

Nebraska's Crime Victim Reparations Program

What is the Crime Victim Reparations (CVR) program?

- The Nebraska Crime Victim's Reparations Act was created in 1979 with the passage of LB 910. The Act provides for compensation to innocent victims of crime for certain expenses related to the criminal act.
- The program is funded through the federal Victims of Crime Act (VOCA), state general fund appropriations and cash funds.
- Victims of crime can receive assistance in completing the application by:
 - contacting their local victim assistance program (a list can be found on the Nebraska Coalition for Victims of Crime webpage @ <https://nebraskacoalitionforvictimsofcrime.typepad.com> > Victim/Witness Programs) or
 - by contacting the Nebraska Victim Advocacy Program @ 402-429-1609

Additional Services

- The local victim assistance programs and/or the Nebraska Victim Advocacy program could provide additional services such as:
 - Emergency shelter / food / transportation / clothing
 - Relocation
 - Window / door / lock replacement
 - Emotional support / safety services
 - Personal advocacy / accompaniment
 - Assistance with VINE registration
 - Criminal Justice information

Progression of CVR Statutes

- 1978 – CVR legislation was passed in Nebraska. A separate state agency was created.
- 1981 – LB 328 passed and the CVR program was added to the duties of the Crime Commission.
- 1984 – Federal Victim's of Crime Act passed. Nebraska became eligible for federal VOCA funds.
- FY 85-86, 86-87, and 87-88 – State Funding for CVR was eliminated.
- FY 88-89 – State funding for CVR was restored. The General Fund appropriation was \$210,000. CVR also received funds from Correctional Industries and federal matching funds.

Progression of CVR Statutes, cont.

- FY 02-03 – General funds for CVR were reduced from \$210,000 to \$20,000. In 2004, to adjust to this big reduction in funds, the CVR Committee voted to no longer accept assault claims. The program continued to accept claims for domestic violence, homicide, sexual assault, arson, child abuse, robbery, DUI, and kidnapping.
- 2010 – LB 510 passed and added additional revenue to the CVR program from a portion of a \$1.00 court fee and a percentage of work release wages from state prisoners. As a result of LB 510, the annual budget (including federal funds) for the CVR program increased from \$80,000 to \$320,000.

Progression of CVR Statutes, cont.

- July 1, 2011 – Beginning on this date, the CVR program began accepting claims from felony assault victims whereby an element of the crime is serious bodily injury.
- 2015 – LB 605 passed and increased the maximum CVR award from \$10,000 to \$25,000 and added another member to the CVR Committee who has training and work experience with victims and survivors of crime.

Who is eligible for CVR?

- Eligible applicants who suffer physical injuries as a result of the crime. Property loss and pain and suffering are not eligible expenses.
- A dependent or legal representative of an eligible applicant who has been killed as a result of a crime is eligible to apply for funds to pay for funeral expenses.
- A parent or guardian who is responsible for medical expenses of a minor is eligible to apply.
- A person who is injured while aiding a crime victim or assisting a law enforcement officer may also apply for funds.
- The following incident types are eligible for consideration under the CVR program: Homicide, Sexual Assault, Felony Assault, Child Sexual Assault/Child Abuse, Robbery, Domestic Violence, Arson, DUI, and Kidnapping

Other eligibility concerns for CVR

- Any funds available from health insurance are deducted before the CVR claim is approved. The maximum amount paid on any claim is \$25,000. The maximum amount increased to \$25,000 in September 2015 as a result of LB 605.
- The claim must be received by the CVR program within two years of the date of the incident. The victim must report the incident to a law enforcement agency within three days of the incident. (No order for the payment of compensation shall be entered under the Nebraska Crime Victim's Reparations Act unless the application has been submitted to the committee within two years...or offense which had been reported to the police within three days of its occurrence or, if the incident could not reasonably have been reported within that period, within three days of the time when a report could reasonably have been made. – Neb.Rev.Stat. 81-1821)
- The victim must cooperate with criminal justice officials in the investigation of the incident and the prosecution of the offender.

What expenses may be paid?

- Medical provider expenses incurred as a direct result of the incident.
- Loss of wage while under a doctor's care as a direct result of the incident.
- Funeral expenses - \$5,000 maximum.
- Loss of earning power as a direct result of the incident.
- Counseling expenses incurred as a direct result of the incident - \$2,000 maximum.
- Conservatorships may be created for minor children of homicide victims - \$10,000 maximum per child.

Expenses which are not eligible include...

- Property loss.
- Payment for pain and suffering.
- Expenses not directly related to the incident.
- Expenses paid by insurance, public funds, the offender, or other sources.

What forms are required?

- The 9 page application form, which includes an instruction page and the attestation page (to affirm that the victim is a U.S. citizen or legal resident.)
- This form was updated in July 2015 to adhere to the new federal reporting guidelines to retain eligibility for federal funds.
- The updated form is available on the Nebraska Crime Commission website, <https://ncc.nebraska.gov/crime-victim-reparations>.

What are the CVR procedures?

- We receive an application form from the victim/claimant.
- Send an acknowledgement letter to the victim.
- Request a copy of the incident report from the applicable law enforcement agency.
- Review the incident report.
- Contact service providers to verify amounts owed, etc.
- Generate a claim summary for the Hearing Officer.
- The Hearing Officer approves or denies the claim.
- A decision letter is mailed to the victim/claimant.
- If the claim is approved, payment are processed to the victim and/or service providers.
- Denied claims may be appealed to the CVR Committee. If the CVR Committee upholds the decision of the Hearing Officer, the decision may be appealed to the District Court.

If...

- Application is received
- Information is gathered
- Claim is reviewed
- Hearing Officer's decision is made
 - Claim is awarded
 - Claimant is notified of decision
 - Payment is processed
 - Providers are paid directly
 - Claimant is reimbursed
 - Supplemental bills are accepted (within two years of date of incident)
 - Claim is denied
 - Claimant is notified of decision
 - Claimant can appeal within 30 days; if the claimant appeals, then:
 - Written request for Hearing
 - Hearing is conducted
 - Decision of the CVR Committee
 - Claimant can appeal within 30 days; if the claimant appeals, then:
 - » Appeal in District Court

Reasons for denial of a CVR claim

- If the victim's behavior was such that he or she was not a eligible applicant, then the claim will be denied. For example, if the victim was involved in gang or drug activity at the time the crime occurred.
- The victim was injured or killed in a motor vehicle accident.
Note: If (1) the driver of the vehicle that injured or killed the victim is charged with DUI, or (2) the driver intentionally tried to injure or kill the victim, then the incident is eligible for consideration under the rules of the CVR program.
- If the victim's conduct contributed to his or her injuries, the claim will be denied. If the victim aided and/or abetted the offender in the commission of an unlawful act, then the claim will be denied.
- If the victim was injured or killed while violating a law.

Overview of the CVR Claim Form

Section 1: Victim Information

NEBRASKA CRIME VICTIM'S REPARATIONS COMMITTEE CLAIM FOR COMPENSATION			
Section 1. VICTIM INFORMATION (All applicants MUST complete this section)			
Name (Last)	(First)	(Middle Initial)	Social Security Number
Street or Other Mailing Address		City	State Zip Code
Telephone Number ()	Date of Birth	Age at Time of Incident	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation at Time of Incident		Place of Employment at Time of Incident	
Marital Status	If Married, Spouse's Name		Number of Dependents
<p>FEDERAL CIVIL RIGHTS INFORMATION: The Department of Justice requires us to collect the following data and it is needed to comply with Federal regulations. This information is used for statistical purposes only and will remain confidential.</p> <p style="text-align: center;">(Information relates to victim only)</p> <p>Ethnic Group: _____ American Indian/ Alaskan _____ Asian Native _____ Black/African American _____ Hispanic or Latino _____ Native Hawaiian or Other _____ White Non-Latino/Caucasian Pacific Islander _____ Some Other Race</p> <p>National Origin: _____ (Country of Birth)</p>			
Was the victim handicapped before this crime occurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		Is the victim handicapped as a result of this crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
Deceased victim's place of death (City/State)		Date of Death (Send Copy of Death Certificate)	

Section 2: Claimant Information

Section 2. CLAIMANT INFORMATION

Complete this section if **YOU** are filing the claim for a victim who is deceased, incapable, or a minor (under age 18) or if you have incurred an actual financial loss as a direct result of the crime.

Your Name (Last) (First) (Middle Initial)			Your Social Security Number
Your Street or Other Mailing Address		City	State Zip Code
Your Telephone number ()	Your Date of Birth	Your Marital Status	Your Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Your Occupation		Your Place of Employment	
Your relationship to the victim: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other (Explain)			
Are you dependent on the victim for: <input type="checkbox"/> Principal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Not Dependent on Victim <input type="checkbox"/> Other (Explain)			

Section 3: Minor/Dependent Info

Section 3. INFORMATION ABOUT THE MINOR and/or DEPENDENT OF VICTIM

Is this claim being made for a minor or dependent of the victim? Yes No

If the claim is being made for a **minor** or loss of support for a dependent of the victim please complete this section.

If there are multiple minors/dependents of the victim, a separate claim form is needed for each minor/dependent.

In addition, a copy of the victim's income tax return for the previous year is needed.

Name (Last) of Minor/Dependent		(First)	(Middle Initial)	Social Security Number of Minor/Dependent
Current Street or Other Mailing Address of Minor/Dependent			City	State Zip Code
Current Telephone Number of Minor/Dependent ()	Date of Birth of Minor/Dependent	Marital Status of Minor/Dependent	Sex of Minor/Dependent: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship of Minor/Dependent to Victim: <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (Explain)				
Name, Address, and Telephone Number of person having legal custody:				
What other benefits were and are being received for the support of the minor/dependent(s): <input type="checkbox"/> Welfare for child/dependent <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Insurance (SSI) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid				
Other _____				

Section 4: Attorney Information

Section 4. ATTORNEY INFORMATION

Attorney, if any:			
Attorney's Business Address	City	State	Zip Code
Attorney's Telephone Number	Attorney's Social Security Number or Tax ID #		

Section 6: Loss of Wage Information

Section 6. LOSS OF WAGE INFORMATION

Are you the victim? Yes No Are you claiming loss of wages? Yes No

If yes to both questions, complete the following and enclose three payroll stubs and a copy of your doctor's release.

Number of days or hours missed due to crime		Date released from doctor's care (Attach copy of doctor's release)	
Name of victim's employer		Employer's telephone number ()	
Employer's business address	City	State	Zip Code
Dates absent from work due to crime related injuries: From _____ To: _____			
<p>NOTE: If you are self-employed, you must furnish us with copies of estimates, bids, contracts, or your tax return from last year to accurately determine lost wages.</p> <p>Did you receive any payment from sources such as sick pay, vacation pay, Worker's Compensation, etc. while you were absent from work for crime related injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>			

Section 7: Amount Being Claimed

Section 7. AMOUNT OF YOUR CLAIM (All applicants MUST complete this section)

Note: You do not need to wait until you receive all medical bills before you complete this section. Enter total amounts for the bills you currently have which are related to the crime.

You must submit itemized copies of medical and/or funeral bills. If claiming loss of wages see instruction sheet. If claim is approved you will be reimbursed only for those expenses incurred which are not paid by another source such as insurance.	
1. Total hospital bills	\$ _____
2. Total doctor's and ambulance bills	\$ _____
3. Total prescription (drug) bills (Other than those prescribed in hospital)	\$ _____
4. Funeral expenses (Include copy of death certificate)	\$ _____
5. Amount of income lost as a result of the incident	\$ _____
6. Other expenses not covered above (Explain) (Property loss and Pain & Suffering are not covered)	\$ _____
TOTAL AMOUNT OF CLAIM	\$ _____
Will there be additional medical bills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Section 8: Insurance Information

Section 8. All applicants seeking compensation for medical bills must complete the following information.
Have you received any money from the following sources to pay for expenses related to the crime?

Source of Compensation	Yes	No	Unknown	Name of Insurance Company/Policy Number
Private Insurance				
Group Insurance				
Medicaid (Title 19)				
Medicare				
Worker's Compensation				
Other (please specify)				

Have you applied for any other public assistance? Yes No
If yes, explain:

Section 9: Authorization to Release Information

Section 9. IMPORTANT - READ CAREFULLY

This authorization is an integral part of your application and must be **completed, signed, and notarized** before any action will be taken on your claim.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any hospital, physician, medical facility, mental health provider or other person who attended or examined the victim; any funeral home or other person who rendered services; any employer of the victim; any law enforcement or other state/federal governmental agency; and any insurance company or organization having knowledge, to furnish the Nebraska Crime Victim's Reparations program or its representative, confidential information with respect to the incident leading to the victim's personal injury or death and the claim made herewith for compensation. A photocopy of this signed release is as effective and valid as the original.

I furthermore understand that any recovery of my losses through restitution/reimbursement from the offender, a civil suit, insurance or from any other governmental or private agency shall entitle the Nebraska Crime Victim's Reparations program to be reimbursed for any compensation awarded me by the Nebraska Crime Victim's Reparations program. The undersigned swears or affirms the information contained herein is true to his/her best knowledge. I understand that the filing of false information is an offense punishable by law.

Victim or Claimant Signature
(Parent/Guardian if victim/claimant/dependent is a minor)

SWORN BEFORE ME THIS _____ DAY OF _____, 2_____

NOTARY PUBLIC: _____

Section 10: Attestation Form

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

-OR-

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows _____
and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(First, Middle, Last)

SIGNATURE _____

DATE _____

What we are working towards...

- Updating the CVR Rules and Regulations.
- On-line submission of CVR claims.

Contact Information

- Application forms and other information about the CVR program are on the Crime Commission website.
<https://ncc.nebraska.gov/> > Quick References > Crime Victim Reparations
- Our address is:
Crime Victim Reparations
301 Centennial Mall South
PO Box 94946
Lincoln, NE 68509-4946
- Phone number for the CVR program is:
402-471-2828