



**Douglas County District Attorney
Suzanne Valdez**

**Property Crimes Compensation Board
111 East 11th Street, Unit 100
Lawrence, Kansas 66044-2912
Telephone: (785) 841-0211 FAX: ((785) 832-8202**

Claim # _____

(For PCCB office use only)

APPLICATION FOR PROPERTY CRIMES COMPENSATION

Must be filed within sixty days of the incident

Section A--VICTIM INFORMATION (Person who has property damage)

1. Victim's First Name:		Middle Name:	Last Name:	
2. Victim's Date of Birth:		3. Victim's Age:		
4. E-mail address:		5. Phone Number:	6. Work Phone:	
7. Address:		8. City:	9. State KANSAS	10. Zip Code:

The following information is optional and will be used for statistical purposes only and is requested to comply with Federal Civil Rights Act under Section 1407(e) of the Victims of Crime Act of 1984.

A. Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	C. How did you hear about this program? <input type="checkbox"/> Police <input type="checkbox"/> Prosecutor <input type="checkbox"/> Victim Assistance Program <input type="checkbox"/> Poster/Brochure <input type="checkbox"/> Other (please specify) _____	D. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Compensation may be awarded only if the local board finds genuine need is present. 19-4894 (f)
Providing the following information can help the Board determine that genuine need.**

Annual Household Income:
Place of Employment:
Recent Pay Stub (attach):
Number of People Living in the Household:

Section B--APPLICATION (CLAIMANT) INFORMATION

(complete this section if victim is a minor, incapacitated or deceased)

1. Claimant's First Name:		Last Name:	2. Claimant's Relationship to Victim	
3. Mailing Address:			4. City, State, Zip Code	
5. Home Phone:		6. Work Phone:		7. Mobile Number:

Section C--ATTORNEY REPRESENTATION: Are you represented by a private attorney in a civil lawsuit or insurance action as a result of this incident? Yes No If yes, please complete the following:

1. Attorney's Name:	2. Phone number:
3. Firm Name:	
4. Mailing Address:	5. City, State, Zip Code:

Section D--CRIME INFORMATION 1. Type of Crime: (please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Burglary | <input type="checkbox"/> Criminal Damage to Property |
| <input type="checkbox"/> Aggravated Robbery | <input type="checkbox"/> Aggravated Burglary | <input type="checkbox"/> Throwing or Casting Rocks or other objects |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Arson | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Theft of
mislaid property | <input type="checkbox"/> Criminal Deprivation
of Property | |

2. Date of Crime:	3. Date Crime Reported:	4. Name of Law Enforcement Agency:
5. Police Report #:	6. Investigating Officer's Name:	

7. Seeking Restitution in the Amount of: \$

*****Please provide estimates, bills, receipts and any other documents for the loss**

8. Briefly Describe the Crime AND list the property loss/damage.*** Attached separate sheet if necessary.

DO NOT FORGET DOCUMENTATION OF YOUR FINANCIAL LOSS AT FAIR MARKET VALUE.

AN AWARD CANNOT BE MADE WITHOUT DOCUMENTATION OF YOUR LOSS

9. Location of Crime-Street Address	City:	County: Douglas	State: Kansas
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10. Name(s) of Offender(s):

11. Did Victim know Offender(s)? Yes No If yes in what way?

12. Has an arrest been made? Yes No Unknown

13. Court Case #:	<input type="checkbox"/> District Court <input type="checkbox"/> Municipal <input type="checkbox"/> Lawrence <input type="checkbox"/> Eudora <input type="checkbox"/> Baldwin
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Section E. INSURANCE/COLLATERAL SOURCES-Please check all available sources that must be applied to your claim and list insurance information below:

Automobile Insurance Homeowner's Insurance Other Sources

1. Name:	2. Address of Source:	3. Policy/Claim No.
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PLEASE USE ANOTHER SHEET FOR FURTHER INFORMATION

Section B--- Eligibility for fund based on financial need

In recognition that the Douglas County Property Compensation Fund has limited monies, the Board may use the following considerations on evaluating claims and awarding compensation.

Payment may be awarded only when there are no other available financial resources (e.g., insurance) and immediate need is determined for the Board to replace or repair the applicant's personal property;

Considerations such as potential danger, illness, injury, or loss of livelihood as a direct result of the loss of such property shall be given priority.

No compensation will be given to repair or replace firearms.

Section F---APPLICATION FOR FUNDS 19-4804 (a)

An application for compensation shall be made in the manner and form prescribed by the State Crime Victims Compensation Board. A victim may seek compensation under this act whether or not an offender has been charged with the crime which results in the victim's loss.

Section G--- AWARD OF COMPENSATION 19-4805 (a)

Within the limits of revenues available to a local fund, a local board may award compensation for actual out of pocket economic loss arising from a property crime if the local board is satisfied by a preponderance of the evidence the requirements for compensation have been met.

Section H---NO RIGHTS CONFERRED 19-4805 (b)

Compensation from a local board is not a right, nor may this act be construed to confer a right upon anyone. Amounts awarded under this act, if any, are subjected to the sole discretion of a majority vote of the local board.

Section I---PROMISE TO PAY 19-4804 (e)

I promise to repay the Property Crimes Compensation Board any monies I receive from other persons, including collateral sources that have been recouped based upon my claim.

Section J--- CERTIFICATION OF CLAIM

I hereby certify, all losses claimed herein are a direct result of the crime and the information contained in this application for an award is true and correct to the best of my knowledge and belief.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I authorize and request any person having information with respect to the incident leading to the property crime mentioned, including all past law enforcement records, to release that information to the Property Crimes Compensation Board, or its representative. This release includes but is not limited to, local, state, and federal law enforcement and prosecutors offices; local, state and federal court personnel, any employer; any private company or governmental agency which is providing or may provide monetary benefits. I hereby agree and certify that no person shall incur any legal liability by releasing any information pursuant to this authorization. A photocopy of this authorization is effective and valid as the original. All information obtained by the Board will remain confidential.

Claimant's Signature

for

(If victim is 12 years or older, they must sign on this line)

Date

*****If you have not received a letter within four weeks of mailing this application, please call (785) 841-0211 to verify the application was received.***

Douglas County District Attorney's Office

PROPERTY CRIMES COMPENSATION BOARD

If you have been an innocent victim of a property crime and have suffered financial losses not covered by insurance or any other source, the Douglas County Property Crimes Compensation Fund may be of assistance to you. Douglas County is committed to helping victims who meet eligibility requirements of the Property Crime Compensation Act. While no amount of financial aid can erase the trauma of crime, the goal of this program is to ease the aftermath of crime for the victim whenever possible.

Eligibility Requirements:

1. The incident occurred in Douglas County, Kansas.
2. An individual who has suffered property damage as a victim of a property crime.
3. Compensation may not be awarded unless the crime has been reported to an appropriate law enforcement agency within 72 hours after its discovery and the claim has been filed with the local board within 60 days after the filing of such report, unless the local board finds there was good cause for the failure to report such a crime within the time required. 19-4804(b)
4. Compensation may not be awarded to a victim who was the offender or an accomplice of the offender and may not be awarded to another person if the award would unjustly benefit the offender or accomplice. 19-4804 (c)
5. Compensation may not be awarded unless the local board finds the victim has fully cooperated with appropriate law enforcement agencies. The local board may deny an award of compensation for noncooperativeness. 19-4804 (d)
6. Compensation may be awarded only if the local board finds a genuine need is present. 19-4804 (f) **

Ineligible Expenses:

Medical, funeral, and burial expenses are not covered under the Property Crimes Compensation Program.

Award Maximums

*Overall maximum award for a misdemeanor crime--\$250

*Overall maximum award for a felony crime--\$500

**Additional compensation may be awarded based on extenuating circumstances. 19-4804 (I)*

HOW TO FILE YOUR APPLICATION FOR COMPENSATION

Read all instructions for each section before completing this application. Please return all information requested. Incomplete or unsigned applications will be returned, thus delaying a decision on your claim. Please include copies of any expenses you have incurred. Once your completed application is received and all requests for additional documents and information are received and reviewed, you will be notified in writing of the Board's decision. The complete application process will take approximately 60 days. If you have questions while completing the application, please call (785) 841-0211.

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views of the Office of the Kansas Governor or the U.S. Department of Justice.

http://douglas-county.com/depts/da/da_pccf.aspx