8, 2019; effective June 22, 2019. **Amended:** Published September 30, 2019; effective November 14, 2019. **Amended:** Published October 31, 2019; effective December 15, 2019. **Amended:** Published May 29, 2020; effective July 13, 2020. **Amended:** Published September 30, 2020; effective November 14, 2020. **Amended:** Published May 28, 2021; effective July 12, 2021. **Amended:** Published September 29, 2023; effective November 13, 2023.

262-X-4-.05 Emergency Awards.

The Commission may make or authorize the executive director to make in advance an emergency award of compensation to the applicant prior to taking action on an application or pending a final decision when it appears that the claim is one for which compensation is probable and undue hardship will result to the applicant if immediate payment is not made. The Commission may consider undue hardship to exist in the following circumstances:

(a) The applicant is without income at the time of application or immediately prior thereto resulting in loss of food, heat or shelter;

(b) The applicant is in fear or danger for his/her life due to his/her victimization; or

(c) The applicant cannot receive emergency services without emergency payment;

(d) Crime scene clean up shall be considered an emergency service. The maximum award for crime scene clean up shall not exceed one thousand dollars ($1,000).

(e) Prescription drugs that have been prescribed as a result of victimization shall be considered an emergency product. A copy of the prescription and the pharmacy's statement of the cost of the drug must be received by the Commission in order for the prescription expense to be considered for emergency payment. Prescriptions for pre-existing medical conditions shall not be considered for reimbursement.

(f) Moving expenses may be considered an emergency service for applicants. Moving expenses may be considered as an emergency expense for applicants who have moved and applicants who have not yet moved. Proof of moving expenses must be received by the Commission for the moving expense to be considered for emergency payment.

The applicant may request in the initial application that consideration be given for an emergency award and provide justification for such award. A decision denying an emergency award shall not be appealable. The amount of such emergency award shall not exceed one thousand dollars. An emergency award shall be deducted from the final compensation made to the applicant. If the final award is less than the amount of the emergency award, the applicant must repay the excess award to the Commission. All emergency awards are subject to the Code of Ala. 1975.

Author: Dr. Cassie T. Jones
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987. **Amended:** November 25, 1992. **Amended:** Filed August 18, 1997; effective September 22, 1997. **Amended:** Filed February 6, 2001; effective March 13, 2001. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed June 6, 2008; effective July 11, 2008. **Amended:** Filed December 11, 2017; effective January 25, 2018. **Amended:** Published September 30, 2020; effective November 14, 2020.

262-X-4-.06 Garnishment And Assignment Of Compensation Awards.

(1) An award shall not be subject to state or municipal taxation or to execution, attachment, or garnishment, except as same may pertain to an obligation for the support of dependent children or

as the same may pertain to a creditor which has provided products, services or accommodations, the cost of which are included in the award.

(2) An assignment by the claimant to any future award is unenforceable, except:

(a) an assignment of any award for work loss to assure payment of court- ordered child support; or

(b) an assignment of any award for allowable expense to the extent that the benefits are for the cost of products, services or accommodations necessitated by the injury or death on which the claim is based and are provided or to be provided by the assignee.

Author: Martin A. Ramsay
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed October 27, 1987. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004.

262-X-4-.07 Mental Health Benefits.

(1) Qualified Providers - The Commission may provide reimbursement/payment of therapy expenses if the therapy was provided by a psychiatrist, psychologist, professional counselor, or clinical social worker that is licensed by the appropriate governmental licensing body. The clinician must have an active license at the time the therapy was provided in order to qualify for reimbursement/payment of therapy expenses.

(2) Appropriate Treatment

(a) ACVCC must receive a letter from the clinician certifying that the victim is engaged in necessary therapy due to his/her victimization.

(b) Quarterly updates from the clinician certifying that the treatment is necessary and the result of victimization must be submitted in order for payment to be considered.

(c) The clinician must provide an itemized bill for treatment sessions.

(3) Eligibility for Payment. The claimant, victim, and/or the victim's immediate family members may be eligible for mental health benefits.

(4) Cost Containment

(a) Individual Therapy Rates:

$80.00 per hour- Licensed Counselor/Social Worker;
$100.00 per hour- Psychologists (Ph.D.);
$125 per hour- Psychiatrists (M.D.).

(b) Group Therapy Rates: $ 60.00 per hour.

(c) Reimbursement for therapy expenses shall not exceed $6,250, or 50 sessions. Reasonable efforts should be made to inform victims/claimants that therapy services are provided by community mental health centers on a sliding fee scale. Inpatient treatment shall be considered a medical condition for purposes of compensation. When the victim is a minor, the claimant shall be limited to 15 individual therapy sessions, unless the victim is deceased. The 15 individual therapy sessions limit shall not apply to homicide claims.

(d) Supplemental therapy bills may be submitted to ACVCC as accrued, for consideration of payment.

(e) When therapy services have been provided by county mental health centers, ACVCC will only pay what has been charged on a sliding fee scale.

(5) Criteria for Payment of Therapy Expenses. Eligibility for payment of therapy expenses is based upon receipt of the following documentation:

(a) a written statement from the therapist indicating that the therapy is directly related to the victimization;

(b) an itemized bill from the therapist indicating the dates, times and charges for therapy; and

(c) evidence that the therapist is licensed by the appropriate governmental licensing body.

(6) Therapy via Videoconference. The Commission may reimburse for therapy services rendered via videoconference when the therapy is compliant with all applicable laws and regulations.

(7) Interpreters for Victims/Claimants with Limited English Proficiency (LEP).

(a) The Commission may provide reimbursement for reasonable fees incurred for the use of interpreters by LEP victims/ claimants who seek therapy services as a direct result of the crime. The Commission will determine if the charges are reasonable on a case by case basis. The availability of interpreters in the LEP victim’s/claimant’s primary or home language will be considered in determining if the charges are reasonable.

(b) In order to qualify for reimbursement, the interpreter must be:

1. currently certified by any state, regional or national interpreting association, board or body as proficient in the LEP individual's primary or home language, or

2. found to be qualified to interpret in the LEP individual's primary or home language by a municipal, county, state, or federal court.

(3) Unrelated by blood or marriage to the claimant and/or victim.

Author: Dr. Cassie T. Jones
Statutory Authority: Code of Ala. 1975, §§15-23-5(14).
History: Filed September 13, 1990. Previous rule 262-X-4-.07 entitled "Psychotherapy Payments Allowable". **Repealed:** Filed September 13, 1990. **Amended:** November 25, 1992. **Amended:** Filed August 18, 1997; effective September 22, 1997. **Amended:** Filed February 19, 1998; effective March 26, 1998. **Repealed and New Rule:** Filed March 9, 2004; effective April 13, 2004. **Amended:** Filed March 10, 2008; effective April 14, 2008. **Amended:** Filed July 9, 2013; effective August 13, 2013. **Amended:** Filed December 9, 2013; effective January 13, 2014. **Amended:** Filed May 7, 2015; effective June 11, 2015. **Amended:** Published September 30, 2020; effective November 14, 2020.

262-X-4-.08 Out-Of-State Claims.

(1) Pursuant to §15-23-3(2)b of the Code of Ala. 1975, criminally injurious conduct includes an act occurring or attempted outside the geographical boundaries of this state in another state of the United States of America which is punishable by fine, imprisonment, or death and which results in personal injury or death to a citizen of this state, and shall include an act of terrorism, as defined in Section 2331 of Title 18, United States Code, committed outside of the United States, against a resident of this state; provided however, the citizen at the time such act was committed had a permanent place of residence within the geographical boundaries of this state, and in addition thereto any of the following circumstances apply, that the citizen:

(a) Had a permanent place of employment located within the geographical boundaries of this state.

(b) Was a member of the regular Armed Forces of the United States of America; or the United States Coast Guard; or was a full-time member of the Alabama National Guard, Alabama Air National Guard, U.S. Army Reserve, U.S. Naval Reserve, or U.S. Air Force Reserve.

(c) Was retired and receiving Social Security or other retirement income.

(4) Was 60 years of age or older.

(5) Was temporarily in another state of the United States of America for the purpose of receiving medical treatment.

(6) Was temporarily in another state of the United States of America for the purpose of performing employment-related duties required by an employer located within the geographical boundaries of this state as an express condition of employment or employee benefits.

(7) Was temporarily in another state of the United States of America for the purpose of receiving occupational, vocational, or other job-related training or instruction required by an employer located within the geographical boundaries of this state as an express condition of employment or employee benefits.

(8) Was a full-time student at an academic institution, college, or university located in another state of the United States of America.

(9) Had not departed the geographical boundaries of this state for a period exceeding 30 days or with the intention of becoming a citizen of another state or establishing a permanent place of residence in another state.

(2) The term "criminally injurious conduct" shall not mean: An act committed outside the geographical boundaries of this state upon a person who was not at the time a citizen of Alabama, or an act committed outside the geographical boundaries of this state upon a person who at the time had departed the geographical boundaries of this state for the purpose of becoming a citizen of, or establishing a permanent place of residence in, another state.

(3) For the purpose of determining eligibility for out-of-state compensation claims, a citizen of the State of Alabama is defined as all citizens of the United States with a permanent place of residence in the State of Alabama.

(4) All collateral sources must be considered prior to payment of compensation benefits for incidents of criminally injurious conduct occurring outside the geographical boundaries of the State of Alabama.

Author: Dr. Cassie T. Jones ,
Statutory Authority: Code of Ala. 1975 §15-23-5(14).
History: New Rule: Filed December 9, 2013; effective January 13, 2014.

262-X-4-.09 Homicide Victims And Minor Victims.

(1) Homicide Victims

(a) The person legally authorized to act on a homicide victim's behalf may file for compensation benefits. For example: the next-of-kin of the homicide victim or the executor of the homicide victim's estate

(b) If a homicide victim has multiple relatives with the same degree of consanguinity, the relative that files for compensation benefits first shall be the claimant.

(2) Minor Victims

(a) When the victim of criminally injurious conduct is a minor, the minor victim's parent or legal guardian may act as a claimant and file for compensation benefits.

Author: Everette L. Johnson,
Statutory Authority: Code of Ala. 1975 §15-23-5(14).
History: New Rule: Filed April 7, 2014; effective May 12, 2014.
Amended: Published September 29, 2023; effective November 13, 2023.

262-X-4-.10 Reconsideration Of Claims Filed On Behalf Of Minor Victims, Incompetent Victims, Or Deceased Victims.

(1) Authority

(a) Code of Ala. 1975, §15-23-12(d) (1995), which provides:

1. The commission, on its own motion or on request of the claimant, may reconsider a decision granting or denying an award or determining its amount. An order on reconsideration of an award shall not require a refund of amounts previously paid, unless the award was obtained by fraud. The right of reconsideration does not affect the finality of a commission decision for the purpose of judicial review.

(2) Compensation cannot be paid to a claimant who is ineligible for compensation benefits. When an ineligible claimant files for compensation benefits on behalf of a minor victim, incompetent victim, or deceased victim, the claim must be not approved.

(3) The Commission may reconsider a decision denying or reducing a compensation award for a minor victim, incompetent victim, or

deceased victim due to the ineligibility of the claimant, in the event of either of the following:

(a) The minor victim reaches the age of majority, or can otherwise legally act on his/her own behalf;

(b) A person (other than the ineligible claimant) who is legally authorized to act on behalf of a minor victim, incompetent victim, or deceased victim file for compensation benefits on behalf of the victim.

Author: Dr. Cassie T. Jones
Statutory Authority: Code of Ala. 1975, §15-23-5(14) (1995)
History: New Rule: Filed July 8, 2014; effective August 12, 2014.