

INFORMATION ABOUT COMPENSATION

The **Crime Victim Compensation Commission** helps victims of violent crimes by providing compensation for their crime-related injuries and losses. Victims who suffer emotional or physical injury because of a violent crime may be eligible for compensation to pay for expenses that are not covered by another source such as medical insurance. In a mass violence incident, the Commission can also provide compensation for expenses on mental health services to the families of deceased victims, witnesses, and individuals working or being educated at the scene. Compensation benefits are limited by law. Benefits are not available to members of public or private agencies responding to a mass violence incident.

For crime victims injured in the incident, these benefits are available.

- Up to \$10,000 combined total for medical expenses, mental health services expenses, and lost wages
- Up to \$20,000 for catastrophic medical expenses only

➤ **Please check the type of compensation you are applying for:**

- Medical Dental Mental health counseling
 Lost wages Other: _____

For deceased victims, these benefits are available.

- Up to \$10,000 total for combined funeral expenses, mental health services expenses for family members, and loss of financial support for dependents
- Funeral expenses are limited to \$4,000

➤ **Please check the type of compensation you are applying for:**

- Funeral expenses Loss of support for dependents of the deceased victim
 Medical expenses for the deceased Mental health counseling for surviving family members

For witnesses and individuals working or being educated at the scene of a mass violence incident.

- Mental health counseling only

INSURANCE INFORMATION

Compensation benefits are only available to cover expenses not covered by another source, like insurance.

What types of insurance do you have?

- Medical Travel Funeral Other: _____ No insurance

CERTIFICATION AND SIGNATURE

I certify that I have read this application and have provided information that is true and correct to the best of my knowledge. I understand that the law provides for penalties for false statements. I will repay the Commission should I receive moneys from civil lawsuits, restitution, or insurance payments.

Applicant's Signature _____ **Date** _____

Application must have original signature. If you fax or email your application, please mail the original to: 1164 Bishop Street, Suite 1530, Honolulu, HI 96813. For more information and additional resources available to crime victims, go to: <http://dps.hawaii.gov/cvcc/mvi>